

# Measuring Our Health



Domains and Indicators of  
Youth Health and Well-Being  
in British Columbia

Youth's Feedback  
& Suggestions



McCreary Centre Society



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Domains and Indicators of Youth Health and Well-Being in British Columbia  
Youth's Feedback & Suggestions

Part one of a two-part series on growing up healthy in BC

The McCreary Centre Society is a non-government not-for-profit organization committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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Office of the  
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# Executive Summary



This project gave a diverse range of youth from across British Columbia the opportunity to participate in discussions about the indicators that will be used to measure youth health and well-being in the province.

Fourteen focus groups were conducted in the Lower Mainland, Fraser Valley, the Northern and Interior regions and on Vancouver Island. The groups ranged in length from 1.5 hours to 3 hours and included 152 participants, aged between 12 and 22 from a diverse mix of backgrounds, ethnicities and experiences. The focus groups were semi-structured and discussed indicators of youth health and well-being.

In each focus group, youth created a list of possible measures of youth health and well-being. They also reviewed the list of indicators proposed by the Office of the Representative for Children and Youth (RCY) and the Provincial Health Officer (PHO), and discussed their relevance. The youth then identified what they felt were the most important indicators of youth health and well-being in BC.

In addition to endorsing the measures suggested by the RCY, young people suggested a number of other measures across a range of domains, including physical health, learning, safety, involvement in positive and high-risk behaviours, poverty, peer and community connections. Specific indicators that were suggested included

rates of high-risk substance use (e.g. binge drinking), substance use by caregivers, positive self-esteem, fast-food consumption, rates of youth contracting STIs, rates of eating disorders and underweight youth and rates of youth facing harassment and discrimination.

Youth from different backgrounds had very different experiences of growing up in BC. Some were well supported by family, school and community; others were experiencing greater challenges such as substance use problems, involvement in the criminal justice system and living in government care. Despite these differences in circumstances, there was consistency across the different groups about the most important indicators of youth health and well-being.

All of the groups felt that the indicators proposed by RCY/PHO were relevant and effective ways to measure youth health and well-being. However, they felt that additional measures should be added to ensure the complete picture of youth health and well-being is captured. Young people who attended the focus groups also reported that they felt that there should be on-going youth input into the measures that are used to ensure they remain relevant, appropriate, and inclusive of all youth in the province.



McCreary Centre Society is a nongovernmental not-for-profit organization committed to improving youth health across British Columbia. Since 1977, McCreary has been known for its community based youth health research projects and for its youth engagement projects and practices.

### The Project

The BC Office of the Representative for Children and Youth (RCY) in partnership with the Provincial Health Officer (PHO) initially chose seven domains of youth health and well-being to be the focus of its first report into the status of children and youth in British Columbia (see Appendix 1). These seven domains were later reduced to six and are child health, child learning, child safety, family economic well-being, family peer and community connections and child behaviour. (The seventh domain, civic participation, was incorporated into the child behaviour domain.).

Within these six domains, the RCY and PHO has selected a number of possible indicators of youth health and well-being. They are interested in assessing if the chosen indicators are suitable and appropriate ways to measure youth health and well-being in British Columbia from a youth perspective.

The RCY and PHO requested that the McCreary Centre Society conduct a series of focus groups with youth across the province. The aim of the focus groups was to get feedback from a diverse mix of youth about the domains and potential indicators that are currently being prepared for use to measure youth health and well-being in the province. The focus groups also provided a forum for youth to discuss how they felt youth health and well-being should be measured, what they felt was important to measure, their experiences of growing up in BC, and the challenges and supports they experience in their social and physical environment.

Quotes from participants in the focus groups across the province are included throughout this report, as are “Dear Policy Maker” messages written by participants during the focus groups.

Participants in the McCreary annual Breaking Barriers Building Bridges (B4) by-youth for-youth health conference created the postcards, which appear in this report.

# About the Focus Groups



## Recruitment

Participants were recruited through community organizations that work with youth, including youth-serving agencies, youth drop-in centres and school board offices. In most cases, focus groups were scheduled during each group's regular meeting time, and participants were informed of the purpose of the focus group in advance. The groups were selected to ensure youth from a variety of regions, backgrounds and experiences were represented.

