

WU CENTRE, FREDERICTON, NEW BRUNSWICK • FEBRUARY 19–20, 2003

Atlantic Regional Workshop

on Child and Youth Health

C P H I P R O C E E D I N G S R E P O R T



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Prepared by

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ABOUT THE CANADIAN POPULATION HEALTH INITIATIVE

The mission of the Canadian Population Health Initiative (CPHI) is twofold: to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians. A Council of respected researchers and decision-makers from across Canada guides CPHI in this work. CPHI collaborates with researchers, policy makers, the public and other key partners to increase understanding about the determinants of health, with the goal of helping Canadians stay healthy and live longer.

As a key actor in population health, CPHI:

- Provides analysis of Canadian and international population health evidence to inform policies that improve the health of Canadians;
- Funds research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health;
- Synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives and develops policy options;
- Works to improve public knowledge and understanding of the determinants that affect individual and community health and well-being; and
- Works within the Canadian Institute for Health Information to contribute to improvements in Canada's health system and the health of Canadians.

At the foundation of CPHI's research partnerships are collaborations established with research teams across the country that have received CPHI research funding. Relationships between CPHI and research partners are ongoing. Partnering is also viewed as a capacity-building strategy. CPHI encourages the development of partnerships among researchers and between researchers and policy-makers through multi-sectoral (research and policy) research team membership and sponsorship of networking and theme-based interactions among teams.

WORKSHOP GOALS

The goals of this regional workshop were to:

1. Review CPHI-funded research on child and youth health issues in the Atlantic region and identify its policy significance.
2. Identify research needs of policy makers to inform future population health research.
3. Promote linkages and exchange between CPHI's researchers, other population health researchers and policy makers in the Atlantic region.

INTRODUCTION AND WELCOME

Carmen Connolly, CPHI

Carmen Connolly, Director of the Canadian Population Health Initiative (CPHI), welcomed participants. She indicated that this meeting is a follow-up to a previous pan-Canadian consultation on population and public health priorities, summarized in the publication *Charting the Course*.

Connolly described CPHI's strategic goals as well as the objectives of the workshop. She went on to identify CPHI's three current priority themes as *poverty and social inclusion*, *Aboriginal peoples' health* and *obesity*. In each of these three themes, CPHI engages in policy synthesis and analysis to enhance policy relevant knowledge on the determinants of health.

In December 2003, CPHI will unveil its flagship report, *Improving the Health of Canadians*—a policy-oriented report that provides information on population health priorities in Canada, options for intervention to address these priorities and ideas for further work to improve the evidence base.

She commented that the variety of interests represented at this workshop include researchers and decision-makers from health, education, justice, social services, culture and sport, and early childhood development.

“This diversity will provide a strong base for exchanging knowledge about the factors that influence the health of children and youth.”—Carmen Connolly

Connolly noted that this workshop would also provide an opportunity to find out about research underway and the research needs of policy-makers in the Atlantic region.

She informed participants that CPHI is presently investing \$1.3 million in three research projects and two research programs on child and youth health in the Atlantic Region. She invited the principal investigators for these projects to present their findings or anticipated findings in the first half of the workshop. Connolly hoped that the workshop discussions would help to identify some of the research gaps—areas in which policy makers need research evidence in order to make sound policy decisions on child and youth health issues.

She closed by thanking participants for their attendance and participation in the discussions to follow.

KEYNOTE ADDRESS: “LEVELING THE BAR IN EDUCATION AND HEALTH”

J. Douglas Willms
Professor, NB/CIBC Chair in Human Development
Director, Canadian Research Institute for Social Policy
University of New Brunswick

In his keynote address, Dr. Willms spoke of his work with data from the National Longitudinal Survey of Children and Youth (NLSCY). More specifically, he drew attention to the use of socioeconomic gradients in considering education and health outcomes for children and youth, and examined the influence that policy can have to affect these outcomes. The term “gradient” as used by Willms refers to the relationship between individuals’ educational or health outcomes, and their socioeconomic status. Hence, a steep gradient indicates a wider disparity in outcomes as socioeconomic status changes; a shallower (more level) gradient indicates less disparity. Willms noted that raising the gradient would indicate better outcomes for all.

Childhood Vulnerability

“Social policy is concerned mainly with achieving particular outcomes for society as a whole, and especially for vulnerable groups.”—J. Douglas Willms

According to Willms, the principal activities of research on social policy are concerned with:

- The accurate measurement of social outcomes;
- Monitoring changes in social outcomes;
- Understanding the causal mechanisms that lead to desirable outcomes; and
- Discerning whether particular public policies strengthen these causal mechanisms.

