



Child and Youth Health and Well-Being Indicators Project: Appendix D—Relevance Review Questionnaire



Office of the
Provincial Health Officer



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé



BC Child Health & Well-Being Indicator Evaluation

1. Introduction and Instructions

Welcome to this survey being conducted by the BC Child Health and Well-Being Indicators project, a collaboration between the BC Ministry of Healthy Living and Sport (MHLS), the BC Provincial Health Officer (PHO) and the Canadian Institute for Health Information (CIHI).

The BC Child Health and Well-Being Indicators project will identify a limited suite of indicators to measure and track the health and well-being of British Columbia's children. These indicators will be incorporated in the PHOs upcoming report on the Health and Well-Being of Children in BC in 2011. We are conducting this web survey to evaluate candidate indicators which have been collated based on a background paper that was prepared for this project. This background paper was also the source of the draft health and well-being framework that was discussed at the project's workshop held in Victoria in November 2009.

You have been asked to participate in this survey either because you attended the November workshop or you have been identified as a content expert in this field. Your responses to this survey will ensure that a broad perspective is considered in selecting indicators to report on in the PHO report.

Your participation in this survey is voluntary, and your responses will remain confidential. Individual responses will be grouped for reporting purposes, so it will not be possible to identify any respondents.

In this survey, the indicators are organized according to their "best fit" into the dimensions of the framework:

- Physical Health
- Mental/Emotional Health
- Social Relationships
- Cognitive Development
- Economic & Material Well-being

Each indicator will be evaluated using 4 criteria - whether it is:

- Relevant to Policy
- Significant to the Well-Being of Children
- Easily Understood by All Stakeholders
- Able to Prompt Decision Makers to Take Action.

Please rate indicator using the 7-point scale, where a "1" will be a low or negative rating, and a "7" will be a high or positive rating.

The survey should take about 45 minutes to complete.

We would appreciate your feedback by Friday, May 28, 2010.

Thank you very much for your participation! If you have any questions about the survey, please contact Bernie Paille, Special Project Lead, CIHI (bpaille@cihi.ca) or Michael Egilson, Manager, Children's Health, MHLS (Michael.Egilson@gov.bc.ca).

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2. RATING THE PHYSICAL HEALTH DIMENSION INDICATORS

- * 1. Are you sufficiently familiar with issues relating to the PHYSICAL HEALTH of children to be able to rate the indicators included under the PHYSICAL HEALTH dimension?

☐ Yes

☐ No

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3. PHYSICAL HEALTH DIMENSION INDICATORS

Please rate each indicator in the PHYSICAL HEALTH Dimension on each of the following four criteria:

1. Relevance to Policy
2. Significance to the Well-Being of Children
3. Easily Understood by All Stakeholders
4. Drives Action

* 2. CAUSE SPECIFIC MORTALITY - This refers to indicators of mortality from the major causes, reported as rates for each specific age grouping (e.g., perinatal deaths, deaths from injuries).

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

* 3. BIRTH WEIGHTS - This refers to indicators that reflect healthy weights for gestational age, as well as specific ethnic/genetic make-up, reported as rates per relevant population.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

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- * 4. CONGENITAL ANOMALIES - This refers to indicators of births involving birth defects, malformations, and structural anomalies.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 5. DRUG AND ALCOHOL AFFECTED NEWBORNS - This refers to indicators of births involving withdrawal syndrome or noxious influences transmitted through the placenta.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 6. CAUSE SPECIFIC DISABILITIES - This refers to indicators of disabilities from the major causes (e.g., cerebral palsy), by severity (mild, moderate, severe) as measured by the Participation and Activity Limitation Survey from Statistics Canada, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

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- * 7. FETAL ALCOHOL SPECTRUM DISORDER IN CHILDHOOD - This refers to an assessment or diagnosis in childhood of FASD (e.g., physical, mental, behavioural and/or learning disabilities that are attributed to prenatal alcohol exposure).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 8. MAJOR CHILDHOOD INFECTIOUS DISEASES - This refers to the prevalence/incidence of major infectious diseases, both preventable and non-preventable, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 9. IMMUNIZATION RATES - This refers to indicators of the use of immunization for major diseases, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

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- * 10. MAJOR CHRONIC DISEASES - This refers to indicators of the prevalence/incidence of major chronic diseases (e.g., asthma, diabetes, cancer), reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 11. MAJOR INJURIES - This refers to indicators of the prevalence/incidence of major injuries, both intentional (e.g., suicide) and unintentional (e.g., falls, poisoning), reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 12. CAUSE SPECIFIC HOSPITALIZATIONS - This refers to indicators of hospitalizations requiring a minimum stay of 1 day from the major causes, reported as rates for each specific age grouping (e.g., pulmonary issues among infants, injuries among teens).