Participants were recruited in a variety of ways. In some cases, a poster was used to provide youth with basic information about the focus group, including information on the background and purpose of the study, incentives provided for participation, and details about how to participate (Appendix 3). In other cases, participants were informed by youth workers, youth group leaders or through word of mouth.

## Informed Consent

Before beginning each focus group, participants were informed of the following:

- The purpose of the study and organizations involved, including contact information for the McCreary Centre Society
- The identity and roles of the facilitator and note taker
- The expected duration of the focus group

- How confidentiality and anonymity would be protected
- Who would have access to the information collected
- The ways in which research results would be published and how participants would be informed of the results of the study
- Compensation for contribution (i.e. type and amount of honorarium)

Youth completed a consent form before the discussion began, and time was provided to ensure that participants had the opportunity to carefully review the information, to ask any questions they had and to withdraw from the group if they decided not to participate. They were also informed that their on-going participation was voluntary and they could withdraw from the group at any point. All youth in attendance chose to participate throughout the focus group.

## Participants

A total of 14 focus groups were held with youth from urban and rural settings in the Lower Mainland, Fraser Valley, the Northern and Interior regions and on Vancouver Island. One hundred and fifty two youth took part. Approximately 48% of participants identified as male, a similar percentage as female and the remaining youth were transgender or preferred not to identify their gender. Participants ranged





in age from 12 to 22, with the majority of participants being between the ages of 15 and 18. Each focus group lasted between 90 minutes and three hours.

Participants represented diversity in ethnicity, including youth who were Euro-Canadian, Aboriginal, East Asian, South Asian, Latin-Canadian and African-Canadian. Most groups were diverse in ethnic and cultural make up, although one of the focus groups was held exclusively with Aboriginal youth, and two were held specifically with immigrant youth.

The groups comprised of marginalized and non-marginalized youth including youth who identified as lesbian, gay, bisexual or transgendered (LGBT), youth in custody, youth in addictions programs, youth with experience of government care, youth with street-involvement, youth in areas of high unemployment, youth with disabilities and youth with a mixture of educational experiences.

Two of the groups had only female youth participants, one included only male youth and the remainder were mixed gender.

## Limitations

It was not possible to include the opinion of all youth in the province of BC, and some perspectives were inevitably lost (e.g., youth who did not have enough English language skills to participate in a discussion, and youth who were not connected to youth programs, agencies or schools).



## Format

To encourage dialogue during the focus groups, a number of steps were taken to create a comfortable and welcoming atmosphere for all participants. To establish rapport and to get participants familiar with each other and comfortable talking in the group, the agenda started with an ‘icebreaker’. During introductions, participants were asked to share their name and to answer a question to break the ice, such as “My goal for 2010 is...”

Before the discussions about indicators of youth health and well-being began, each group created a group agreement. A group agreement is a strategy used to promote respect between participants. It also serves to ensure that information is collected effectively. A respectful atmosphere where differences of opinion are encouraged and confidentiality is promoted is essential to ensure that all participants’ voices are shared and that all contributions are heard and recorded.

The group agreements were similar across all the groups. A typical group agreement included items such as being respectful of others, taking turns when speaking, protecting confidentiality, and being understanding of differences. Other items included listening well, not judging others and not putting down yourself or others. The agreement set the stage for how participants intended to share the space together and was referred back to throughout the group if participants breached the agreement.

### An example of a group agreement:

- Respect
- Let others finish talking before speaking
- Confidentiality, ‘Vegas rule’
- No “isms” (racism, sexism, etc.)

*Multicultural Group, Lower Mainland*

## Thermometer Game

In the first portion of the focus group, youth participated in a game called the ‘Thermometer Game’. The ‘Thermometer Game’ is an interactive and engaging tool used to generate discussion around a particular topic, in this case, youth health and well-being. It is also used to gauge participants’ varying views and perspectives. It is particularly useful to gain feedback from those participants who may not feel comfortable speaking in front of a group.

During the exercise, participants imagine the room as a giant thermometer, with the floor representing a continuum between hot and cold, or ‘agree’ and ‘disagree’. After the facilitator reads a statement, participants position themselves along the continuum depending on the extent to which they agree or disagree with the statement. The facilitator then asks follow-up questions to generate discussion on the topic and to gain a better understanding of participants’ points of view.