For Willms, the term “vulnerable” connotes susceptibility—that one is exposed, or liable to experience some undesirable life outcome in the future. Willms used the term “vulnerable” to refer to children who experience problems in *cognitive development* and *behaviour*. He noted that the term implies that circumstances can improve through children’s own efforts, and with the support of their families and others in their community.

Research Findings

Based on his research, Willms concluded that at least one in four Canadian children is vulnerable. Of these, 12.1 percent were vulnerable in the cognitive domain, and 19.1 percent had behaviour problems. The prevalence of children with both low cognitive scores and behaviour problems was relatively small—only 3.0 percent.

Willms noted that gradients are evident at birth, and even very early markers of childhood vulnerability, such as low birth weight or a difficult temperament during infancy, are related to socioeconomic status. He pointed out the children of mothers who were in their teens when their child was born are more prone to being vulnerable. However, Willms cautioned that childhood vulnerability is only weakly associated with family income. Mothers' education has a dominant effect compared with other aspects of socioeconomic status, while the effects of fathers' education and family income increase as children get older.

Impacting Vulnerability

According to Willms, the four major factors that can impact vulnerability are:

- Parenting styles;
- Maternal depression;
- Family functioning; and
- Engagement (reading and otherwise engaging with the child).

Further, Willms stated that early childhood education makes a difference. For children from low-income families, those who are cared for in facilities outside the home, either regulated or unregulated, have superior vocabulary skills to those who do not participate in care arrangements.

He stressed that parenting practices have important effects on a child's social and cognitive outcomes. However, he said parenting practices are not strongly related to socioeconomic status (SES) or family structure.

Furthermore, Willms noted that engagement has a strong positive effect on pro-social behaviour and decreases the likelihood of a child displaying a behaviour disorder. Engagement is only weakly related to family structure and SES, but is influenced by time available to engage children. Willms' research suggests that reading to a child has a particularly strong positive effect on both behaviour and pre-school vocabulary skills.

Finally, Willms noted that the average level of community SES has an impact on social outcomes over and above the effects associated with individuals' SES. This effect, he maintained, is greatest for low status individuals. Children from disadvantaged backgrounds are vulnerable, but those who live in less advantaged communities are especially vulnerable.

Implications of the Findings for Social Policy Renewal

Social Policy Implications

- Not only poor children are vulnerable;
- Family environment and parenting skills matter; and
- Early intervention when needed.

Family Environment Matters

Willms argued that no child should live in poverty. Aside from anything else, he said, it is a matter of human rights. Willms made clear that the results of this research do not in any way suggest that the federal or provincial governments should reduce benefits to needy families. Nor does it imply that poverty is not a significant risk factor in children's development. Willms stated that his research does indicate that the majority of vulnerable children are not living in poor families, and that about two-thirds of children who are living in poor families have cognitive and behavioural outcomes that are in the average range or better. Thus, he concluded, simply addressing the issue of poverty will not completely address the issue of vulnerable children.

Willms pointed out that his findings also provide strong evidence that what matters most is the kind of family environment a child lives in. The benefits of good parenting skills, a cohesive family unit, and parents in good mental health, he said, far outweigh the negative effects associated with poverty. Moreover, these factors do not have a strong relationship with family income.

Intervene early and when needed

Willms stated that the findings suggest that during the early years it is more difficult to discern which children are vulnerable, and that vulnerability is not strongly associated with socioeconomic status. As children get older, it is easier to assess their cognitive and behavioural development, and the relationship with socioeconomic status becomes stronger.

Willms said these findings suggest that *universal* and *preventative* interventions would likely be more effective during the early years, from zero to age five. Beyond age five, however, Canada needs to support successful schooling—as a universal intervention—and complement the efforts of parents and teachers with successful *clinical* interventions for those who require additional support.

Build an Infrastructure for a Family-enabling Society

Willms closed with an call to invest in an infrastructure for a “family-enabling society”—a society where Canadians:

- Share responsibility for social policy;
- Invest in human capital that enables families;
- Increase social inclusion; and
- Increase capacity for program evaluation, monitoring, and research.

