

# HIGHLIGHTS

## SUMMARY OF KEY FINDINGS

This baseline report explores the health and well-being of children and youth in BC through a suite of 51 indicators identified in the report from the Office of the Provincial Health Officer and the Canadian Institute for Health Information in 2013. This report provides a holistic view of health focusing on the contributing factors, modifiable conditions, and actions that can make a difference to child and youth health and well-being outcomes.

This report is divided into the critical dimensions of health and well-being that together play a significant role in a child's life:

**Physical Health & Well-being; Mental & Emotional Health & Well-being; Social Relationships; Economic & Material Well-being; and Cognitive Development.**

For each dimension, population data and current evidence are presented for the related indicators. The analyses presented explore indicators by age, sex or gender, and/or geography (health authority and health service delivery area). The report concludes with five recommendations.

### Physical Health & Well-being

The indicators for physical health and well-being reflect a life course approach to examining child and youth health in BC.

#### Infants

- ▶ In BC, the proportion of low birth weight babies has remained stable over the past several years.
- ▶ The percentage of mothers who reported smoking during pregnancy decreased; however, there is a considerable range in the percentage of smoking during pregnancy based on geography.

- ▶ In this report, binge drinking among women in their reproductive years is used to explore alcohol consumption during pregnancy. Over the last 11 years, binge drinking among woman of reproductive age in BC has increased.
- ▶ The infant mortality rate in BC has decreased over the last 30 years.
- ▶ In BC in 2012, approximately 40 per cent of mothers exclusively breastfed their babies for the first six months, which is high compared to other provinces, but there is still room for improvement, especially in northern BC.

#### Young Children

- ▶ Almost all children age 0–3 in BC are screened for hearing, and supports are offered in a timely way.
- ▶ There has been an overall decrease in the number of children with visible tooth decay in BC, but again there are geographic disparities, with children in northern BC not faring as well as other children.
- ▶ While there is evidence that most parents believe that vaccines are safe, effective, and important to children's health,<sup>1</sup> it is concerning that almost one-third of BC children are not up-to-date in their immunizations by the time they turn seven.
- ▶ There has been no improvement over time in kindergarten children's fine and gross motor skills.

#### Children and Youth

- ▶ A high percentage of BC students reported eating fruits or vegetables; nevertheless, there is still room for improvement, as 6 per cent reported that they had not eaten any fruits or vegetables the previous day.

- ▶ One in four students has an unhealthy weight based on their self-reported height and weight.
- ▶ Most youth rated themselves as having “good” or “excellent” health.
- ▶ Geographic differences in BC indicate that a higher percentage of students participate in daily physical activity in rural areas as compared to more urban areas, and there is a striking difference in physical activity rates between sexes.
- ▶ The percentages of BC youth who have ever used tobacco, consumed alcohol, or used marijuana have decreased. Additionally, the percentages of youth who use tobacco daily, who binge drink, and who use marijuana on a regular basis have also decreased.
- ▶ While youth tobacco use is decreasing overall, there are substantial geographic differences in its use.
- ▶ Given that the incidence of chlamydia is an indicator of risky sexual activity, it is concerning that there has been little progress in this area over the last 10 years.
- ▶ There has been a substantial decrease in teen pregnancy since 1989; however, for the health authorities, there is a five-fold difference between the highest rate (Northern Health) and the lowest rate (Vancouver Coastal Health).
- ▶ The prevalence of asthma, which is an indicator of chronic disease in childhood, remains essentially unchanged over the last decade, at one in 10 children in BC.
- ▶ Serious injuries among children and youth show a downward trend, but there is an almost two-fold difference across the geographic areas in the province.

## Mental & Emotional Health & Well-being

- ▶ Overall, BC youth have a positive view of themselves and their lives; however there are differences between sexes across indicators. Compared to males, fewer females reported positive self-esteem, positive self-rated mental health, and positive life satisfaction.
- ▶ Females considered suicide and attempted suicide at a higher rate than males; however, males had a higher suicide mortality rate. It is further troubling that there are clear geographic differences for these indicators.

## Social Relationships

- ▶ Social connections with one’s family, school, and community are known to be protective factors that foster healthy development, decision-making, and behaviours.<sup>2-5</sup> While it is encouraging that youth in BC are reporting a higher level of family connectedness than in the past, it is concerning that an increasing number of youth report not having an adult they can talk to if they have a serious problem.
- ▶ Youth also report a higher level of school connectedness than in previous years.
- ▶ Community connectedness is not as strong for youth, and only 40 per cent of youth in BC reported a sense of belonging to their community. Less than 60 per cent of female youth reported feeling safe in their neighbourhoods at night.
- ▶ Many youth across BC report participation in activities outside of school such as sports, art, music, and drama, and sports or exercise classes with or without an instructor. The participation rate across the province is moderately high and is

consistent over time, except for participation without an instructor, which has decreased. There is geographic variation in the rates of participation in activities based on the type of activity.