## Views of Youth Health and Well-Being

Participants were asked to respond to a variety of statements relating to youth health and well-being. Examples of statements used include, “Most people my age are in good or excellent health,” “I feel like I am given the opportunities and support I need to reach my goals” and “My community is a safe place for young people.”

In the second portion of the focus group, participants discussed what they felt it meant to be a healthy youth and what factors influenced health and well-being. During a large group brainstorm, each group created a list of factors related to youth health and well-being. The brainstorm was prompted by questions such as, “What does it mean to be a healthy youth?” and “How can we tell if a young person is healthy or unhealthy?” Participants were encouraged to think freely about topics that could be related to youth health and well-being.

The brainstorm elicited participants’ ideas and opinions on health and well-being without the influence of indicators suggested by the RCY and PHO. Participants were asked to think about how these items might be measured and their suggestions were used to generate a list of indicators of health and well-being to compare and contrast with the proposed RCY/ PHO list.

### An example of a group brainstorm:

Being a healthy youth means:

- Being physically fit
- Eating right – fruits and veggies, not fast-food
- Having no addictions – smoking, drugs
- Having balance – physical, mental and spiritual
- Feeling safe
- Feeling loved
- Having goals, overcoming challenges
- Not being stressed, getting enough sleep
- Having things to do

*Grade 7 students, Lower Mainland*



Participants were then introduced to a collection of potential health indicators suggested by the RCY to measure youth health and well-being across the province (see Appendix 1). Facilitators provided a brief explanation of current practices and definitions of youth health indicators, including what they can be used for and why it is important to measure youth health and well-being.

The focus group participants then split into small groups. Each group had time to review and discuss the list of potential indicators of youth health and well-being, including which indicators they found useful, which were not useful and what possible indicators were not included on the list that they felt should be. Youth were also asked to compare and contrast the list of indicators with items from their large group brainstorm, and to compile a “Top

10” list of the most important indicators of youth health and well-being. After participants voted on their ten most important indicators, each of the small groups presented their list to the larger group for discussion.

## Wrap Up and Debrief

At the end of each focus group, participants had an opportunity to write a letter to people who make decisions that affect the health and well-being of young people. Youth were also asked to provide feedback on the focus group in a brief, anonymous evaluation.



# Top 10 Indicators of Youth Health and Well-Being



Youth discussed all the potential indicators proposed by the RCY/PHO and also came up with their own youth health and well-being indicators. After evaluating each of these lists, groups compiled a 'Top 10' of what they felt were the most important indicators of youth health and well-being in BC.

When the results from all the focus groups were collated, the 'Top 10' highest ranked indicators of youth health and well-being were:

1. Rates of substance use
2. Supportive adult in your life
3. High school graduation rates
4. Rates of suicide
5. Physical activity rates
6. Rates of smoking
7. Rates of youth in care
8. School safety
9. Teenage birth rates
10. Rates of involvement in positive leisure and recreational pursuits

While this list reflected much of the discussion that went on during the focus groups, several indicators that appeared to be of particular importance to participants were not captured in this list. For example, poverty was considered one of the most important domains of health and well-being in every focus group, but votes were divided among several indicators of poverty such as low-income rates, employment rates, food insecurity and frequency of unacceptable housing.

Participants also made numerous suggestions for indicators of youth health and well-being that were not captured by the RCY/PHO list. Many of these recommendations were brought up in several group discussions, and while they are not reflected in the 'Top 10' list, are important to consider. Some of these suggestions included rates of high-risk substance use (e.g., binge drinking), substance use by caregivers, positive self-esteem, literacy, fast-food consumption, rates of youth contracting STIs, rates of eating disorders and underweight youth and youth facing harassment and discrimination.

The 'Top 10' list illustrates the individual indicators that received the highest rankings by youth, and does not necessarily represent the overall themes that emerged from the discussions.

## Top 5 additional indicators suggested by youth:

1. Positive self-esteem
2. Rates of experiencing extreme stress or depression
3. High risk substance use (e.g., binge drinking, early use)
4. Rates of accessing/not accessing sexual health services
5. Rates of bullying, harassment and discrimination

(These indicators were the items that received the most votes at each focus group that were not included in the RCY/PHO proposed indicator list)

## Youth's Feedback on the Indicators



In addition to picking their 'Top 10' individual indicators of youth health and well-being, young people in the focus groups discussed which indicators they thought were particularly important to measure and gave reasons for their inclusion. Their discussions included indicators from the list provided by the RCY/PHO, and suggestions for additional indicators. The youth also noted that no one indicator should be viewed in isolation as a marker of health and well-being, but that many social, physical and environmental factors contribute to young people's health and well-being.