BRAINSTORM SESSION: PRESSING ISSUES ON CHILD AND YOUTH HEALTH

Following Dr. Willms' address, participants were invited to generate ideas on key issues facing researchers and policy-makers on the topic of child and youth health, for consideration at the closing session of the day. A list of the ideas and questions generated from this session is included in Appendix A.

CURRENT CPHI RESEARCH ON CHILDREN'S HEALTH ISSUES

Vianne Timmons

**Professor and Vice-President, Academic Development
University of Prince Edward Island (UPEI)**

"Building Healthy Mi'Kmaq Communities in Prince Edward Island"

Dr. Timmons introduced the project's objectives: to explore perceptions of Aboriginal children who live in the Lennox Island and Abegweit communities of PEI, regarding health and the determinants of their health and to identify the current health behaviours and health needs of these children. She stressed the critical importance of the approach which the research has taken to entering these communities. It is characterized by a high level of consultation, respect for the wishes of the communities, engagement of the community in the design of the research, and direct interviews with the children and with a primary care-giver for each child. The trust of the community was further nurtured through research team member participation in community events such as powwows, children's activity days and homework clubs.

This, she said, has resulted in a correspondingly high level of cooperation with members of the community, and open, eager respondents. She noted that important data are emerging from the research regarding lifestyle, family life, nutrition, literacy and health.

Timmons suggested that the policy implications of this research are numerous. For example, the research:

- Highlights the need to move beyond the medical determinants of health to address the social, economic and environmental determinants;
- Suggests that community participation can lead to community-driven interventions;
- Indicates that knowledge translation is more effective if the community has developed trust with the research team;
- Proves that participatory research to support a change process leads to partnerships and community ownership of health issues;
- Stresses the importance of understanding children's lives from their perspectives, allowing the researchers to identify key points where interventions have the potential to be more successful; and
- Sheds light on the fact that feeding back information on children's perceptions is critical to community understanding of the impact of interventions and policies.

Paul Veugelers
Assistant Professor
Dalhousie University

“CLASS—Children’s Lifestyle and School-performance Study” formally known as “A Province-Wide Life-Course Database on Child Development and Health”

Dr. Veugelers explained the rationale for this research into childhood obesity as follows:

- i) Nutrition and obesity contribute to chronic disease, and present a larger disease burden than smoking;
- ii) Health in Nova Scotia lags considerably behind that of other Canadian provinces (Nova Scotia has the highest rates of chronic disease, 38% of adults are overweight, 80% of adults eat too much fat);
- iii) Obesity in childhood is increasing dramatically; and
- iv) Early habits lead to lifelong behavioural patterns.

This research involves surveying 11,300 fifth-grade students, their parents, and their schools in Nova Scotia. It aims to provide knowledge of Nova Scotia children regarding intake of important nutrients, fat consumption, obesity and types of activities they engage in. It will also identify risk factors that determine poor diet, daily activities, who becomes obese, as well as a consideration of geographical and socioeconomic factors.

Veuglers stated the research will assist policy-makers in determining who is most at risk, including:

- Types of kids;
- Families;
- Neighbourhoods;
- Schools; and
- Regions.

According to Veugelers, intervention/policy scenarios indicated to date by the research include:

- The problem is universal—there is a need for province-wide intervention;
- Specific regions have major concerns;
- Some schools are successful with their food policies for students;
- Neighbourhood safety and access to playgrounds are important;
- Family factors and socioeconomic factors are important; and
- Perinatal and early life characteristics are important.

Shelley Phipps
Professor and Maxwell Chair of Economics
Dalhousie University

“International Comparisons of Child Health”

Dr. Phipps and her colleagues at Dalhousie University are undertaking a research project to compare Canadian child health with that experienced in other affluent countries (England, Norway and the US). The principal outcome being studied is child obesity.

According to Phipps, the research will analyze comparable cross sections of children at a point in time for the four countries; analyze historical cross-sections for Canada and the US; and analyze longitudinal data for Canada and the US.

She notes that to date, the most critical learning relates to the importance of how child height and weight data are collected, (i.e., which of the options of interviewer measures, parent reports or youth reports are used). Phipps states that in national surveys of children and parents, while adult literature demonstrates that adult recall data underestimates obesity, parental recall data in this study significantly overestimates child obesity. The influences of methods of measuring children’s heights and weights in the calculation of Body Mass Index (BMI) has, according to Phipps, significant implications for measures and trends in BMI amongst children in the four countries under investigation in the research project.

