

Presentation 2: BC Child Health and Well-Being Indicators Initiative

Presenters: Eric Young, Bernie Paillé, Michael Egilson

- as there is more collaboration, you need to develop a set of indicators you can follow over time to see if those collaborations are actually making a difference
- this project started with John Miller creating PHO Report in 1997
 - additional reports of child health and well-being have since been published

Rationale:

- we wanted to update the PHO report on Child Health and Well-Being
 - thousands of indicators found. Need to determine which are most appropriate

Questions:

- from a PH perspective, what are the critical things to measure?
- What are the most cost-effective programs? (Need to get within the funding pie by finding the most cost-effective programs)
- What offers the greatest health benefits for the most children based on resources available?
- indicators chosen should be informed by evidence
 - focus on contributing factors, modifiable conditions and actions that make the most difference to both positive and negative child and youth health and well-being outcomes

Goal: a sustainable, solid measurement system that will support consistent and ongoing reporting over many years

Indicator Selection

- formed a team with CIHI as a key partner
- in choosing indicators, they considered and looked for:
 - significant magnitude
 - significant impact on a child's life
 - significant modifiability
 - good data availability/quality
 - government priorities need to be considered

formed a number of teams

- advisory committee, technical committee, project working group
- involved many other ministries and groups, working across sectors
 - any ministries with responsibility for child and youth issues
- work of the advisory committee involved:
 - development of a framework
 - identifying, vetting and selecting indicators

- development of report
- development of recommendations on improving child health

Framework

Health and Well-Being: A Dynamic Balance

- you could categorize all the things that affect child health in 5 areas:
 - physical, mental/emotional, material/well-being, cognitive, relationships
- visually represented as a wheel with 5 sections to suggest that all areas should be equally developed to “roll” smoothly through life

CIHI Involvement

- Q: What matters to CIHI? Why would they work on this?
 - they care about indicator development
 - typically focused on physical health, but can see connections with mental, cognitive, etc.
 - potential to develop something (information and reporting) at the national level
 - this will result in better info and better care

5 Phases of Collaboration

Collaboration 1 – Background Paper

- focused on understanding factors affecting healthy childhood development
 - developed framework
 - Framework = table, 5 dimensions of health down left side, 5 child-centred ecologies along top, indicating where interventions may occur
 - established criteria for choosing indicators
 - structure, guards against single interest
- collaboration occurred with academics, CIHI, Ministry of Health, and other ministries

Collaboration 2 – Workshop

- refined framework and obtained buy-in from partner groups
 - recognized that more than a health perspective would be required to develop these indicators, needed to ensure other sectors were supportive
- collaboration involved first meeting of Advisory Committee
- applying theoretical concepts to a local context required broader representation by community organizations

Collaboration 3 – Relevance Survey

- discussed relevance vs. evidence, applied theory to real situations to see if it was relevant
- collaboration occurred via “constituent collective wisdom”, those present in the room

Collaboration 4 – Evidence Reviews and Indicator Selection Process

- reviewed evidence and selected indicators best positioned to measure change in present conditions and in the future
- key learning: evidence varies in both degree and quality depending on area of health or well-being

- ability to find solid evidence varied between dimensions of the framework
- made recommendations to advisory committee based on reviews
 - successful because of consistency within the group, the same people were there from beginning to end, everyone on the same page at the end of the day

Collaboration 5 – Documentation

- technical documentation given to PHO to move forward making the revised report
- required significant input on technical details from data providers

Questions:

1) It's interesting to think about other provinces in relation to this project. Were other provinces doing similar things? Would they eventually use the same framework as has been developed here?

Originally looked around the country at indicators, some were the same across provinces, many were unique to the circumstances of the individual province. This team wanted to look at it from a different perspective: if you want to push things from a population health level, what do you want to push? Things with higher incidence, very modifiable, biggest potential for change. Started with “what’s the framework? What’s the big picture”? If you want the child to get the maximum out of their life, what are the areas you need to look at? Went through other frameworks to find where the evidence was the best to suggest big changes. Exploring this issue with a macro focus hadn’t been done anywhere else. They tried to avoid agendas and developed these indicators in a scientific way that was based on evidence rather than priorities of certain groups at the time of development. Once this is out there, other jurisdictions may pick it up and use it. CIHI is supportive of this. The hope is that this could become a core set of national child health and well-being indicators.

Two provinces where this is occurring at different phases: Manitoba and Ontario.

2) Where will this be published?

Final report is being re-edited, requires a few more appendices to fully explain the decision-making process so as to be as transparent as possible. In a couple of months, it will be available on the CIHI and PHO websites and in print.

3) How did this partnership get started? Some partners are used to working together, others aren't. How did they come together at the start and how did they work together?

Started with a phone call to CIHI to present the idea. This challenged CIHI to move beyond physical health; the goal to develop a comprehensive set of indicators for a healthy child was a stretch. They then pulled in ministries interested in the area of child health. Key people linked to other key people. Direct contact with future advisory committee members pulled them in. Focused on keeping it within the province so that it wouldn't get broader than it already was.