Articles

Counting on Kids: An Overview of "State of the Child" Reports

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Introduction

In the past decade, concern about issues and conditions affecting children and youth has been mounting across North America. This concern stems in part from the recognition that children are our society's future. Will our children and youth be sufficiently prepared to compete and assume leadership roles in the workplace? We view our young people as investments which we will nurture, train and safeguard, so that they in turn will care for us, we hope, in our old age. Beyond all else, our children learn their values from our behaviour toward them.

Concern about the status of children and youth stems from an acknowledgement of children's inherent right, as persons, to be afforded fundamental resources and protections. We therefore need to evaluate whether the physical, economic and social environments we bequeath to children and youth will be adequate for their development and participation in their communities. Global commitment to ensuring the survival and healthy development of children has been advocated in the 1988 U.N. *Convention on the Rights of the Child* (Canada, Department of Multiculturalism and Citizenship, 1991), and was reiterated at the September 1990 World Summit for Children in New York. This articulation of children's entitlements coincides with increasing societal emphasis on the notion of "empowerment", through which individuals are enabled to assume control over their own lives.

While heightened public attention is being directed toward the welfare of children and youth, there has been a proliferation of major studies examining the status and well-being of children and youth. In the U.S., a major five-year initiative aiming to produce and disseminate statistical information on the status of children in all 50 states and the District of Columbia has recently been launched (Center for the Study of Social Policy, 1990).

"State of the Child" reports can provide the kinds of information required to appraise how well children and youth are faring in their own communities. Through such reports, a substantive body of knowledge about

the conditions affecting and the needs of children, youth and families can be accumulated and critical gaps in existing information on the status of children and youth can be identified.

It has long been argued that new conceptual frameworks of health and well-being are needed, as are better indicators of well-being, in order to promote healthy public policy and program development. State of the Children projects can also explore relationships between different domains of well-being. By demonstrating and focusing upon these conceptual linkages, better and more integrated schemes of health and well-being can be formulated.

Finally, State of the Child reports may be viewed as results of comprehensive, and possibly highly unusual, data gathering processes, which rely upon inter-departmental, multi-sectoral communication and collaboration. Such collaborative associations, if sustained, may be viewed as an important and unique contribution of the research.

The purposes of State of the Child projects

State of the Child reports have aimed to provide an overall, comprehensive portrait of the conditions affecting, and the quality of life for, children and youth in various jurisdictions. According to Testa and Lawlor (1985), these reports should "describe facts about who children are, where they live, the composition of their families, their economic situation, their experience in care away from home, their health, the violence in their lives, their expression of alienation from themselves and from society, the nature of their attachment to school and to work, and the character of the local environment in which they live and grow" (p. xv).

Yet the authors of State of the Child reports have not been motivated simply by a desire to describe children's lives. At the core of the authors' goals has been the intention to describe and inform in order to set the stage for social change aimed at bettering the lives of children. Implicit — and sometimes explicit — in authors' introductions to their reports has been the assertion that information and knowledge will promote community and/or governmental response in terms of policies and programs, and that the compilation and dissemination of "baseline" statistics on the status of children and youth will prompt a series of such snapshots over time, through which improvements in well-being can be demonstrated. Thus, State of the Child reports may serve as a "springboard to action" (Geller and Riches, 1990).

There is, in fact, remarkable similarity in authors' discussions of their objectives. A synthesis of *all* reports' goals statements could be put relatively succinctly: to assemble, analyze and present a comprehensive set of social indicators profiling our jurisdiction's children and youth, in order to stimulate informed public discussion, action and policy making.

Purpose of this review of State of the Child reports

In British Columbia, as in other jurisdictions, there has been strong interest from multiple sectors in undertaking a study to examine the present conditions in which children and youth live, in order to inform policy making, planning and service delivery, and more generally, to promote social development. In response to this interest, researchers from the University of Victoria and the Social Planning and Research Council of British Columbia decided to undertake a State of the Child in British Columbia project, as part of a collaborative program of research linking the two groups. A first step in designing and carrying out this study was a critical review and comparison of existing State of the Child reports.

This review examines the documents' formats, scope and breadth, methodologies for data collection, data analyses and interpretations, and policy recommendations. The researchers also aimed to identify the methodological approaches and dissemination strategies that appeared to be most promising as a means to meet the projects' common objectives of furthering the well-being of children and youth. It is important to note that the data presented in the reports were not themselves compared across studies, as doing so was not an objective of this exercise.

While researchers, practitioners and policy makers seem to have an understanding of what "State of the Child" reports look like, and of the methodologies and means through which such reports are generated, the fundamental question arises whether there was, in fact, a single model or framework guiding these projects. What, if anything, is central to such reports in terms of content and methodology? These are the important questions which this paper seeks to address.