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

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- * 13. CAUSE SPECIFIC EMERGENCY DEPARTMENT USE - This refers to indicators of emergency department use from the major causes, reported as rates for each specific age grouping (e.g., pulmonary issues among infants, injuries among teens).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 14. ORAL HEALTH - This refers to indicators of dental screening, dental caries, and DMFT (decay, missing, filled teeth), reported as rates, for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 15. HEARING SCREENING - This refers to indicators of newborns and young children who are screened for hearing problems, reported as rates for the relevant age groupings.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

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- * 16. VISION SCREENING - This refers to indicators of newborns and young children who are screened for vision problems, reported as rates for the relevant age groupings.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 17. PHYSICAL ACTIVITY LEVELS - This refers to indicators of physical activity levels, reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 18. PROPER NUTRITION - This refers to indicators of appropriate nutrition intake (e.g., breastfeeding for infants, adherence to the Canadian food guide, etc.), reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

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- * 19. SLEEP LEVELS - This refers to indicators of amount of sleep per night, reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 20. HEALTHY WEIGHTS - This refers to indicators of overweight and obesity, reported as rates based on the WHO charts for appropriate weight and growth, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 21. SELF-RATED HEALTH - This refers to indicators of self-rated health reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

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- * 22. TOBACCO USE - This refers to indicators of tobacco use among younger persons (e.g., self-reported smoking behaviour, frequency, etc.), reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 23. ALCOHOL USE - This refers to indicators of alcohol use among younger persons (e.g., self-reported drinking behaviour, engaging in risky drinking, etc.), reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 24. DRUG USE - This refers to indicators of illicit and licit drug use among younger persons (e.g., self-reported consumption of illicit drugs, off label use of prescription and non-prescription drugs, etc.), reported as rates, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

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- * 25. SEXUAL BEHAVIOUR - This refers to indicators of sexual behaviour among younger persons (e.g., use of sex counselling services, access to sex health services, safe sex practices, self-reported sexual experiences, etc.), reported as rates, for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 26. SEXUALLY TRANSMITTED INFECTIONS (STI) - This refers to indicators of sexually transmitted infections (e.g., chlamydia, gonorrhea, AIDS/HIV), reported as rates, for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 27. TEENAGE PREGNANCY - This refers to indicators of teenage pregnancy (e.g., births, stillbirths, etc.), reported as rates, among girls in potential child-bearing age groupings (e.g., 15-18 only, or 13-14, 15-16, and 17-18).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

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- * 28. RISKY BEHAVIOUR DURING PREGNANCY - This refers to indicators of tobacco, alcohol, or drug use, and other risky behaviours during pregnancy, reported as rates, among girls in potential child-bearing age groupings (e.g., 15-18 only, or 13-14, 15-16, and 17-18).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

 6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

 6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

 6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

 6

- * 29. ANTENATAL CARE - This refers to indicators of antenatal physician visits for all deliveries involving live or stillborn babies, reported as rates, among girls in potential child-bearing age groupings (e.g., 15-18 only, or 13-14, 15-16, and 17-18).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

 6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

 6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

 6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

 6

- * 30. INFANTS EXPOSED TO HIV - This refers to indicators of infants who are exposed to HIV by mother's risk factors (e.g., heterosexual contact, injection drug use, blood, etc.), reported as rates, for appropriate age groupings (e.g., <1, 1-4).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

 6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

 6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

 6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

 6

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- * **31. MATERNAL NUTRITION** - This refers to indicators of women in pregnancy outreach programs who reported consuming the recommended number of food group servings according to Canada's Food Guide, reported as rates, for each specific age grouping, pre-pregnancy, at program intake and at last visit.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * **32. OUTREACH SERVICES TO HIGH RISK PREGNANT WOMEN AND MOTHERS** - This refers to indicators of clients enrolled in prenatal outreach services, reported as rates per all pregnant woman and recent mothers.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * **33. NEWBORN SCREENING** - This refers to indicators of newborns who are screened for physical, emotional and social risk factors using the Priority Assessment for Infants and Preschool Children.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

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- * 34. CHILDREN EXPOSED TO ENVIRONMENTAL TOBACCO SMOKE (ETS) - This refers to indicators of children exposed to ETS or second hand smoke, reported as either rates of households, or for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 35. TOBACCO SALES TO MINORS - This refers to indicators of retailers that are in compliance with sales to minors legislation (as determined by compliance checks and decoy purchases), reported as rates per all tobacco product retailers.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 36. SAFE ENVIRONMENT - This refers to indicators of children who rate their perceived safety in their environment as high (e.g., in their community, local park, city, etc.) for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 37. ENVIRONMENT EXPOSURES - This refers to indicators of air, water, heavy metal, and other potential pollutant exposure, reported as rates of children in specific age groupings living in areas (e.g., regions, cities, etc.) in which exposure to these factors were above allowable limits.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 38. HEALTH SERVICES ACCESSIBILITY - This refers to indicators of access to health care services (e.g., hospital wait times, program availability, screening services, etc.), reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

39. Please rank the ten (10) MOST important PHYSICAL HEALTH DIMENSION indicators. For the most important indicator, rank it using a 1, for the tenth most important indicator, rank it using a 10. Only one ranking is allowed per column.