### Substance use

“Today we live in a society filled with many opportunities to succeed. This can also be said on the other side, where people have more chances to fall into drugs, alcohol, crime, etc. We need to sustain balance in our lives, in being healthy and educated to make the right decisions.”

Substance use was brought up by youth in every focus group as an important indicator of youth health and well-being. Youth in every group raised concerns about smoking, alcohol and drug use. Overall, participants weighted rates of smoking, alcohol and drug use similarly in importance, and at least one of these indicators was included in every group's 'Top 10' list.

The majority of participants felt that alcohol and drug use were common, and reported that they had experienced or witnessed their peers experiencing problems associated with substance use. They also felt that it is critical to look at rates of substance use when measuring the health and well-being of young people. While this was noted in every group, participants in higher-risk groups, including those in custody, in addictions programs and youth who identified as LGBT were more likely to report having experienced this first-hand. They were also more likely to identify experiences such as violence or housing instability as contributing factors to high-risk substance use such as binge drinking and using drugs or alcohol at a young age. Youth defined early use of



drugs and alcohol as being before Grade 9 (aged 14) or while youth were still in elementary or middle school.

Youth in the focus groups frequently noted the importance of their peer group in influencing whether they used alcohol and drugs. One youth expressed the views of many in his group when he noted that *“It depends who you hang out with. People are doing other things [than drugs].”*

In addition to the influence of peers, participants also discussed the impact that substance use by parents and other caregivers had on them. One youth noted that it is difficult to avoid the effects of substance use when people are using it at home, stating, *“My dad is like that, so I will probably end up addicted too.”* A number of participants who resided in rural or semi-rural areas, including the Northern region and the Fraser Valley, also noted that because of a lack of transportation they were reliant on getting a ride to and from places, and that their experience with people driving under the influence of drugs or alcohol was with parents and other family members, rather than with their peers.

While many participants suggested that youth substance use was not always a sign of negative health and cautioned against stereotyping young people, they also noted that substance use may be a sign that youth are facing difficulties in their lives. Participants suggested that youth might use substances as a method of coping with stressors at home, in school or as a way to secure acceptance with their peers.

One youth felt that binge drinking among youth is a sign they are feeling *“too much pain.”* Another participant noted that their experience with substance use was that it started as a coping mechanism for stressful life situations but ultimately led to an addiction, causing an entirely new set of problems to follow.

Participants felt it was important to track substance use rates as one of the measures of youth health and well-being because of the impact that alcohol and drugs could have on their future. Participants suggested that the use of alcohol and drugs leads to a variety of problems, including dropping out of school, losing touch with family and peers, and even death.

#### Suggested additional indicators

- Family/caregiver substance use
- Rates of high-risk substance use (e.g., binge drinking, early use)
- Substance related vehicle accidents (when youth in the vehicle)



## Supportive adult in your life

“*I think that the most important thing for a healthy youth mind is a good relationship with family members.*”

Having a supportive adult in a youth's life was consistently identified as a significant indicator of health and well-being for youth. Participants stressed the importance of a stable and structured family environment where youth feel safe and secure, and where they have an adult they can turn to for support and guidance. Many participants credited their families for helping them through difficult times and keeping them on a healthy track. When discussing substance use and addictions, one youth stated:

*“If I didn't have my family support for a lot of things, I know it would have turned out extremely different... No matter what, you have some part of your family to fall back on.”*

While many participants cited parents as an important influence in their lives, others identified adults such as aunts and uncles, grandparents, teachers, youth workers and social workers to be their most positive role models. Participants felt that having a supportive adult in their lives encouraged mental and emotional wellness, and promoted healthy behaviours that led to increased physical health. Further, participants noted the importance of having a supportive caregiver who is present on a daily basis to provide care and guidance.