Overview of State of the Child reports

To carry out the present review, 14 major reports on the status and well-being of children and youth were examined. Among these were seven State of the Child reports and seven large-scale Child Health reports. Of the State of the Child reports, three were from large U.S. states (Illinois, New York and California), two were from Canadian provinces (Ontario and New Brunswick), one was from a mid-sized Canadian city (Regina, Saskatchewan) and one was from a nation-wide study of Canada. Of the Child Health reports, two reported on Canadian data, four reported on British Columbia data, and one on Ontario data. While the latter reports nominally pertain to children's "health", the perspective on health which they reflect, and the indicators on which they provide data, seemed to be sufficiently comprehensive as to warrant their inclusion with the other State of the Child reports. The 14 reports included in this review represent a cross-section of State of the Child and Child Health reports. While efforts

were taken to obtain strong representation from Canadian jurisdictions, the three U.S. State of the Child reports were neither randomly selected, nor are they the only such reports in existence. They are, however, among the first State of the Child reports to be published.

The reports were examined and compared on 13 categories pertaining to the following five issues:

a) **Conceptual issues**. How was "health" defined and measured? To what degree were economic, social, psychological and physical well-being integrated?
b) **Methodological issues**. Were primary data collected for the project? If so, by what procedures? What were the key sources for secondary data?
c) **Data analysis issues** Were regional analyses provided? Were cross-jurisdiction analyses performed? Were separate analyses performed on different sub-groups within the population?
d) **Dissemination issues**. How much discussion and interpretation of the data were included? Were the findings placed within the context of other empirical studies of children's health and well-being? Was there uniformity in the presentation of the data? Was the report produced by single researcher, by a research team or as an edited volume?
e) **Policy issues**. To what extent were policy/programmatic recommendations included in the report? What kinds of policies and programs were advocated?

A summary of the overview of State of the Child reports is presented in Table 1. Publisher information and means to access the reports are provided in parentheses following each reference.

Similarities between reports

There seem to be several common, core characteristics of State of the Child reports. The stated objectives of the studies are remarkably similar. Even the Child Health studies share the common aim of presenting reliable, comprehensive information on indicators of health in order to promote policy formation, program development and social action. Other similarities between reports include:

1. A broad and **highly similar range of content areas**, or domains of well-being, on which statistical data are presented (that is, highly comparable chapter headings). A comparison of the Table of Contents of six major reports shows a remarkable degree of concordance across studies.

All of these State of the Child reports provide information on: demography and family structure; economic status; health; education; child care; housing/environments; child welfare; employment and legal issues.

2. The presentation of a **comprehensive body of data**. Within these content areas, the reports attempt to present data on a number of different focal areas. The reports' comprehensiveness is one of their defining characteristics; it is what makes them "distinct" (Testa and Lawlor, 1985). An aim to be comprehensive is included in all State of the Child reports' goals statements.
3. A focus on the **presentation of reliable, statistical information** obtained from provincial, federal and sometimes municipal sources and data bases. Given the emphasis on ensuring the data's reliability, it is not surprising that the sources of the secondary data are highly similar across reports. In general, primary data are not collected for these reports. In many cases, however, special tabulations or analyses are performed on the secondary data.
4. A focus on the presentation of **jurisdiction-wide information**. That is, although the reports also might include regional/municipal analyses of the data, and/or cross-national or international comparisons, the *focal* point of the reports is the jurisdiction in question.
5. The presentation of *snapshots of data* ("baseline" portraits), focusing on a particular point in or span of time.

Differences between studies

Although the State of the Child reports share a number of critical characteristics, what is more noteworthy is the degree to which the reports vary in terms of other key dimensions. The reports vary both in the ways in which concepts and variables are defined and measured, and in their discussions of the data. Specifically, the reports differ with regard to:

1. **Editorial format**. Some projects were undertaken and written by a single author or small team of researchers (e.g. *State of the Child in Illinois* and *State of Regina's Children Project*); other reports are edited volumes, whose content-specific chapters were commissioned to individual researchers known to be experts in their respective fields (e.g. *State of the Child in California* and *State of the Child in Ontario*). There appears to be a relationship between a report's editorial format and the degree of integration and/or overlap in the discussion of different content areas; as well, the editorial format may affect the degree to which authors offer policy recommendations in their reports.
2. Inclusion of, and possibly even emphasis on, **information on minority group or special populations** of children. Many, but not all of the State

of the Child reports reviewed included either entire chapters on the well-being of particular sub-groups of children/adolescents ("at-risk" groups), or provided information on the status of these sub-groups through cross-tabulations in their data analyses. In American reports, discussion highlighted the disparities in the status of children/youth of different racial groups; in Canadian reports, discussion most often focused on the status and needs of Aboriginal children/youth. It should be noted, however, that Ontario's *State of the Child* report did not contain a special section or discussion of minority or risk populations.