If there are indicators that are not included here, but you think are important and should be included in the report, please enter them in the space provided at the bottom of this list.

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Cause Specific Mortality	10	10	10	10	10	10	10	10	10	10
Birth Weights	10	10	10	10	10	10	10	10	10	10
Congenital Anomalies	10	10	10	10	10	10	10	10	10	10
Drug and Alcohol Affected Newborns	10	10	10	10	10	10	10	10	10	10
Cause Specific Disabilities	10	10	10	10	10	10	10	10	10	10
Fetal Alcohol Spectrum Disorder in Children	10	10	10	10	10	10	10	10	10	10
Major Childhood Infectious Diseases	10	10	10	10	10	10	10	10	10	10
Immunization Rates	10	10	10	10	10	10	10	10	10	10
Major Chronic Diseases	10	10	10	10	10	10	10	10	10	10
Major Injuries	10	10	10	10	10	10	10	10	10	10
Cause Specific Hospitalizations	10	10	10	10	10	10	10	10	10	10
Cause Specific Emergency Department Use	10	10	10	10	10	10	10	10	10	10
Oral Health	10	10	10	10	10	10	10	10	10	10
Hearing Screening	10	10	10	10	10	10	10	10	10	10
Vision Screening	10	10	10	10	10	10	10	10	10	10
Physical Activity Levels	10	10	10	10	10	10	10	10	10	10
Proper Nutrition	10	10	10	10	10	10	10	10	10	10
Sleep Levels	10	10	10	10	10	10	10	10	10	10
Healthy Weights	10	10	10	10	10	10	10	10	10	10
Self-rated Health	10	10	10	10	10	10	10	10	10	10
Tobacco Use	10	10	10	10	10	10	10	10	10	10
Alcohol Use	10	10	10	10	10	10	10	10	10	10
Drug Use	10	10	10	10	10	10	10	10	10	10
Sexual Behaviour	10	10	10	10	10	10	10	10	10	10
Sexually Transmitted Infections	10	10	10	10	10	10	10	10	10	10
Teenage Pregnancy	10	10	10	10	10	10	10	10	10	10
Risky Behaviour During Pregnancy	10	10	10	10	10	10	10	10	10	10

BC Child Health & Well-Being Indicator Evaluation

Antenatal Care	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Infants Exposed to HIV	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Maternal Nutrition	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Outreach Services to Pregnant Women and Mothers	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Newborn Screening	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children Exposure to Environmental Tobacco Smoke	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Tobacco Sales to Minors	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Safe Environment	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Environmental Exposures	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Health Services Accessibility	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

BC Child Health & Well-Being Indicator Evaluation

4. RATING THE MENTAL/EMOTIONAL HEALTH DIMENSION INDICATORS

* 40. Are you sufficiently familiar with issues relating to the MENTAL/EMOTIONAL HEALTH of children to be able to rate the indicators included under the MENTAL/EMOTIONAL HEALTH dimension?

☐ Yes

☐ No

BC Child Health & Well-Being Indicator Evaluation

5. MENTAL/EMOTIONAL HEALTH DIMENSION INDICATORS

Please rate each concept in the Mental/Emotional Health Dimension on each of the following four criteria:

1. Relevance to Policy
2. Significance to the Well-Being of Children
3. Easily Understood by All Stakeholders
4. Drives Action

* 41. MENTAL HEALTH DISORDERS - This refers to indicators of prevalence/incidence of major mental health disorders (e.g., anxiety, depression, etc.), reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

* 42. EMOTIONAL HEALTH - This refers to indicators of emotional well-being (e.g., an awareness and acceptance of one's feelings as well as the ability to manage and appropriately express one's emotions and related behaviours) reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 43. SELF-RATED MENTAL HEALTH - This refers to indicators of self-rated mental health, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 44. SELF-RATED EMOTIONAL HEALTH - This refers to indicators of self-rated emotional health, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 45. SELF ESTEEM - This refers to indicators of self-rated self esteem, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 46. SELF EFFICACY - This refers to indicators of self efficacy, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 47. OPTIMISM - This refers to indicators of optimism, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 48. LIFE SATISFACTION - This refers to indicators of life satisfaction, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