This measurement issue has implications for accurately assessing the level of obesity within Canada, including analysis of NLSCY data. Interviewer-measured data will facilitate international comparisons.

CURRENT CPHI RESEARCH ON YOUTH HEALTH ISSUES

J. Douglas Willms

Professor, NB/CIBC Chair in Human Development

Director, Canadian Research Institute for Social Policy

University of New Brunswick

“Vulnerable Teens: A study of obesity, poor mental health and other risky behaviours among adolescents in Canada”

Dr. Willms outlined five important health issues confronting adolescents in Canada today:

- Overweight and obesity;
- Unsafe sex;
- Alcohol and drug use;
- Smoking; and
- Poor mental health.

Dr. Willms outlined how this research project is approaching the first four of these areas of investigation, and how the findings might assist decision-makers. In the first instance, he noted the research on obesity will fill an important gap in our knowledge about the Canadian situation. It not only considers the influence of non-traditional risk factors on biological vulnerability, but also will identify potential intervention points to reduce the medical and social burden of the obesity epidemic.

On the issue of unsafe sex, Willms commented that NLSCY data might show the inadequacy of programs addressing sexual risk during adolescence and the need for increased early intervention related to younger children’s social-emotional-behavioural problems and family support needs.

Finally, Willms suggested that the research on alcohol and drug use should identify the risk factors that most influence such use. By identifying these risk factors, and the protective factors as well, his research will inform policy-makers’ efforts with intervention and protection program development.

The research on smoking amongst Canadian adolescents will provide information about family, peer and school factors that influence smoking. Again, he stated that this information will be useful in program development and implementation related to adolescents.

**Christiane Poulin,
Canada Research Chair in Population Health and Addictions
Dalhousie University**

“Addictions and the adolescent student population: Overview of a research program funded by CIHI”

Dr. Poulin described the collaborative effort between the four Atlantic Provinces’ Addictions Services Departments and Dalhousie University, to undertake this research. She pointed out that, in addition to the government collaborators, this effort entails engagement and support from a considerable number of academic investigators from six Atlantic universities. Poulin stated that the objectives of the research are to identify:

- The determinants of adolescent students’ addictions-related health and use/need for services;
- The influence of school-level policy; and
- Resilient groups/regions and to explain resiliency as a function of school policy.

This study uses data from a variety of sources, including the 2002 Student Drug Use Survey in the Atlantic Provinces, as well as data from the Canadian Community Health Survey, the Census, and the Atlantic Lottery Corporation.

Poulin noted that the project has merged 1998 and 2002 survey data, to consider outcomes related to the following topics:

- Alcohol, tobacco and other substance abuse;
- Problem use and other risk continuum;
- Sexual and other risk behaviours;
- Gambling;
- School rules and drug education;
- General health;
- Help seeking; and
- Mental health.

Notwithstanding some very interesting preliminary findings, Poulin reported that the researchers are struggling with data collection issues, including access to data. She pointed out the need for understanding between policy-makers and researchers regarding the time-consuming nature of survey data collection. Poulin noted that in some cases, there is not widespread support from some informants, for example, school principals, who report they are too busy.

DISCUSSION: POLICY IMPLICATIONS OF CPHI RESEARCH

**Catherine Donovan,
CPHI Council Member and Medical Officer of Health
Newfoundland**

Dr. Donovan stressed that the capacity of research to focus media and policy attention can never be undervalued. Rather, it can be very powerful. She used the example of how research on obesity has captured media attention and moved policy-makers to action.

A second lesson from the researchers' panel noted by Donovan was the need to utilize databases that governments are already operating and maintaining. She suggested that such utilization encourages governments to continue to develop and maintain databases in Canada. Donovan discussed the example of a nutrition database that went largely untouched from 1970 into the 1990s, and deteriorated considerably because of it.

Donovan highlighted the recognition of local data as a powerful tool in moving policy makers to action at the local level, as well as to compare local circumstances with regional and national conditions. Donovan suggested that research itself is part of the change process.

Donovan suggested that identifying vulnerability is important and challenging. She also stressed that there is a need to learn more about the exceptions and the resiliency factors. Donovan noted that in addition to vulnerability, the issue of harm is important, in order to focus limited resources. With specific reference to the issue of alcohol abuse, Donovan asked that if the risk of harm is not significant, whether policy-makers can afford to pay the same attention to the whole spectrum of usage?