3. Degree of **integration of content areas** or thematic topics. Some authors went to lengths to demonstrate and explore the relationships between dimensions of social and economic well-being, and between poverty and health/illness; other authors did not focus on the linkages between content areas (or report chapters). As noted previously, the nature of the editorial format may be related to the degree to which content areas, or dimensions of well-being, were integrated. In turn, the degree of integration of the content areas may have ramifications in terms of the kinds of policy directions advocated by authors: when the relationship between physical and economic well-being has been demonstrated through statistical analyses, report authors might be inclined to call for particular policy recommendations, recommendations which might not have been forthcoming had these linkages not been made explicit.
4. Degree of **discussion and interpretation of the data**. There was marked variability in the degree to which authors discussed and/or interpreted the results of their statistical analyses: some reports included lengthy discussions of their data (and thus seemed akin to textbooks on child health and development), while other reports consisted of simple, point-form presentations of the data, accompanied by excellent graphic displays of the analyses. Similarly, some reports never strayed from a presentation and discussion of their own data, while other reports made frequent reference to the empirical literature on child development, and placed their own data in the context of this literature.
5. Degree of inclusion of **public/social policy implications or directions**. This is perhaps one of the most interesting ways in which the various reports differed. In general, the degree to which reports provided policy recommendations corresponded with authors' respective statements of their objectives. Some clearly preferred to act only as reporters of the statistical information, while others fully explicated the policy implications of their data. Overall, it appeared as though the reports which had been commissioned by a government department or an inter-departmental or inter-agency consortium were less likely to provide strong policy recommendations. In the reports that were authored by

researchers at academic institutions or non-government agencies, there was a greater likelihood that specific policy directions were advanced.

The Conceptualization and Measurement of Children's Health

One of the most important dimensions on which to compare the 14 reports was in terms of the breadth with which children's health was conceptualized and measured. The 14 reports varied markedly on this dimension. Some reports adopted a traditional and fairly narrow view of "health": their health status indicators largely consisted of mortality and morbidity rates, low birth weight rates, causes of death or hospitalization, and so forth. Other reports provided indices which reflected a far broader conceptualization of "health", including indicators of social, economic and psychological well-being. Table 2 provides the 19 most frequently employed indicators of children's/adolescents' health. The data presented in Table 2 demonstrate that while variability in health indicators exists across studies, and while the process of exploring alternative indicators of children's health has begun, overall progress in identifying innovative indices of health that reflect emerging, integrative conceptualizations has been quite limited.

As the authors of all State of the Child and Child Health reports would no doubt agree, conceptualizing "health" for children and youth is an extremely challenging task; identifying valid and reliable indicators of "health" is no less — and likely even more — difficult. It is apparent that the authors of nearly all State of the Child and Child Health reports aimed, and appreciated the need, to conceptualize "health" as broadly as possible. Authors' *conceptualizations* thus reflected the impact of social, economic and environmental factors in relation to physical and psychological well-being.

Unfortunately, authors' presentations of existing statistical information on the health of children and youth bore little relationship to these conceptualizations. Nearly all authors bemoaned the inadequate, traditional indicators of "health". Most researchers noted that these indicators in fact measure illness and disability. Moreover, researchers expressed grave concern that data on entire areas of health, such as mental health, nutrition and disability status, are virtually non-existent, due largely to the paucity of meaningful and reliable measures and means to approach these conceptual domains. In short, the authors join with others in emphasizing the need to create and validate more holistic, positive markers of health which focus on individuals' capacities and resources rather than physical ailments and limitations.

Emerging trends in social policies advocated by State of the Child projects

Although most State of the Child and Child Health profiles did not themselves advance specific policy recommendations, most reports concluded by highlighting key issues that warrant attention and by putting forward general directions for programs and policy. Trends in these concluding statements are evident. Most notable among these are authors' concerns about fundamental social justice issues: about the growing disparities between rich and poor families, about the increasing relationship between race/ethnicity and poverty, and about unequal and insufficient access to services and care to which children should be universally entitled. The need to address these issues, and to redress the course we have charted for ourselves and our children, was voiced by the majority of authors. Ensuring accessibility, availability and affordability of quality health care, child care and education were emphasized in particular.

Several of the State of the Child and Child Health studies also noted the need to establish preventive health and social programs for families and children. These programs were advocated on both humanitarian and economic grounds, and reflect an emphasis on health promotion models in health and social service delivery.

Finally, many authors lamented the overall poor quality of existing information on children's well-being and the absence of an integrated/coordinated, inter-departmental data base. Present information systems are inadequate as they do not permit tracking of young people's progress over time; thus, the impact of different types of conditions and/or intervention strategies on children's well-being cannot be demonstrated longitudinally. The development of coordinated data systems was strongly recommended.

Evaluating State of the Child projects in terms of their own objectives: Some preliminary observations

To systematically evaluate existing State of the Child and Child Health profiles, it would be necessary to revisit the projects' stated objectives, and then to examine and appraise the degree to which these objectives had been achieved, either through the publication of the State of the Child or Child Health reports, or through the actions and activities undertaken as a consequence of the projects. Two principal objectives, running as common threads across nearly all reports, have been noted in this paper: (1) to aggregate a comprehensive set of data on multiple aspects of children's lives; and (2) to stimulate public debate and action.

With regard to the first of these objectives, this review of existing State of the Child and Child Health profiles supports the conclusion that nearly all

of the reports were successful in gathering and presenting a broad array of reliable data on children's health and well-being. It is encouraging to observe patterns emerging in authors' broad conceptualizations of children's health, and to note researchers' commitment to develop and collect comprehensive, multi-dimensional indicators of well-being.