BC Child Health & Well-Being Indicator Evaluation

- * 49. SPIRITUALITY - This refers to indicators of spirituality, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 50. SUICIDE AND SUICIDATION - This refers to indicators of suicidal behaviour (e.g., deaths, attempts) and thoughts of suicide among young persons, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 51. FAMILY FUNCTIONING - This refers to indicators of children determined to be living in healthy functioning families, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 52. PARENTING STYLE & PRACTICES - This refers to indicators of parents who were reported practicing "consistent" parenting with their children, reported as rates for all parents of children of the relevant ages.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 53. PARENTAL MENTAL HEALTH STATUS - This refers to indicators of children whose parent or person most responsible receives treatment for mental health issues, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 54. PARENTAL DEPRESSION - This refers to indicators of children whose parent or person most responsible reports experiencing or exhibiting symptoms of, or receiving treatment for depression, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 55. PARENTAL CRIMINAL RECORDS - This refers to indicators of children whose parent or person most responsible has a criminal record, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 56. MENTAL HEALTH SYSTEM UTILIZATION - This refers to indicators of admissions to psychiatric hospitals or other mental health institutions, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 57. ANTI -PSCYHOTIC PRESCRIPTION DRUG UTILIZATION - This refers to indicators of use (as measured by number of prescriptions written and filled) of anti-psychotic prescription drugs among children, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 58. METHYLPHENIDATE (RITALIN) UTILIZATION - This refers to indicators of use (as measured by number of prescriptions written and filled) of methylphenidate (ritalin) among children, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

59. Please rank the ten (10) MOST important MENTAL/EMOTIONAL HEALTH DIMENSION indicators. For the most important indicator, rank it using a 1, for the tenth most important indicator, rank it using a 10. Only one ranking is allowed per column.

If there are indicators that are not included here, but you think are important and should be included in the report, please enter them in the space provided at the bottom of this list.

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Mental Health Disorders	10	10	10	10	10	10	10	10	10	10
Emotional Health	10	10	10	10	10	10	10	10	10	10
Self-rated Mental Health	10	10	10	10	10	10	10	10	10	10
Self-rated Emotional Health	10	10	10	10	10	10	10	10	10	10
Self-esteem	10	10	10	10	10	10	10	10	10	10
Self-efficacy	10	10	10	10	10	10	10	10	10	10
Optimism	10	10	10	10	10	10	10	10	10	10
Life Satisfaction	10	10	10	10	10	10	10	10	10	10
Spirituality	10	10	10	10	10	10	10	10	10	10
Suicide & Suicidation	10	10	10	10	10	10	10	10	10	10
Family Functioning	10	10	10	10	10	10	10	10	10	10
Parenting Style & Practices	10	10	10	10	10	10	10	10	10	10
Parental Mental Health Status	10	10	10	10	10	10	10	10	10	10
Parental Depression	10	10	10	10	10	10	10	10	10	10
Parental Criminal Records	10	10	10	10	10	10	10	10	10	10
Mental Health System Utilization	10	10	10	10	10	10	10	10	10	10
Anti-psychotic Prescription Drug Utilization	10	10	10	10	10	10	10	10	10	10
Methylphenidate Utilization	10	10	10	10	10	10	10	10	10	10

Other (please specify)

BC Child Health & Well-Being Indicator Evaluation

6. RATING THE SOCIAL RELATIONSHIPS DIMENSION INDICATORS

* 60. Are you sufficiently familiar with issues relating to the SOCIAL RELATIONSHIPS of children to be able to rate the indicators included under the SOCIAL RELATIONSHIPS dimension?

☐ Yes

☐ No

BC Child Health & Well-Being Indicator Evaluation

7. SOCIAL RELATIONSHIPS DIMENSION INDICATORS

Please rate each concept in the Social Relationships Dimension on each of the following four criteria:

1. Relevance to Policy
2. Significance to the Well-Being of Children
3. Easily Understood by All Stakeholders
4. Drives Action

* **61. RELATIONSHIPS WITH PARENTS** - This refers to indicators of children who have positive and negative parental and caregiver interactions, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

* **62. RELATIONSHIPS WITH ADULTS** - This refers to indicators of the number of supportive adults in a child's life, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 63. PHYSICAL PUNISHMENT - This refers to indicators of children whose parents/caregivers use physical punishment as a method of discipline, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 64. DOMESTIC ABUSE/CHILD NEGLECT - This refers to indicators of confirmed reports (as defined under legislation) of abuse/neglect, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 65. VIOLENCE IN THE HOME - This refers to indicators of children who do not witness violence in their home, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 66. PARENTAL ALCOHOL/SUBSTANCE USE - This refers to indicators of children whose parents' alcohol or substance use is a source of tension or dysfunction in the home, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