Although participants in every group felt that having a supportive adult in a youth's life was an important indicator of youth health and well-being, there were some differences by group. Aboriginal youth, LGBT youth, and youth in custody, addictions programs and other support programs were more likely to point to the importance of having an adult in one's life to provide guidance and support. Whereas immigrant youth and youth in post-secondary school or with post-secondary aspirations were more likely to associate self-motivation and having personal goals with youth health and well-being.

“*We need to have more social programs that engage youth who need more support at a younger age; programs that can teach values and allow youth to have a positive caring adult in their life, while also allowing them to express their talents and thoughts about their communities.*”

### Suggested additional indicator

- Presence of a caregiver



## School participation

“ I think that high school graduation is very important because then when [youth] grow up they can get a good job and there will be less homeless people. ”

School participation, including school achievement rates, high school graduation rates, post secondary enrolment and literacy, were identified as particularly valuable measures of youth health and well-being. Participants felt school participation is necessary in order to gain the knowledge and skills young people need to make healthy decisions, as well as to find future employment. Participants also noted a link between school attendance and achievement, and current health status.

Indicators of health and well-being identified by participants, such as motivation and having a direction for the future, were seen as signs of positive mental and emotional health and were linked to school participation in a number of the focus groups. This was particularly so in groups that were identified as less marginalized and where most or all participants attended mainstream schools. Likewise, infrequent school attendance and dropping out of high school were cited as signs youth were encountering difficulties in their lives. Barriers to school achievement identified by youth included competing re-

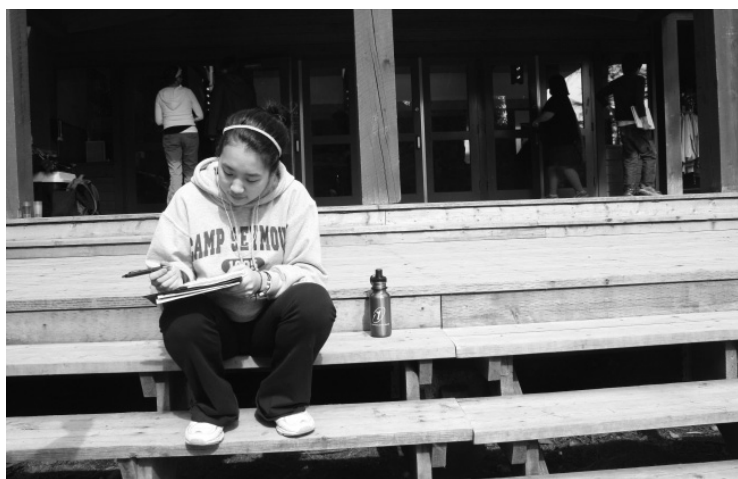


sponsibilities such as maintaining a job or caring for siblings, as well as other factors such as mental health issues, violence and abuse and unstable housing. These barriers were of significant importance to youth in custody, in addictions or other support programs and those with street-involvement or in alternative education programs. These groups were more likely to identify high school graduation rates, drop-out rates and youth literacy rates, while less marginalized groups also frequently cited high-school achievement rates and rates of enrolment in post-secondary education.

“ [We need] free bus rides for students on school days. ”

### Suggested additional indicators

- Literacy
- Youth's goals for the future



## Youth living in poverty

Another common theme raised by youth in the discussion was the impact of financial insecurity on youth health and well-being. Several groups discussed the pressures youth face when their family does not have a stable income to support them, particularly when the responsibility to secure an income or take care of siblings was placed on them. One participant shared that she still wanted to be able to have fun and *'be young'* and did not want to think about employment, housing and other concerns, stating, *"I don't want to have to be responsible."* Another participant also discussed how an inability to obtain employment through legitimate means may lead people to look at engaging in more risky alternatives such as drug dealing and gangs to obtain the money they need.

Factors related to poverty were consistently noted as some of the most important indicators of youth health and well-being. At the top of this list were food insecurity,

*"I think that to be healthy we need to have access to food and getting to eat three meals a day."*

low-income rates, adult and youth employment rates, homelessness and the lack of affordable and livable housing. While these indicators were included in 'Top 10' lists compiled by participants in every focus group, votes were split among them and as a result poverty did not make it into the final 'Top 10' list.

Although poverty was considered important in all the groups, the specific indicators were ranked as of less importance in measuring youth health among youth for whom poverty was not personally an issue. As with other indicators, youth did not see poverty in isolation, but rather noted its relationship to other measures of youth health and well-being such as substance use, having a supportive adult in youth's life, school participation, fruit and vegetable consumption, sports involvement and safety.