The State of the Child and Child Health reports reviewed here were less successful in their ability to integrate and show interrelationships between topics areas (such as between health and education or between education and the justice system). This should not be surprising, however, given that the statistical data bases from which researchers obtained their report material were uncoordinated and often narrow in scope. Indeed, this is one of the most significant limitations resulting from researchers' complete reliance on secondary data. By contrast, in the two Child Health reports in which primary data were collected, the opportunity existed to examine crucial relationships between indicators of mental and physical health and social and economic well-being, and to chart the status and well-being of children over time (see *Ontario Child Health Study* (1983) and *Child Health Profile: Youth Today* (1986).). As a result of its ability to demonstrate key relationships between social, economic and physical well-being, the *Ontario Child Health Study* has been widely cited and is viewed as a unique and seminal research study, with profound implications for social and health policy and programming for children and their families.

Unfortunately, the second of the reports' general objectives — to stimulate social debate and reform — is far more difficult to evaluate directly. To do so, one might attempt to examine the degree to which the reports have sparked or otherwise contributed to discussion of major policy issues. One also might explore the formation and duration of the interdisciplinary and inter-sectoral partnerships engendered by the research process. As well, one might attempt to determine the nature and breadth of the readership of the reports: which groups within the public/service/community sectors are aware of and have made use of the reports? What was the process by which the reports were disseminated and how successful was this process? While creating mechanisms to track the dissemination and utilization patterns of existing reports may not be feasible, establishing means to document the readership of future reports would be highly worthwhile. This might be achieved by regular communication with and surveys of those to whom reports had been disseminated, as well as to members of professional, policy and advocacy communities.

While it is beyond the scope of the present paper to undertake this analysis in a comprehensive and systematic fashion, authors' own comments may be seen as setting the stage for this discussion, as well as revealing authors' perspectives regarding the impact of their reports. For example,

in the preface to the *State of the Child in Ontario*, Barnhorst and Johnson (1991) noted: "One measure of the success of this endeavour will be the extent to which various community organizations utilize these data in policy planning and advocacy" (p. x). Similarly, the authors of the *State of the Child in New York* purported that components of their report had been used for program planning and policy development, even before the document's publication (Noval and Dunton, 1988).

Overall, there appears to be agreement among the State of the Child researchers that projects and reports have contributed to public, professional and government awareness about key issues and conditions affecting children and youth (Geller, 1991; Noval, 1991; Testa, 1991; Weitz, 1991). According to these authors, the reports have demonstrated and elevated the role of research and statistical reporting; the information contained within the reports was hailed as a catalyst to social change, planning and advocacy. As a result of the publication of the reports, "people have become better users and consumers of data" (Noval, 1991). Moreover, the reports have aroused consumers' desire for "state of the art" information on children and youth (Noval, 1991; Weitz, 1991). In Illinois, the State of the Child report "helped to change the vocabulary about children's issues" from one that was initially oriented toward workload management measures to one in which an interest in bettering the welfare of children was foremost (Testa, 1991). Authors express complete satisfaction with the degree to which the reports have been disseminated (in Illinois, approximately 7,000 reports have been distributed since 1985; in New York State, 18,000 copies of the report have been distributed since 1989). Indeed, the only general area of concern voiced by these researchers related to the need for the projects to collect primary data (Testa, 1991; Geller, 1991). This would give rise to means to validate better indicators of health and well-being of children and youth and would permit the views of "voiceless" groups, "including children and youth themselves", to be expressed at last (Geller, 1991; Testa, 1991).

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Table 1a: Overview of State of the Child reports

Study name Author(s)/Editor(s)	State of the Child in Illinois M. Testa and E. Lawlor (1985)	State of the Child in New York L. Noval and N. Dunton (1988)	Conditions of Children in California, M. Kirst (1989)
Editorial format	Research team (Chapin Hall Centre for Children at the University of Chicago)	Research team (New York State Council on Children and Families)	Editor, with 24 authors; (Policy Analysis for California Education)
Stated objectives of project	To"present trends in selected social indicators of children's lives". To promote public discussion about our responsibilities toward children.	To present comprehensive set of data on children and youth. To serve as a focal point of an inter-sectoral discussion which will "result in consensus about future policy directions for children and their families".	To "assemble a set of social indicators that suggest an overall portrait of...Calif.'s children". To synthesize information for policy makers who focus on the needs of disadvantaged families.
Key secondary data sources	Vital Statistics; Census Bureau; U.S. Dept.of H.E.W; State of Illinois: Child & Family Services; Public Health; Board of Education; U.S. Annual Housing Survey.	Census Bureau; U.S. Dept.of Commerce; NYC Dept.of Health, plus more than 20 Federal, State, Municipal Agencies, i.e. Dept. of Health; Labour; Child Support; Childcare.	Vital Statistics; Census Bureau; Federal & State Agencies, Private Research Agencies and Organizations; Administrative records; unpublished data.
Primary data collection	None collected	None collected	None collected
Methodology for (primary) data collection and analysis	Not applicable	Census data frequently required reworking to be state-specific. Special analyses performed to be child-oriented	Editor raises concern about variability in methods of data collection and definition of terms. Census data reworked to be state-specific
Regional breakdowns	Metro Chicago,Chicago suburbs and balance of state	New York City, N.Y. State and rest of state	Varies by chapter; however, relatively few regional