- * 67. CHILDREN WHO HAVE MOVED IN THE LAST YEAR - This refers to indicators of children who have moved in the last year, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

- * 68. RELATIONSHIPS WITH PEERS - This refers to indicators of children who have positive and negative peer interactions, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

BC Child Health & Well-Being Indicator Evaluation

- * 69. YOUTH INVOLVED IN FIGHTING - This refers to indicators of children who have been involved in fighting (e.g., at home, at school, elsewhere) reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 70. BULLYING - This refers to indicators of children who have experienced bullying (e.g., at home, at school, elsewhere) reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 71. SCHOOL CONNECTEDNESS - This refers to indicators of children who have a moderate or high level of connectedness with school (e.g., feelings that their teachers care for them, whether they get along with their peers, etc.), reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * **72. CONSTRUCTIVE USE OF TIME** - This refers to indicators of positive out of school time (e.g., time spent with whom and where, structured/unstructured activities, wishes and barriers for out of school time, etc.), reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * **73. INVOLVEMENT IN PROSOCIAL ACTIVITIES** - This refers to indicators of participation in prosocial activities (e.g., physical activity, organized sports, organized nonsport activities, volunteer and religious activities, etc.), reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * **74. STUDENTS REPORTING PHYSICAL/SEXUAL ABUSE** - This refers to indicators of confirmed reports of students indicating physical or sexual abuse has occurred, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 75. NEIGHBOURHOOD SAFETY - This refers to indicators of the safety of neighbourhoods where children live, reported as rates for each specific age grouping and by parents.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 76. NEIGHBOURHOOD COHESION - This refers to indicators of the cohesion of neighbourhoods where children live, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 77. YOUTH WHO ARE VICTIMS OF CRIME - This refers to indicators of youth who reported being a victim of a crime (e.g., assault, robbery, etc.), reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 78. YOUTH CHARGED & CONVICTED - This refers to indicators of youth who are charged and convicted of crimes, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 79. YOUTH WHO RECEIVE ALTERNATIVE SENTENCING - This refers to indicators of youth who are receive alternative sentencing (e.g., community service) instead of incarceration, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 80. YOUTH WHO ARE REPEAT OFFENDERS - This refers to indicators of youth who, at time of admission into the correctional system, have had previous contact with the system, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 81. CHILDREN IN NON-PARENTAL CARE - This refers to indicators of children who are in out of home care (e.g., living with other family members, friends, etc.), reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

- * 82. CHILDREN IN CARE - This refers to indicators of children who are in the care of child welfare authorities, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

- * 83. CHILDREN IN CARE ADOPTED - This refers to indicators of children who were in the care of child welfare authorities and have been adopted, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

6

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

6

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

6

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

6

BC Child Health & Well-Being Indicator Evaluation

- * 84. AT RISK CHILDREN AND YOUTH SUPPORTED TO STAY AT HOME - This refers to indicators of children and youth subject to a protection concern that is supported to remain at home, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 85. SOCIAL SUPPORT FOR PARENTS - This refers to indicators of parents receiving adequate support to care for their children where child welfare concerns have been reported, reported as rates based on parents with child protection files.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * 86. CHILD PROTECTION CASELOAD - This refers to indicators of the number of children age 0 to 16 served by child protection services, or known to child welfare services, reported as a rate for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

BC Child Health & Well-Being Indicator Evaluation

87. Please rank the ten (10) MOST important SOCIAL RELATIONSHIPS DIMENSION indicators. For the most important indicator, rank it using a 1, for the tenth most important indicator, rank it using a 10. Only one ranking is allowed per column.

If there are indicators that are not included here, but you think are important and should be included in the report, please enter them in the space provided at the bottom of this list.

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Relationships with Parents	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Relationships with Adults	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Physical Punishment	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Domestic Abuse/Child Neglect	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Violence in the Home	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Parental Alcohol/Substance Use	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children Who Have Moved in the Last Year	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Relationships with Peers	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Involved in Fighting	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Bullying	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
School Connectedness	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Constructive Use of Time	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Involvement in Prosocial Activities	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Students Reporting Physical/Sexual Abuse	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Neighbourhood Safety	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Neighbourhood Cohesion	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Who are Victims of Crime	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Charged & Convicted	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Who Receive Alternative Sentencing	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Who are Repeat Offenders	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children in Non-parental Care	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children in Care	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children in Care Adopted	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
At-risk Children & Youth Supported to Stay at Home	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Social Support for Parents	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Child Protection Caseload	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

BC Child Health & Well-Being Indicator Evaluation

8. RATING THE COGNITIVE DEVELOPMENT DIMENSION INDICATORS

* 88. Are you sufficiently familiar with issues relating to the COGNITIVE DEVELOPMENT of children to be able to rate the indicators included under the COGNITIVE DEVELOPMENT dimension?