- ▶ More males than females experienced discrimination on the basis of race, ethnicity, or skin colour; however, the percentage of males who experienced this has decreased in recent years. There has been an overall increase in children and youth who experience discrimination based on sexual orientation, with the largest increase seen among females. There are geographic differences in rates of discrimination based on race and ethnicity, and based on sexual orientation.
- ▶ The percentage of BC youth who report being bullied remains high and has increased slightly over the past 10 years, with more females reporting being bullied. Cyberbullying has decreased over the same time.
- ▶ Geographic differences in abuse and neglect are important, with children and youth living in northern BC being much more likely to be abused or neglected than children and youth elsewhere in the province.
- ▶ There appears to be an emerging slight downward trend in the percentage of youth who have experienced sexual abuse, with females being three times more likely than males to have experienced sexual abuse.
- ▶ There are large geographic differences in the rate of children and youth in care.
- ▶ The overall rate of youth in the BC justice system declined substantially over the 10 years presented.

## Economic & Material Well-being

- ▶ The percentage of people with unmet core housing needs in BC was highest among the Canadian provinces by a substantial margin, with Vancouver having the highest rate among three urban centres in the province.
- ▶ While the unmet food needs of youth have decreased, more than 7 per cent of youth report going to bed hungry, with higher rates in some regions of BC.
- ▶ Among Canadian provinces, BC had the second highest percentage of persons under age 18 living in low-income households. This high percentage was driven by rates as high as 20 per cent in some regions of the province.
- ▶ The percentage of families with an unemployed parent in BC was lower than the national percentage before 2008; however, in 2014 BC was close to the Canadian average.
- ▶ The percentage of BC youth who were not in education, employment, or training was consistently higher than the national average, and there were significant geographic differences across the province.

## Cognitive Development

### Young Children

- ▶ Over the past 10 years in BC there has been a decrease in the percentage of kindergarten children who require additional support and care in their language and cognitive development in order to avoid future challenges in school and society. The percentage of children requiring similar support for their communication skills and

general knowledge has remained relatively stable. This is generally a success, as it indicates that children are arriving at school more prepared than in the past from a literacy and numeracy perspective; however, there are geographic differences across the province.

- ▶ The percentage of kindergarten children who require additional support and care in the area of social competence and emotional maturity has increased. Since mental wellness and illness in later life is rooted in childhood, the increasing vulnerability in social competence and emotional maturity is a concern. There are also geographic differences across the province identified in these data.

### **Children and Youth**

- ▶ While the indicators for academic performance have been relatively steady over the years in BC overall, there are clear geographic differences in educational achievement. For example, across several measures (reading and numeracy sections of the Foundation Skills Assessment, and English and Math Provincial Examinations), schools within Vancouver Coastal Health Authority performed substantially better than schools within Northern Health Authority.
- ▶ While most of the indicators for academic performance have remained steady over the years, high school completion across BC increased. Among the health authorities, the percentage of students who graduated high school is highest in Fraser Health, followed by Vancouver Coastal Health by a very small margin, while Northern Health had the lowest percentage of students graduating high school, trailing Fraser Health by 18 percentage points.

## **DISCUSSION & RECOMMENDATIONS**

The information presented in this report shows that overall the health and well-being of youth and children in BC is reasonably good, particularly when compared to other jurisdictions in Canada. But is “good”, good enough? Some indicators are stable and not showing improvement, meaning a portion of children and youth are continually left behind in health and wellness. Additionally, for many indicators there are substantial disparities based on sex/gender, and based on geography.

To address the disparities in child and youth health and wellness in BC, the Provincial Health Officer and Child Health BC conclude this report by offering five recommendations for collective action among communities, health authorities, school boards, ministries, and children, youth, and families. These include creating a provincial-level inter-ministerial leadership committee to support action resulting from this report; committing to addressing and conducting further analyses of the health disparities based on sex/gender and on geography; developing mechanisms to share best practice programs and initiatives; developing a coordinated approach to ongoing data collection and reporting; and creating an ongoing forum to engage BC youth with community stakeholders to plan and undertake actions that enhance child and youth health and well-being throughout BC.

## REFERENCES

- <sup>1</sup> Statistics Canada. Childhood National Immunization Coverage Survey, 2013. The Daily. Ottawa, ON: Statistics Canada; 2015 Jul 21 [cited 2016 Apr 6]. Available from: <http://www.statcan.gc.ca/daily-quotidien/150721/dq150721c-eng.htm>.
- <sup>2</sup> Saewyc E, Tonkin R. Surveying adolescents: focusing on positive development. Paediatric Child Health. 2008 Jan;13(1):43-7.
- <sup>3</sup> Shonkoff J, Phillips D. From neurons to neighborhoods - the science of early childhood development. Washington, DC: National Academy Press; 2000.
- <sup>4</sup> Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm--findings from the National Longitudinal Study of Adolescent Health. JAMA. 1997 Sep 10;278(10):823-32.
- <sup>5</sup> Federal, Provincial and Territorial Advisory Committee on Population Health. Toward a healthy future. Second report on the health of Canadians. Charlottetown, PE: Federal, Provincial and Territorial Advisory Committee on Population Health; 1999.