Scope of comparisons	Comparisons between Illinois and national data for health related variables	Some comparisons between N.Y. and national data for various child care variables	Comparisons between California and national data for economic variables and between California and five large states in education
Minority or "risk" population analyses	Statistical breakdowns by race, income and/or family composition for many analyses	Statistical breakdowns by race, income and/or family composition for many analyses	Statistical breakdowns by race and/or income for many analyses
Breadth of conceptualization of "health"	Narrow: infant mortality; low birth weight; cause of death	Fairly broad: mortality, cause of death, low birth weight, special needs, disability, social health, health promotion. Recognition of link between health and socioeconomic indices	Fairly broad: mortality, cause of death, low birth weight, plus nutrition (programs); substance abuse; teen pregnancy; dental health; disabilities; health services/insurance
Degree of integration of topic areas	Minimal: one page discussion on poverty and health	Material organized by topic area, with emphasis that many issues are interrelated and cut across topics	Varies by chapter; there is both integration and overlap
Commentary and data interpretation	Text clarifies and amplifies tables; minimal data interpretation	Considerable degree of amplification and interpretation of data, drawing from published studies/literature	Extensive commentary, drawing from published studies/literature
Policy and/or programmatic recommendations accompanying text	Few (strong) policy recommendations-- comes closest in section on children in substitute care and in section on poverty	Few (strong or direct) policy recommendations	Varies by chapter: some chapters (i.e. health) are policy/advocacy oriented; editor's disclaimer denotes policy focus
Nature of policy recommendations	Policy issues raised relate to growing disparity between rich and poor, and increasing association between race and poverty. Employment strategies needed.	Policy suggestions generally pertain to accessibility of services, care and distribution of resources such as education and health care	Policies to address disparity between rich and poor, along racial/ethnic lines. Emphasis on availability/ accessibility of services.

Table 1b: Overview of State of the Child reports

Study name Author(s)/Editor(s)	State of the Child in Ontario L. Johnson and R. Barnhorst (1991)	State of the Child In Regina E. Geller and G. Riches (1990)	Playing for Keeps, New Brunswick (1991)
Editorial format	Editor, with different author(s) per chapter (Child, Youth and Family Policy Research Centre)	Research team (Social Administration Research Unit, University of Regina)	Research team (Office for Childhood Services)
Stated objectives of project	To provide comprehensive picture of the conditions of children in Ontario, in order to raise policy and research questions and inform public policy debate.	To present an accurate, comprehensive profile of children and youth in our community, based on social and economic indicators. To create a profile that would serve as "a springboard to action".	To promote understanding of "what it's meant to be a child living in New Brunswick today". To assist in the coordination of policy and program planning for childhood services.
Key secondary data sources	Vital Statistics; Census Bureau (special tabs); Ontario Gov't: Community and Social Services; Ministry of Attorney General; Survey of Family Expenditures; Ontario Child Health Study	Federal: Health and Welfare; Employment and Immigration; Indian & Northern Affairs; Labour; Justice; Human Resources	Vital statistics; Census Bureau; Statistics Canada; National Health and Welfare National Child Care Information; Health and Community Services
Primary data collection	None collected	Phase II of report, containing primary data collected via community consultation, to follow	None collected
Methodology for (primary) data collection and analysis	Census data reworked to be province-specific	Project comprised of: indexing of existing statistical data; action research: generation of qualitative data on children's rights and needs. Present report is first part only.	Consultation with members of interdepartmental committee on childhood services (10 government departments)
Regional breakdowns	Frequently, Metro Toronto and Ontario; occasional breakdowns within Metro Toronto	Some comparisons between Regina and other cities in Saskatchewan	None provided

Scope of comparisons	Some comparisons between Ontario and other provinces, or between Ontario and Canada	Information not available	Some comparisons between New Brunsick and Canada (with regard to health and economic indicators)
Minority or "risk" population analyses	Purposely decided to "integrate the limited information available on (special population) groups into more general chapters".	Risk populations are identified in relation to all content areas	None provided
Breadth of conceptualization of "health"	Conceptualization is fairly broad (health status; health determinants/risk factors). Data reported are limited by paucity of existing information	Broad: pre- and post-natal care; health promotion (micro and macro variables); mental health; disabilities; dental care; injuries	Narrow: mortality; communicable diseases; cause of death; childhood disabilities
Degree of integration of topic areas	Varies by chapter; there is both integration and overlap	Emphasis on relationship between poverty and health. Identification of risk factors serves to integrate topics	Minimal. Brief discussion of relationship between poverty, health and educational status
Commentary and data interpretation	Varies by chapter/author; generally, commentary provides historical/ theoretical overview about topic (or the related Ministry)	Some commentary in presentation of risk factors	Considerable commentary reflecting Ministry's own orientation
Policy and/or programmatic recommendations accompanying text	Purposely does not advocate policy recommendations	No policy recommendations in text	Report is coupled with Ministry's own policy framework
Nature of policy recommendations	There is need for coordinated inter-ministerial data base. There also is need for better evaluation of services and policies.	Not applicable	Emphasis on targetting services for "children at risk" and enhancing parent support services.