☐ Yes

☐ No

BC Child Health & Well-Being Indicator Evaluation

9. COGNITIVE DEVELOPMENT DIMENSION INDICATORS

Please rate each concept in the Cognitive Development Dimension on each of the following four criteria:

1. Relevance to Policy
2. Significance to the Well-Being of Children
3. Easily Understood by All Stakeholders
4. Drives Action

* **89. VERBAL SKILLS** - This refers to indicators of verbal skill development among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

* **90. MOTOR SKILLS** - This refers to indicators of motor skill development among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * **91. PERSONAL-SOCIAL BEHAVIOUR SKILLS** - This refers to indicators of personal-social behaviour development among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * **92. READINESS TO LEARN** - This refers to indicators of readiness to learn among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

- * **93. COPYING SKILLS AND WRITING TASKS** - This refers to indicators of copying skills and writing tasks among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text"/> 6
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text"/> 6
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text"/> 6
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text"/> 6

BC Child Health & Well-Being Indicator Evaluation

- * 94. NUMBER KNOWLEDGE LEVELS - This refers to indicators of knowledge of number among children, reported as rates for each specific age grouping, assessed using the Early Development Instrument.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 95. READING as a LEISURE ACTIVITY - This refers to indicators of children who indicate that reading is one of their favourite hobbies or pastimes, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 96. ENGLISH LANGUAGE SKILLS - This refers to indicators of English language skills among children whose first language is not English, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 97. READING BY AN ADULT - This refers to indicators of children have an adult read to them, reported as a frequency per week, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 98. PARENTAL EDUCATION ATTAINMENT - This refers to indicators of the highest level of education attained (less than secondary, secondary, beyond secondary, university/college/trade) by the mother or father of children, for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 99. CHILDREN NUMERACY FSA - This refers to the percentage of students in grade 4 and grade 7 who meet or exceed expectations on numeracy in the BC annual provincial Foundation Skills Assessment, reported as rates for each specific age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 100. CHILDREN READING AND WRITING FSA - This refers to the percentage of students in grade 4 and grade 7 who meet or exceed expectations on reading and writing in the BC annual provincial Foundation Skills Assessment, reported as rates for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 101. MATHEMATICS AND SCIENCE PERFORMANCE - This refers to the average score of grade 4 students in BC on the International Science and Mathematics Study.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 102. YOUTH MATH PROFICIENCY - This refers to the Ministry of Education Math 10 scores for students writing the annual BC Provincial Math 10 exam.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 103. YOUTH ENGLISH PROFICIENCY - This refers to the Ministry of Education English 10 scores for students writing the annual BC Provincial English 10 exam.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 104. YOUTH SCIENCE PROFICIENCY - This refers to the Ministry of Education Science 10 scores for students writing the annual BC Provincial Science 10 exam.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 105. EARLY CHILDHOOD EDUCATION - This refers to the number or proportion of children (under age 5) enrolled in or participating in early childhood education centre or home-based education programs, as a proportion of all children in the relevant age or age grouping(s).

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 106. SCHOOL ENROLMENT - This refers to the percent of youth age 16 to 18 enrolled in full-time or part-time education, reported for each age or age grouping(s).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 107. SCHOOL ATTENDANCE - This refers to indicators of school attendance for all school age children (e.g., attendance rates, proportion absent for 20+ days, etc.), reported for each age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 108. EARLY SCHOOL LEAVERS - This refers to the percent of youth age 16 to 18 who are not enrolled in school and are not high school graduates, reported for each age or age grouping(s).

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 109. HIGH SCHOOL COMPLETION - This refers to the rates of high school completion among youth, reported for each age grouping(s) or for various demographics (e.g, urban/rural, Aboriginal).

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 110. ACADEMIC COURSE-TAKING - This refers to the percentage of high school graduates who complete required academic coursework making them eligible to attend post secondary education.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 111. DIRECT TRANSITION TO POST SECONDARY - This refers to the percentage of high school graduates who went directly from grade 12 to post-secondary education without taking any time off in between.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

* 112. EDUCATION EXPENDITURES - This refers to indicators of the public expenditure on education for children and youth, expressed as a dollar amount per student, for each of the age groupings of school-age children and youth.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

113. Please rank the ten (10) MOST important COGNITIVE DEVELOPMENT DIMENSION indicators. For the most important indicator, rank it using a 1, for the tenth most important indicator, rank it using a 10. Only one ranking is allowed per column.

