IS “GOOD” GOOD ENOUGH?

A REPORT ON THE HEALTH & WELL-BEING OF CHILDREN & YOUTH IN BRITISH COLUMBIA


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CHILDHEALTH BC

LEAD BENEFECTCTOR
save on foods

Office of the Provincial Health Officer
Nearly 960,000 children and youth (0-19 years) in BC

Proportion of young people compared to all ages for each health authority
Defining and Measuring Child and Youth Health & Well-being

• In 2013, the PHO Office and the Canadian Institute for Health Information (CIHI) released a joint report

• Defined the five dimensions

• Identified a suite of 51 indicators used to measure the dimensions of child health
A Holistic View of Health & Well-being

Five dimensions describe health and well-being of children and youth
Dimensions of Health & Well-being

**Physical health and well-being**
- 21 indicators (e.g. breastfeeding rates, immunization rates)

**Mental and emotional health and well-being**
- 7 indicators (e.g. self-esteem, consideration of suicide)

**Social relationships**
- 11 indicators (e.g. family connectedness, bullying)

**Economic and material well-being**
- 5 indicators (e.g. food security, housing)

**Cognitive Development**
- 7 indicators (e.g. kindergarten readiness, high school completion)
Comprehensive and Collaborative Report Development

• This is a joint report led by the PHO’s Office and Child Health BC.

• Developed with extensive collaboration with a comprehensive Advisory Committee and other contributors that included:

  • BC Center for Disease Control
  • BC Children’s Hospital
  • BC Coroners Service
  • BC Health Authorities (VIHA, Northern, Interior)
  • BC Ministry of Child and Family Development
  • BC Ministry of Education
  • BC Office of the Representative for Children & Youth
  • BC Pediatric Society
  • BC Principals’ & Vice-Principals’ Association
  • BC Student Voice
  • Canadian Child & Youth Health Coalition
  • First Nations Health Authority
  • Human Early Learning Partnership
  • McCreary Centre Society
  • Perinatal Services BC
  • UBC Department of Pediatrics
  • UBC School of Population and Public Health
Exploring and Using the Report Findings

Explore the findings in two formats: book format and an interactive website

www.ChildHealthIndicatorsBC.ca
Use the online version to review key findings

- The webpage for each indicator offers:
  - Data charts with national comparisons where they exist
  - Provincial trend over time data
  - Results by region
Further exploring and understanding the findings

- Webpages support users to explore the findings further, using a few interactive data functions
- Key messages related to the findings
- Related references and data sources
Overall, the health and well-being of children and youth in BC is generally good.

Some indicators show positive and/or improving health and well-being; however, others show areas of concern.

Some indicators show stability over time, though improvement is desired.

For many indicators there are substantial disparities between males and females, and between different geographic areas of BC.
Exploring the Findings
Physical Health & Well-being

- BC’s breastfeeding rates are the highest in Canada.
- There are important improvements over time in the early years.
- The rates of youth who have ever used tobacco, consumed alcohol, or used marijuana have decreased.
- Many children in BC are up-to-date on their immunizations by age 7, but almost one-third are not.
Immunizations – “Up-to-date” by age 7

**FIG 15A.1** Percentage of Seven-Year-Old Children with Up-to-Date Immunizations, BC, 2012 to 2014

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>70</td>
</tr>
<tr>
<td>2013</td>
<td>71</td>
</tr>
<tr>
<td>2014</td>
<td>68</td>
</tr>
</tbody>
</table>
Mental & Emotional Health

• BC youth have a **positive view of themselves**.

• The rates of students who considered and/or attempted **suicide** are troubling.

• **Data** in this area is **limited** and this is reflected in the findings.
Self-esteem

FIG 23.2 Percentage of Students in Grades 7-12 Who Reported Usually Feeling Good about Themselves, by Health Authority, BC, 2013
Social Relationships

- Youth are reporting higher levels of *family connectedness* and *school connectedness* than in the past.

- Many youth report **high participation in activities** outside of school.

- While *bullying remains high*, cyberbullying has decreased.

- *Youth in the BC justice system* has declined substantially over the past 10 years.
FIG 29.1 Family Connectedness Score for Students in Grades 7-12, by Sex, BC, 2003, 2008, and 2013

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Female</th>
<th>Male</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>6.4</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>2008</td>
<td>6.6</td>
<td>6.9</td>
<td>6.8</td>
</tr>
<tr>
<td>2013</td>
<td>7.1</td>
<td>7.4</td>
<td>7.3</td>
</tr>
</tbody>
</table>
Economic & Material Well-being

• There has been a decrease in the percentage of youth that report going to bed hungry.

• The percentage of families with an unemployed parent was lower than the national percentage.

• The percentage of people with unmet core housing needs in BC was the highest among provinces by a substantial margin.
Low-income households

FIG 40.2 Percentage of Children and Youth Under Age 18 in Low-income Households, by Province, Canada, 2011

<table>
<thead>
<tr>
<th>Province</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>19.9</td>
</tr>
<tr>
<td>AB</td>
<td>10.2</td>
</tr>
<tr>
<td>SK</td>
<td>14.4</td>
</tr>
<tr>
<td>MB</td>
<td>22.4</td>
</tr>
<tr>
<td>ON</td>
<td>13.8</td>
</tr>
<tr>
<td>QC</td>
<td>12.6</td>
</tr>
<tr>
<td>NB</td>
<td>12.2</td>
</tr>
<tr>
<td>NS</td>
<td>17.3</td>
</tr>
<tr>
<td>PEI</td>
<td>19.1</td>
</tr>
<tr>
<td>NL</td>
<td>18.0</td>
</tr>
</tbody>
</table>

Canada (14.3)
Cognitive Development

- Kindergarten children are arriving at school more prepared than in the past for **language and numeracy**.