Table 1c: Overview of State of the Child reports

Study name Author(s)/Editor(s)	**Canada's Children 1985: A Statistical Overview R. Shillington and F. Stone (1985)**	**Health of Canada's Children: A CICH Profile D. Avard and L. Hanvey (1989)**	**Ontario Child Health Study D. Offord, et al. (1986)**
Editorial format	Research team (Canadian Council on Children and Youth)	Research team (Canadian Institute of Child Health)	Research team (Child Epidemiology Unit, McMaster University)
Stated objectives of project	To present reliable quantitative data on Canadian children in order to inform discussion of public policy issues.	To assemble comprehensive, reliable information about the health and well-being of Canadian children. To provide information which can serve as a foundation for National Child Health Policy and programs.	To study the distribution and possible causes of four childhood disorders. To generate data which could be used to establish preventive health services.
Key secondary data sources	Census Bureau; Statistics Canada; Vital Statistics; Department of Indian & Northern Affairs; Fitness and Amateur Sport; Canadian Mortgage and Housing Corporation; Social Security Statistics (National Health and Welfare)	Vital Statistics; Census Bureau; Statistics Canada; Hospital Morbidity; Mental Health; Ontario Child Health Study ; Canadian Health and Behaviour Studies	none reported
Primary data collection	None collected	None collected	Province-wide survey of 3,000+ children, ages 4-16
Methodology for (primary) data collection and analysis	Not applicable	Not applicable	Survey comprised of: Interviewer-led qnaire; parent questionnaire; self-report checklists, completed by parents, teachers and youth
Regional breakdowns	Varies by chapter; occasional breakdowns by province	Frequently, breakdowns by province	By four Community and Social Services Admin. Regions; frequently by rural, small urban, urban areas

Scope of comparisons	Data all Canadian	Data nearly always Canadian; some comparisons bet. Canada and U.S./Europe	Data all pertain to Ontario
Minority or "risk" population analyses	None provided	Individual chapters on the health (problems and needs) of poor children and of Aboriginal children	Data analysis focused on relationship between risk indicators and health problems
Breadth of conceptualization of "health"	Fairly narrow: Restricted to infant mortality; low birthweight; accidental death rate; suicide; substance use; fitness levels	Broad: mortality and morbidity; mental health; school problems; health behaviours; attitudes; sexually transmitted diseases; substance use	Not applicable
Degree of integration of topic areas	Fairly minimal	Emphasis on relationship between poverty and health	Primary analysis of poverty and mental health; and of mental health, SES variables and youth court system; emphasis on inter-relationship between health outcomes
Commentary and data interpretation	Minimal: text amplifies tables	Each table has one paragraph commentary. Each chapter ends with one page discussion of major themes and issues	Considerable, thoughtful commentary on data, with discussion of implications with regard to social services and health programs
Policy and/or programmatic recommendations accompanying text	No policy recommendations in text	Policy directions, in very general terms, are included in the one-page discussion of each topic	Some general policy directions in report on children at risk
Nature of policy recommendations	Not applicable	Development of national information systems on children's health indicators. Emphasis on preventive strategies. Infusion of new dollars toward children's health	Establishment of preventive programs. Additional dollars are required for child care and income supplement programs. Child care/parenting programs for risk groups

Table 1d: Overview of State of the Child reports

Study name **Author(s)/Editor(s)**	***Child Health Profile*** **R. Tonkin (1981)**	**Child Health Profile: Youth Today, R. Tonkin (1986)**	**Health of Children and Youth in B.C., S. Bearpark (1990)**
Editorial format	Single author (Faculty of Medicine, University of British Columbia)	Single author (Faculty of Medicine, University of British Columbia)	Single author(Office of Health Promotion, B.C. Ministry of Health)
Stated objectives of project	To focus on status of children in British Columbia.	To "focus on the status of youth in B.C. today". To present data in order to outline issues of importance to tomorrow's youth.	To outline a summary of issues that impact on the health of children and youth in BC. To suggest role of the Office of Health Promotion in addressing issues.
Key secondary data sources	Vital Statistics; Census Bureau; Ministry of Health: Alcohol and Drug Programs; Dental Health; Health Surveillance Registry; Hospital Programs; Ministry of Education; Human Resources	Vital Statistics; Census Bureau; Health Surveillance Registry; Hospital Programs; Ministry of Education; Attorney General (Coroner's Office)	Vital Statistics; B.C. Ministry of Health
Primary data collection	None collected	Survey of 91 youth in B.C.	None collected
Methodology for (primary) data collection and analysis	Not applicable	Mail-in survey of students who entered kindergarten in 1969. Of original 258 students, 91 returned survey. Also, statistical data were compiled from government and hospital data bases.	Not applicable
Regional breakdowns	Some breakdowns by Zones (3) or by Regions (8) in B.C.	Some breakdowns by Zones (3) and by Regions (8) in B.C.	None provided