Finally, Donovan was optimistic that the importance of collaboration between researchers and policy-makers is becoming more widely recognized, as is the need for tools, measures, and opportunities for further collaboration. She referred participants to Sale, Tim and Rob Santos, Foreword. *Canadian Journal of Public Health*, Volume 93, Supplement 2, Nov/Dec 2002 S5-S6 for signs of government recognition of how population-based research can inform policy.

Discussion and comments from participants

The discussion centered on the following questions:

- What is the relevance of this research?
- What do policy-makers and researchers want to share with each other?
- How will policy-makers make use of this research?

The main points of the discussion are listed below:

1. At the service delivery level, it is a matter of choices due to limited resources. When appropriate research is available to defend the choices, it's much better. Research serves to defend investments.
2. A major problem from the policy implementation side is that data cross disciplines and departments. The departmental structure of governments, the economic and social divisions in government organization, and the operational silos, create very difficult conditions for the development of a coordinated approach. Indeed, even within systems, there is not always coordination. Deciding on interventions is difficult.

By way of response to this, a participant identified the critical importance of finding the right entry point into the system. She used as an example the Department of Justice in Nova Scotia, which is increasingly outcomes-focused. While researchers do need to be familiar with their stated interests and requirements, approaching individual departments can be arduous and less effective than “going big”—in this case the Treasury and Policy Board in Nova Scotia which has a multi-departmental perspective in areas such as budgets and planning.

3. There has to be separation between policy-makers and researchers on one level. Researchers have to stay autonomous and policy-makers have delivery obligations. Academic review and independence is important. At the same time, there needs to be some recognition of the impact of the impact research is having on policy-makers.
4. With respect to rural data, smaller schools tend to be under-represented. There needs to be regular measurements with a good sample. A better sampling plan will serve to get regular measurement, without the concern of “respondent fatigue.”
5. Researchers need to build the skills and capacity of NGOs to present their information to politicians and policy-makers. They require more capacity to support the research findings and skills to influence policy-makers.
6. Research findings have to “share space” with values in policy making. What would be the effect of a policy on society or the country? That is the question that researchers and community organizations need to be able to put in front of policy-makers.
7. The issue of data timeliness and delay is a problem on which CPHI might be able to take some action. For example, why is GDP data available every month, while at the same time there are three-year delays for other important items? Researchers need to create demand for the kind of information required, but this has to be focused demand.

POLICY PANEL AND DISCUSSION

Michelle Herbert-Boyd

Program Consultant

Health Canada, Population and Public Health Branch (Atlantic)

“Capacity Building for Community-Government Partnerships for Policy Development”

Boyd described the background rationale for the initiative, explaining the need for strengthening the capacity of communities to participate in the policy development process. The three-year initiative has three objectives:

- To create more opportunities for dialogue between decision-makers and communities related to the development of “healthy policies”;
- To enhance community capacity to work on policy; and
- To enhance government capacity to work with communities.

The initiative consists of funding for community projects, and capacity-building workshops for both community and government. The outcomes sought include:

- Increased government and community capacity to work together on policy;
- Increased opportunities for intersectoral policy development; and
- Policy change.

Boyd pointed out that more than forty projects have been funded to date, addressing policies such as:

- School policies regarding drug use;
- Provincial sexual health policies;
- Engaging at-risk and excluded youth; and
- Building capacity of parents in low-income neighbourhoods to influence policy.

Kathleen Flanagan-Rochon

Director of Children’s Secretariat

PEI Department of Health & Social Services

“Early Learning and Child Care—Linking policy, research and practice”

Flanagan-Rochon gave an overview of the PEI Children’s Secretariat’s vision of quality early childhood programs, and the various elements it intends to address in the efforts to connect policy and practice to good research. Some of these elements are:

- Safe, secure environments and opportunities to learn;
- Good outcomes for children in all areas of development;
- Trained, consistent staff;
- Appropriate group sizes and staff-child ratios; and
- Quality curriculum and program resources.