- Kindergarten children are requiring additional support and care in the area of **social competence and emotional maturity**.

- **High school completion** across BC has increased.
Language & Cognitive Development

**FIG 45B.1** Percentage of Kindergarten Children Vulnerable on the Language and Cognitive Development Domain, BC, 2004/05-2006/07 to 2011/12-2012/13

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05 – 2006/07</td>
<td>11.3</td>
</tr>
<tr>
<td>2007/08 – 2008/09</td>
<td>10.1</td>
</tr>
<tr>
<td>2009/10 – 2010/11</td>
<td>10.3</td>
</tr>
<tr>
<td>2011/12 – 2012/13</td>
<td>5.0</td>
</tr>
</tbody>
</table>
Two major themes were noted with respect to geographic differences:

(1) There were substantial differences across the province based on the child or youth’s home, making it necessary to look beyond the provincial “average” to understand health in a community.

(2) There were a number of indicators where children and youth living in urban areas fared better than those living in rural and remote areas.
Tooth Decay among Kindergarten Children

**FIG 8.3** Percentage of Kindergarten Children Showing Visible Tooth Decay, by Health Service Delivery Area, BC, 2012/13

- **Northwest**: 23.5%
- **Richmond**: 19.7%
- **Fraser South**: 18.7%
- **Northern Interior**: 17.7%
- **Kootenay Boundary**: 17.5%
- **Thompson Cariboo Shuswap**: 17.0%
- **Vancouver**: 16.9%
- **Northeast**: 16.9%
- **Okanagan**: 15.8%
- **Central Vancouver Island**: 13.5%
- **North Vancouver Island**: 12.9%
- **Fraser North**: 12.0%
- **East Kootenay**: 11.9%
- **Fraser East**: 11.2%
- **South Vancouver Island**: 9.1%
- **North Shore/Coast Garibaldi**: 6.4%
Grade 7-12 Students Reporting Binge Drinking

FIG 13B.3 Percentage of Students in Grades 7-12 Who Reported Binge Drinking, by Health Service Delivery Area, BC, 2013

[Bar chart showing the percentage of students reporting binge drinking across different health service delivery areas, with the highest rate in Kootenay Boundary at 28.2% and the lowest in Richmond at 10.5%.]
Sex/Gender and Health Status

Two major themes were noted with respect to sex/gender differences:

(1) Sex and gender gaps are evident in many of the indicators; females fared worse then males.

(2) These differences appear to be increasing over time.
Positive Mental Health

**FIG 24.1** Percentage of Students in Grades 7-12 Who Reported Positive Mental Health, by Sex, BC, 2013

- **Female**: 75.7%
- **Male**: 86.9%

All (81.2%)
Bullying

**FIG 37A.1** Percentage of Students in Grades 7-12 Who Reported They Were Bullied at School in the Past Year, by Sex, BC, 2003, 2008, and 2013

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Female</th>
<th>Male</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>54.3</td>
<td>42.3</td>
<td>48.4</td>
</tr>
<tr>
<td>2008</td>
<td>51.8</td>
<td>40.0</td>
<td>46.2</td>
</tr>
<tr>
<td>2013</td>
<td>57.7</td>
<td>42.1</td>
<td>50.0</td>
</tr>
</tbody>
</table>
Both Sex/Gender & Geography Differences

Physical activity among youth in grades 7-12

- There is a substantial difference between the physical activity levels of males and females.

- Students in rural areas reported higher rates of physical activity than those in urban areas.
Positive Life Satisfaction

**FIG 25.1** Percentage of Youth Age 12-19 Who Reported Positive Life Satisfaction, by Sex, BC, 2007-08 to 2013-14

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>94.0</td>
<td>96.0</td>
<td>95.0</td>
</tr>
<tr>
<td>2009-10</td>
<td>95.9</td>
<td>96.6</td>
<td>96.2</td>
</tr>
<tr>
<td>2011-12</td>
<td>94.4</td>
<td>97.0</td>
<td>95.7</td>
</tr>
<tr>
<td>2013-14</td>
<td>94.9</td>
<td>97.7</td>
<td>96.4</td>
</tr>
</tbody>
</table>
Recommendations

- Commit to addressing the disparities in health based on sex/gender and geography, as identified in this report. This requires conducting further data analyses and consultations with stakeholders to determine the underlying causes of ongoing disparities, and to identify actions that can be taken to better meet the needs of all children and youth in BC.

- Create a provincial-level inter-ministerial leadership committee that will support actions generated from this report to improve the health and well-being of children and youth in BC.
Establish an ongoing **provincial forum where youth are connected with other community stakeholders** to plan and undertake initiatives to enhance child and youth health and well-being in communities.

Develop a mechanism for a coordinated approach to **ongoing data collection and reporting of indicators** of child and youth health and well-being in BC, and for addressing indicators with missing and/or scarce data.

Develop a **mechanism to share programs and initiatives** in BC that aim to improve the health and well-being of children and youth. These programs should be evaluated and demonstrate success, in order to serve as potential models for other communities.
Questions

Visit the Online Report of “Is ‘Good’, Good Enough?”
www.ChildHealthIndicatorsBC.ca

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