Scope of comparisons	Data all pertain to B.C.	Some B.C. and national comparisons	Some B.C. and national comparisons via Canadian Institute of Child Health, Ontario Child Health Study, Canadian Health Attitudes and Behaviour studies
Minority or "risk" population analyses	None provided	None provided	Analysis of data on health status and needs of "special" sub-groups (Natives, poor, disabled)
Breadth of conceptualization of "health"	Fairly narrow: Emphasis on mortality, causes of death. "Special focus" on SES, demographic factors. Some data on mental health issues	Emphasis on mortality rates; causes of death; disability; nutrition; substance use; attitudes/behaviour; sexual activity; fitness	Fairly broad, with recognition of problems with "illness indicators". Mortality; morbidity; safety and health promotion; mental health; substance use; family issues
Degree of integration of topic areas	Data nearly all health/illness related; however, substantial discussion of "sociogenic" causes of mortality/morbidity	Survey is broad-based, but discussion does not link topic areas	Emphasis on relationtship between poverty and health; much discussion of risk factors for health/illness
Commentary and data interpretation	Considerable amplification and interpretation of data	Considerable amplification and interpretation of data	Considerable commentary drawing from National Child Health studies
Policy and/or programmatic recommendations accompanying text	No policy recommendations in text	Report advocates on behalf of youth's needs, without identifying any specific policy directions	Policy recommendations in Executive Summary.
Nature of policy recommendations	Not applicable	Not applicable	Establishment of preventive programs/policies and support services to families. Formulation of inter-ministerial priorities and policies.

Table 1e: Overview of State of the Child reports

Study name Author(s)/Editor(s)	**Children, Youth and their families: A CRD Profile, S. Robinson, S. Peck and G. Fisher (1990)**	**Canada's Youth: Health, Facts and Figures, T. Stephens, P. Moretti and L. Peters (1990)**
Editorial format	Research team (CRD Health department and Arbutus Society for Children)	Research Team (Health Services and Promotion Branch, Health and Welfare Canada)
Stated objectives of project	To "provide information on indicators and determinants of children's health to planners, researchers and interested members of the community"	To summarize statistical information on social and demographic trends and health status of young Canadians. To broadcast need for coordinated approach to addressing health needs of children and youth
Key secondary data sources	B.C. government: Ministries of Health; Education; Labour; Social Services; Solicitor General; Finance and Corporate Relations; CRD Health; Victoria Sexual Abuse Society; Workers Compensation	Census Bureau: Can Health Promotion Study; Fitness and Sports Canada; Epidemiology and Surveillance (Health and Welfare Canada); Canadian Health, Attitudes and Behaviour; Campbells's survey on Well-being in Canada
Primary data collection	None collected	None collected
Methodology for (primary) data collection and analysis	Not applicable	Not applicable
Regional breakdowns	Frequently by Health Area or CRD municipalities	None provided

Scope of comparisons	Some CRD and B.C. comparisons; occasional national comparisons via Canadian Institute of Child Health studies	Data all Canadian
Minority or "risk" population analyses	None provided	Statistical analyses frequently show Native/non-Native breakdowns
Breadth of conceptualization of "health"	Fairly narrow; mortality; low birth weight; cause of death; health behaviour/promotion indicators	Quite broad: variable include SES indicators; self-perceived growth/fitness; mental health; illness/injury; substance use; nutrition; sexual behaviour; health attitudes/beliefs; mutual aid; environment
Degree of integration of topic areas	Minimal: one page discussion of poverty and health; statistical breakdowns by municipality suggestive of integration	Emphasis on inter-relations between topic ares. Each graph has a list of related topics
Commentary and data interpretation	Minimal: text amplifies tables; very little data interpretation	Each table has one paragraph commentary; interpretation of data geared toward showing relationships between topics
Policy and/or programmatic recommendations accompanying text	No policy recommendation in text	No policy recommendation in text
Nature of policy recommendations	Not applicable	Not applicable

Table 2a: Most frequently used indicators of health

Indicator	State of the Child in Illinois (1985)	State of the Child in New York (1988)	Conditions for Children in California (1989)	State of the Child in Ontario (1991)
Infant mortality rate	X (1950-83)	X (1970-85)	X (1975-85)	X (1955-85)
Low birthweight rates	X (1965-83)	X (1970;'85)	X (1979-85)	X (1970;'85)
Mortality rates for selected ages (1-4; 5-14; 15-19)		X (1970-85)		X (1955-85)
Leading causes of infant deaths		X (1970;'85)	X (1960-80)	X (1955-85)
Leading cause of death for ages 1-4		* Ages 1-14 (1970;'85)	X (1985)	
Leading causes of death for ages 5-14		* Ages 1-14 (1970;'85)	X (1985)	
Cause of injury mortality by age	X (1983)		X (1984)	X (1985)
Causes of hospitalization for selected ages				X (1970;'85)
Prevalence of childhood disability	X (discussed in text)	X (discussed in text)	X (1984-85)	X (1983)