She proposed a considerable number of questions that remain unanswered at this point in time, including:

- What is the right mix of interventions to improve quality? For example, how do wage enhancements and training work together? Will wage enhancements increase quality? If a poor teacher is poorly paid, and his/her salary is raised, the teacher will be a happier teacher but will still be a poor teacher. Where should wage enhancements be aimed? And how long will it take to see quality outcomes?
- What about training—pre-service versus in-service? What is the best possible mix?
- What is the relationship between child-staff ratios and level of training of early childhood educators? Child-staff ratios are an indicator of quality of interactions possible between children and educators. Does the level of educator training have an impact on how those interactions take place? How might this trade-off with child-staff ratios?
- How can participation in a high quality early childhood program be linked with long-term outcomes for children? There are data on children from birth to age five, and there are NLSCY data. However, there is no way of tying outcomes to the quality of the specific centres they attended.
- Are there other factors that differentiate high quality early childhood programs—e.g. Parental involvement? Personal commitment? Community support? How can the contribution of each of these other factors be measured?
- Affordability—What is a realistic cost for childcare, one that ensures quality? At what point are parents likely to say they'll choose a licensed childcare facility, or not?
- Accessibility—Not enough is known about the type of care arrangements parents prefer for their children. The experience in Quebec indicates that as soon as the licensed alternative becomes available, parents may well come to it in droves.
- Flexibility—parents are not necessarily working 9-to-5. What are their preferences?

Flanagan-Rochon concluded by stating that the challenges the initiative is now facing relate largely to consistent data collection and determining the right indicators and comparisons across jurisdictions.

Diana MacKinnon
Director, Program Services Correctional Services Division
Department of Justice, Nova Scotia

“Child and Youth Action Committee”

MacKinnon described the background and evolution of the Child and Youth Action Committee (CAYAC), an interdepartmental committee on youth in conflict with the law, and the resulting health issues. She described the Committee as composed of senior staff from the Departments of Community Services, Education, Health, Justice and the Youth Secretariat. Operationally, the Committee works primarily through four regional committees, and through a variety of sub-committees.

As an example of its work, MacKinnon chose the Corrections/Health interface, specifically, the targeting of the health services provided to youth in conflict with the law. MacKinnon noted that while the correctional programming offered to such youth in Nova Scotia is considered “exemplary,” the provision of health services by correctional staff may be less effective than if provided by health services delivery staff.

MacKinnon stated that recognition of problematic provision of health services to youth in custody has resulted in devolution of such services to the IWK Health Centre in Halifax. Further, it was agreed that health practitioners in correctional facilities in Nova Scotia would become IWK employees, receiving their clinical direction from IWK staff.

MacKinnon suggested many new research opportunities that have been created through this partnership, which could be pursued, including:

- The best service delivery and governance models for health services in correctional facilities;
- Balancing corrections mandates with health services delivery; and
- The determinants of health for youth in conflict with the law.

Joan Casey,
Program Developer
Department of Education, Newfoundland

“Enabling Structures for Public School Education”

Casey first described the role, mandate and vision for the Department of Education in Newfoundland. She went on to speak of the department’s approach to accomplishing their mandate as being replete with collaborative efforts to engage public and private sector partners as well as the community, in health-related school-based initiatives. She provided numerous examples of such efforts, focusing on two in particular:

- The Coalition for School Nutrition, sponsored by two foundations and involving a survey of food and nutrition policies in Newfoundland schools; and
- The Safe and Caring Schools Initiative sponsored by the Student Support Services Division of the Department of Education, promoting preventive action related to violence.

Casey also identified the need for research that is enabling, builds on existing good practices, and gives direction to make those practices even better. She closed by appealing to the research community and organizations such as CPHI for research syntheses, rather than individual research articles, that would facilitate evidence-based policy-making.

“Policy-makers don’t need more extensive documentation. What we need researchers to do is to take all previous research, condense it, synthesize it, so that we don’t have to read several documents when we can read one that takes the pertinent information from the previous six.”—Joan Casey, Program Developer, Newfoundland Department of Education

FACILITATING A POLICY RELEVANT RESEARCH AGENDA

Stephen Samis, CPHI

Samis introduced the session, explaining CPHI's interest in identifying policy priorities requiring additional research, and determining the types of research that need to be undertaken.

He reminded participants of CPHI's July 2000 launch of a major initiative to facilitate the development of population health research and research infrastructure in Canada. That initiative, he explained, was predicated on CPHI's five Strategic Themes and Questions, established by CPHI Council, namely:

- Why are some communities healthy and others not?
- To what extent do Canada's major policies and programs improve population health?
- How do social roles at work, in the family and in the community affect health status over the life course?
- What are the population health effects of broad factors in social organization in Canada and other wealthy countries?
- What is Canada's relationship to population health from a global perspective?