If there are indicators that are not included here, but you think are important and should be included in the report, please enter them in the space provided at the bottom of this list.

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Verbal Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Motor Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Personal Social Behaviour Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Readiness to Learn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Copying and Writing Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Number Knowledge Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Reading as a Leisure Activity	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
English Language Skills	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Reading by an Adult	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Parental Education Attainment	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children Numeracy FSA	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Children Reading and Writing FSA	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Mathematics and Science Performance	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Math Proficiency	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth English Proficiency	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Youth Science Proficiency	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Early Childhood Education	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
School Enrollment	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
School Attendance	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Early School Leavers	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
High School Completion	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Academic Course-Taking	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Direct Transition to Post-Secondary	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Education Expenditures	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

BC Child Health & Well-Being Indicator Evaluation

10. RATING THE ECONOMIC & MATERIAL WELL-BEING DIMENSION INDICATORS

* 114. Are you sufficiently familiar with issues relating to the ECONOMIC & MATERIAL WELL-BEING of children to be able to rate the indicators included under the ECONOMIC & MATERIAL WELL-BEING dimension?

☐ Yes

☐ No

BC Child Health & Well-Being Indicator Evaluation

11. ECONOMIC & MATERIAL WELL-BEING DIMENSION INDICATORS

Please rate each concept in the Economic & Material Well-Being Dimension on each of the following four criteria:

1. Relevance to Policy
2. Significance to the Well-Being of Children
3. Easily Understood by All Stakeholders
4. Drives Action

- * **115. CHILDREN & YOUTH NOT LIVING at HOME RECEIVING INCOME ASSISTANCE** - This refers to the number of children receiving basic BC Benefits as a percent of total children under age 19, reported for each specific age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * **116. YOUTH EMPLOYMENT** - This refers to the number of youth, aged 15-18 who are actively engaged in the labour force (e.g., employment rate, unemployment rate, etc.), reported as a rate for the age grouping 15-18.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 117. IDLE YOUTH - This refers to the number of youth, aged 16-18 who are not enrolled in school and are not actively engaged in the labour force (e.g., employed, unemployed and actively seeking work), reported as a rate for the age grouping 16-18.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 118. FAMILY INCOME - This refers to indicators of family income (e.g., average, median, etc.) for families of varying structures (e.g., two parents, lone parents, one parent working, both parents working, etc.), reported for each age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 119. FAMILIES LIVING BELOW the LOW INCOME CUT OFF (LICO) - This refers to indicators of family economic units living below the low income cut-off as defined by Statistics Canada.

LICO's are determined by amount of after-tax income used for necessities, family size, degree of urbanization and change according to the Consumer Price index.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 120. CHILDREN in FAMILIES LIVING BELOW the LOW INCOME CUT OFF (LICO) - This refers to indicators of the number of children under age 18 in family economic units living below the low income cut-off as defined by Statistics Canada, reported as a rate for each age grouping.

LICO's are determined by amount of after-tax income used for necessities, family size, degree of urbanization and change according to the Consumer Price index.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 121. CHILDREN SOCIO-ECONOMIC CIRCUMSTANCES - This refers to indicators of the number of children living in families of different socio-economic categories, reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 122. CHILDREN in FAMILIES RECEIVING SOCIAL ASSISTANCE - This refers to indicators of the number of children living in families that receive social assistance, reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 123. HOMELESSNESS - This refers to indicators of homelessness among children (e.g., the number of children living in families that stay in emergency shelters or who do not have a permanent residence), reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 124. CHILDREN in SUBSIDIZED HOUSING - This refers to indicators of the number of children living in subsidized housing, reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 125. HOME INTERNET ACCESS - This refers to the number of children under age 19 living in households with access to the internet (e.g., dial-up, broadband, dsl, etc.), reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 126. FOOD SECURITY - This refers to indicators of children living in food-insecure households, reported as a rate for each age grouping.

Food insecurity is defined as access, at all times, to adequate food for an active, healthy life. Depending on available evidence, the definition may also (or instead) include the average cost of a nutritious "basket" of food items.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 127. LONE PARENT FAMILIES - This refers to the number of lone parent families, as a proportion of all families, reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 128. ADEQUATE CHILD CARE - This refers to indicators of primary child care arrangements for children ages 0 - 4 (e.g., centre based care, father care, mother care, grandparent care, other relative care, other non-relative care, etc.), reported as a rate for this age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

- * 129. PARENTAL EMPLOYMENT - This refers to indicators of parental employment (e.g., employment rate, unemployment rate, number of children with at least one parent employed full time year round, etc.), reported as a rate for each age grouping.