Estimated prevalence of mental health disorders			X (1987)	X (1983)
Incidence of use of child mental health services		X (no date)		
Immunization rates	X (1979-85)	X (1982-85)	X (1979-85)	
Adolescent sexual activity			(discussed in text)	(discussed in text)
Sexually transmitted diseases among adolescents		X (1985)		(discussed in text)
Teenage pregnancy		X (1975-85)	X (1985)	X (1970-87)
Substance use among adolescents	(discussed in text)	X (1983-88)	X (1987-88)	X (1977;'83)
Adolescent mortality by cause of death		X (1970;'85)		X (1955-85)
Youth self-image/ attitudinal issues				
Adolescent suicide	X (1950-83)	X (1970-85)		(discussed in text)

Table 2b: Most frequently used indicators of health

Indicator	State of the Child in Regina (1990)	Playing for Keeps (1991)	Canada's Children (1985)	Candian Institute of Child Health Profile (1989)	Child Health Profile (1981)
Infant mortality rate	Child Health Profile (1981)	X (no date)	X (1985-88)	X (1971-81)	X (1981)
Low birthweight rates	X (1950-85)	X (1981)	X (no date)	X (1982-88)	X (1977;81)
Mortality rates for selected ages (1-4; 5-14; 15-19)	X (1971-81)	X (1965-85)	X (1977;81)	X (no date)	X (1961;81)
Leading causes of infant deaths			X (1970-85)	X (1961;81)	X (1981)
Leading cause of death for ages 1-4		*Ages 0-4 (1988)	*Ages 0-19 (1982)	X (1970-85)	*Ages 1-14 (1981)
Leading causes of death for ages 5-14	X (1981)	X (no date)	*Ages 0-4 (1988)	*Ages 0-19 (1982)	*Ages 1-14 (1981)
Cause of injury mortality by age	X (1970-85)	*Ages 1-14 (1981)	X (no date)	X (1988)	
Causes of hospitalization for selected ages	*Ages 0-19 (1982)	X (1970-85)	*Ages 1-14 (1981)	X (no date)	discussed in text
Prevalence of childhood disability			X (1985)		X (1981)

Estimated prevalence of mental health disorders				X (1983)	*Ages K-12 (1981)
Incidence of use of child mental health services	discussed in text	X (no date)	*Ages 0-14 (1986)		
Immunization rates		X (1981)	X (no date)	*Ages 0-12 (1990)	X (1981)
Adolescent sexual activity			*Ages K-12 (1981)	X (no date)	
Sexually transmitted diseases among adolescents			X (1983)		
Teenage pregnancy	X (no date)	X (1987)		X (1988)	(discussed in text)
Substance use among adolescents	X (1981)	X (no date)			X (1978;80)
Adolescent mortality by cause of death	(Discussed in text)				(discussed in text)
Youth self-image/ attitudinal issues		X (1981)			
Adolescent suicide		X (1975-82)	X (1971-85)	(discussed in text)	

Table 2c: Most frequently used indicators of health

Indicator	Child Health Profile (1986)	Health of Children and Youth in B.C. (1990)	Children, Youth and their Families: A CRD Profile (1990)	Canada's Youth: Health, Facts and Figures (1990)
Infant mortality rate		X (1950-85)	X (1978-88)	
Low birthweight rates		X (1971-88)	X (1988)	
Mortality rates for selected ages (1-4; 5-14; 15-19)	*Ages 10-19 (1981-84)			
Leading causes of infant deaths		X (1987)	X (1978-88)	
Leading cause of death for ages 1-4		X (1987)	X (1987)	
Leading causes of death for ages 5-14	*Ages 10-19 (1971-84)	X (1987)	X (1987)	*Ages 10-24 (1988)
Cause of injury mortality by age	*Ages 10-19 (1981;'84)			
Causes of hospitalization for selected ages	*Ages 10-19 (1974-84)	X (1987)	X (1988)	
Prevalence of childhood disability		(discussed in text)	X (1987)	*Ages 15-19 (1985)

Estimated prevalence of mental health disorders				
Incidence of use of child mental health services		X (1988)	X (1987-90)	
Immunization rates		(discussed in text)	X (1989)	X (no date)
Adolescent sexual activity	X (no date)	(discussed in text)		X (1983)
Sexually transmitted diseases among adolescents				X (1986;'90)
Teenage pregnancy	X (1974-85)	X (1987-88)		X (1985)
Substance use among adolescents	X (1981-85)	(discussed in text)	(# youth charged with drug offences)	X (1975-88)
Adolescent mortality by cause of death		X (1987)		*Ages 10-24 (1988)
Youth self-image/ attitudinal issues	X (1984-5)	X (1984;'87)		X (1985-87)
Adolescent suicide		(discussed in text)		X (1960-85)

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