Samis pointed out that since the launch, CPHI has funded 44 research Programs and Projects across the country on a variety of topics, totaling approximately \$11 million. He noted that five of these Programs and Projects were described in the morning session of the workshop. He assured participants of CPHI's intention to work with research partners and policy- and decision-makers to identify the policy implications of these research investments and to communicate the significance of this research to the public. He reminded researchers to work with CPHI and the CIHI media relations staff when they have articles accepted for publication to facilitate and amplify the uptake of CPHI research in the media.

With an eye to the future, Samis spoke of opportunities created with the emergence of CIHR and its Institutes, which has enabled CPHI to focus on new areas of knowledge generation. This includes collecting and analyzing evidence from Canada and internationally, to identify existing knowledge, as well as knowledge gaps and priorities. Based on that work, CPHI will be able to:

- Synthesize population health evidence for CPHI's Flagship report—which will come out every two years beginning in December 2003—as well as special topic reports;
- Commission “state of the evidence” reviews to build the population health knowledge base and determine “what we know and don't know” on given issues; and
- Commission policy-relevant research to examine the “health effects” of existing policies and programs—even those that don't necessarily have health as their focus, but that certainly have health effects.

Samis then came back to the task of identifying priorities for future research/evidence needs. He stated that CPHI wants to help policy and decision-makers identify what works and what doesn't work, and why—based on good, solid evidence.

Samis noted that, to help facilitate the development of policy options, CPHI wanted to use the closing session as an opportunity to find out from policy-makers present, the particular issues they are focused on now, and those they will be focused on in the near future. He went on to say that CPHI wants to explore what it is that policy-makers need to know about these issues to inform decisions about the research CPHI should commission to improve knowledge and evidence related to them (e.g. Quantitative research? Qualitative? Evaluations? Interventions?).

Samis said that the ultimate goal of CPHI's work is to identify effective policy interventions that will improve the overall health of Canadians and reduce health inequities.

PRIORITIES AND QUESTIONS

The session produced the following priorities and suggestions for action for CPHI:

Synthesis of the “State of the Art” evidence—especially “key messages”

- Synthesize and analyze existing data—Research data and information are plentiful. Policy-makers and community groups need it in synthesized, user-friendly formats.
- CPHI could consult with the Federal/Provincial/Territorial Early Childhood Development Initiative on knowledge, information and effective practice regarding indicators of child well-being.

Increased research on policy effectiveness—“what works?”

- Is it possible to envisage a society of healthy children in relation to universal interventions? There is a need to better understand what would work, implement concrete measures, adjust the interventions over time, and monitor;
- There is a need for an ongoing Atlantic survey with a consistent set of markers, supported by the Atlantic Provinces Education Foundation and a Health partner;
- International players should be involved in these meetings to expand existing views of what is possible (e.g. recognize Europe’s historical leadership in this regard);
- Intervention research;
- Sharing of best practices and evaluation; and
- Evaluation of different approaches to multi-sectoral collaborative models of policy development... for children... for youth... others?

Who does the proposed new pieces? Possible CPHI function

- Develop skill development component for academics to link community, government and researchers;
- Pan-Atlantic models and evaluation of these;
- Program, rather than project, approach;
- Continuous programs and research funding—not just early childhood development, youth, etc.;
- Funding to include: program evaluation, implementation, interventions based on research; and
- Connect the research questions of policy practitioners to the researchers.

Bringing knowledge to action

- Focus on knowledge transfer/translation to communities and stakeholders, using plain language;
- As specific research questions are identified, how do policy-makers feed them to researchers? Development of a mechanism to encourage “cross-pollination.”
- Host (twice-yearly) symposia for representatives from Atlantic Canada to meet/collaborate/share. Atlantic Canada has unique issues, features—need to pool financial and human resources;
- Once research is done, how will it be made useable... to decision-makers, to academics, to community groups?
- Dissemination—how to determine the most appropriate/effective methods? Are there successful dissemination processes?
- How to develop the capacity to understand and develop policy; and
- Paid community person to leverage volunteers—cost-effective way to get research into the community (Glance Bay cited). Study the benefits of this to dissemination of findings and local involvement and interest in the project.

Indicator Development

- Develop pan-Canadian indicators for population health;
- Parenting—school programs, relationship, parent resource centers, parent/infant programs, cost-effectiveness of interventions;
- Development work on indicators of what constitutes a healthy population (environment, systems, system performance);
- Help define evidence-based, realistic outputs for specific systems, e.g. curriculum outcomes, minimum-optimum service levels;
- Monitor the status of policies and programs in all systems—especially at the level of implementation (is the program being implemented as it was designed?)
- What is working in terms of parenting skills to affect/decrease vulnerability of children? Need comparison and/or evaluations to determine what is working, how well a program/policy is working; and
- Future research by CPHI should include a balance between rural and urban communities.