	Rating
RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.	<input type="text" value="6"/>
SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.	<input type="text" value="6"/>
EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.	<input type="text" value="6"/>
DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.	<input type="text" value="6"/>

BC Child Health & Well-Being Indicator Evaluation

- * 130. RECREATION PROGRAM REGISTRATIONS - This refers to indicators of registrations in recreation programs for children under age 19 (e.g., by family income), reported as a rate for each age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 131. HOUSING AVAILABILITY - This refers to indicators of affordable housing availability (e.g., proportion of families paying more than 30% of income on rent, proportion of children living in households that indicate housing problems, etc.), reported as a rate for each age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 132. HOUSING CONDITIONS - This refers to indicators of housing conditions (e.g., crowding, damage, poor physical conditions, etc.), reported as a rate for each age grouping.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

- * 133. CHILD CARE SPACES - This refers to the number of child care spaces in government approved child care facilities, reported as a rate for children under age 5.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

- * 134. CHILD CARE SUBSIDIES - This refers to the number of child care centers receiving funding for subsidized children.

Rating

RELEVANCE TO POLICY: The indicators are amenable to effective population and public health action through policy, program or service interventions.

SIGNIFICANT TO THE WELL-BEING OF CHILDREN: The indicators should measure the things that make the most difference towards improving the health and well-being of children.

EASILY UNDERSTOOD BY STAKEHOLDERS: The indicators should be clear and easily understood by decision-makers, the media, advocacy groups and the general public.

DRIVES ACTION: The indicators would motivate decision makers to take action, either in creating programs or developing policies.

BC Child Health & Well-Being Indicator Evaluation

135. Please rank the ten (10) MOST important SOCIAL RELATIONSHIP DIMENSION indicators. For the most important indicator, rank it using a 1, for the tenth most important indicator, rank it using a 10. Only one ranking is allowed per column.

If there are indicators that are not included here, but you think are important and should be included in the report, please enter them in the space provided at the bottom of this list.

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Children & Youth Not Living at Home and Receiving Social Assistance	10	10	10	10	10	10	10	10	10	10
Youth Employment	10	10	10	10	10	10	10	10	10	10
Idle Youth	10	10	10	10	10	10	10	10	10	10
Family Income	10	10	10	10	10	10	10	10	10	10
Families Living Below the LICO	10	10	10	10	10	10	10	10	10	10
Children in Families Living Below the LICO	10	10	10	10	10	10	10	10	10	10
Children SES Circumstances	10	10	10	10	10	10	10	10	10	10
Children in Families Receiving Social Assistance	10	10	10	10	10	10	10	10	10	10
Homelessness	10	10	10	10	10	10	10	10	10	10
Children in Subsidized Housing	10	10	10	10	10	10	10	10	10	10
Home Internet Access	10	10	10	10	10	10	10	10	10	10
Food Security	10	10	10	10	10	10	10	10	10	10
Lone Parent Families	10	10	10	10	10	10	10	10	10	10
Adequate Child Care	10	10	10	10	10	10	10	10	10	10
Parental Employment	10	10	10	10	10	10	10	10	10	10
Recreation Program Registrations	10	10	10	10	10	10	10	10	10	10
Housing Availability	10	10	10	10	10	10	10	10	10	10
Housing Conditions	10	10	10	10	10	10	10	10	10	10
Child Care Spaces	10	10	10	10	10	10	10	10	10	10
Child Care Subsidies	10	10	10	10	10	10	10	10	10	10

Other (please specify)

12. GENERAL COMMENTS

136. We are interested in your thoughts about this concept/indicator evaluation proceess. If you have additional comments, please enter them below in the space provided.

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	6

13. CLASSIFICATION INFORMATION

The following questions are included to provide us with some contextual information on the respondents. This information will help us to analyze the information you have provided.

* 137. What type of organization do you work for?

- ☐ Health region
- ☐ Provincial/Territorial department or ministry of health
- ☐ Other Provincial/Territorial government department or ministry
- ☐ Federal government organization
- ☐ University or other research organization
- ☐ Non governmental organization
- ☐ Consulting firm

Other (please specify)

* 138. What is your main responsibility?

- ☐ Senior Management/Administrator
- ☐ Management
- ☐ Teaching and academic research
- ☐ Analyst
- ☐ Coordination
- ☐ Clinical practice

Other (please specify)

BC Child Health & Well-Being Indicator Evaluation

* 139. What is your main area of expertise?

☐ Health services

☐ Health policy

☐ Social services

☐ Education

☐ Public health

☐ Clinical practice

☐ Research

Other (please specify)

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