WRAP UP AND REFLECTIONS

Stephen Samis, CPHI

Closing Remarks

Samis expressed thanks to all of the presenters, both researchers and policy-makers, for provoking thought and interest in children and youth health issues in the Atlantic region. He made particular mention of Doug Willms' keynote address, which illustrated the multi-dimensional and multi-sectoral efforts required to improve the health of children and reduce health inequities.

He expressed appreciation to Catherine Donovan for providing the bridge from the CPHI-funded research in the region, to the policy initiatives underway in Atlantic Canada. Samis thanked Donovan for pointing to the policy significance of the research, as well as how researchers and policy-makers must work together to facilitate the uptake of this research and inform the policy development process.

Samis reminded everyone of the goals of the workshop, and asked them to assess CPHI's success in achieving them, by completing the evaluation forms. He assured participants that the feedback received will be used to influence the design of a similar workshop occurring at the end of March 2003 in Saskatoon on the theme: "The determinants of healthy communities."

Samis closed by reminding participants that, far from being a isolated event, this meeting is part of a much larger process on the part of CPHI to:

- Build solid evidence on the determinants of health;
- Identify policy options;
- Report on the health of Canadians; and ultimately; and
- Make Canada a better and healthier country in the medium and long term.

APPENDIX A:

BRAINSTORM SESSION: PRESSING ISSUES ON CHILD AND YOUTH HEALTH

Following Dr. Willms' address, participants were invited to generate ideas on key issues facing researchers and policy-makers on the topic of child and youth health, for consideration at the closing session of the day.

1. The challenge that limited resources, both financial and human, poses to taking on a universal approach. The government trend towards a targeted approach limits results.
2. Add to "clinical," "targeted," "universal," "compensatory," and "preventive" approaches, "coordinated or comprehensive" approach.
3. Is there is a difference between children from urban settings and children from rural settings. Research findings are showing that the social fabric of rural communities appears to be very vulnerable with the out-migration that is happening.
4. Why is the health of children in Atlantic Canada less robust than elsewhere? Has there been interest in the past to reduce this gap? What was the success of such interventions? Was that different from elsewhere in the country?
5. Issue of universal prevention programs in an era of cost containment driven, high-risk public health.
6. Weak association with income and other outcomes—population health approach and conflict that might be created.
7. Low birth weight—what is/are the impacts of increasing numbers of multiple births and medical advances that improve survival of very low birth weight infants?
8. In New Brunswick, how do researchers and policy-makers investigate and deal with the unintended consequences of French Immersion and other inclusion policies?
9. How can capacity be developed in each of the Atlantic Provinces to establish baseline data involving gradients re: child indicators of health, etc. for monitoring the impact of social policy decisions, program interventions, etc. across all sectors, e.g. health, social services, education, economic development, support for communities?
10. Parenting styles—How can research improve parenting interventions, e.g. training, family strengthening programs?
11. How can social programs become user-friendly, without stigma, so families intervene early when needed, versus social agencies?
12. Female offenders and their children may be a special needs population worthy of study.
13. With the connection between enabling families and student achievement, what are some practices that are working with families to "enable" them?

14. The correlation between education (a qualitative issue) and number of years of schooling (quantitative) is disturbing.
15. What specific universal interventions in early childhood would make the greatest difference?
16. How can researchers get data from the National Longitudinal Survey on Children and Youth (NLSCY) in large enough sample sizes to look at each Atlantic Province?
17. Data access problems—time delays; Human Resources Development Canada delays/hoops to jump through; cost.
18. How to get results disseminated quickly and widely.
19. Research is wonderful. However, it is necessary to overcome the politics of government to make actual changes. How can that be done?
20. Parenting is a key factor in the vulnerability of children. What needs to be done to increase parenting skills?
21. What about barriers? How do research findings connect to barriers?
22. There seems to be little research on assets; rather, it is very deficit-based. Why?
23. Why are there delays in getting Statistics Canada data?
24. What kinds of interventions bring about sustained change? What is the value of universal programs that focus on knowledge and skill development regarding child development as part of schooling? What sorts of collaborations and partnerships will lead to the successful development of children?

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