### Suggested additional indicators

- Youth and caregiver employment rates
- Rates of youth acting as primary caregiver
- Rates of youth as family wage earner
- Rates of youth homelessness

## Mental and emotional health

“Mental health is just as important as physical health... [we must] provide more programs in society involving mental health, such as music and art.”

Mental health was a recurring theme throughout the focus group discussions. Overwhelmingly, participants felt that mental health was as important, if not more important, than physical health. Youth commented that these factors were inseparably linked, and it is not possible to have one without the other.

Indicators relating to mental and emotional health that participants felt to be of particular importance included teenage rates of suicide, youth mental health services utilization rates, and a sense of community belonging. Participants felt strongly about the importance of looking at rates of suicide, attempted suicide and suicidal ideation among youth when measuring health and well-being, noting that suicidal thoughts alone are a sign of negative mental health. Looking at rates of suicide, attempted suicide and suicidal ideation were particularly important to Aboriginal youth, in both rural and urban settings. One participant summed up the feeling of many in his group, stating, “Suicide is the ultimate sign of a lack of health.” Participants also stressed the significance of feeling connected to one’s family and community, stating that, “if you’re apart from the group, you’ll become closed in,” and that many youth are “stuck in isolation”.

Some participants noted that suicidal ideation and attempts can be linked to extreme stress, and that it would be important to measure stress among youth too. Several groups also stated that many young people regularly feel more stress than they can manage, as a result of circumstances such as living with a history of abuse, currently being abused or living in poverty.

Youth from a variety of backgrounds recommended measuring resiliency when looking at youth health and well-being. Participants identified a variety of qualities related to resiliency as important, including having a positive outlook, a desire to overcome challenges, self-confidence, feeling loved by family and friends, and displaying empathy for others. They suggested that these qualities help youth maintain positive health and well-being as they face challenges in their lives.

“The only thing youth want in life is a sense of belonging. Whether through interactions with peers, involvement in sports, or volunteering in the community, the key to healthy, happy youth is giving them opportunities to feel engaged and useful, and helping them feel that what they’re doing is important.”



Participants also recommended creating other measures to assess mental health status, including depression and other psychological illnesses. They felt that many youth who could benefit from mental health services may not use them because they feel too embarrassed or ashamed to seek help, or they may be afraid of the outcome. Participants from rural areas such as the Northern and Interior regions and Vancouver Island were more likely to identify issues of confidentiality as barriers to accessing services.

#### Suggested additional indicators

- Rates of extreme stress
- Rates of depression
- Rates of suicidal ideation and attempts
- Positive self-esteem
- Family connectedness
- Peer relationships
- Rates of youth not accessing needed mental health services
- Resilience

## Diet and exercise

“Many parents don’t know [about] proper food consumption.”

Along with substance use, in each focus group diet and exercise were almost universally among the first topics suggested as important indicators of youth health and well-being. The indicators suggested by the RCY/PHO that were widely supported included physical activity rates, fruit and vegetable consumption, obesity rates and food insecurity. Other suggestions for indicators of youth health and well-being included frequency of fast-food consumption and rates of disordered eating (including anorexia, bulimia and overeating).

“I think that young people should have healthy food for low cost.”

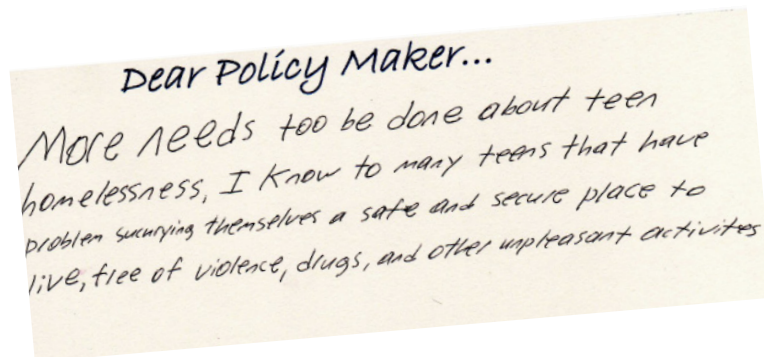
The majority of participants felt that obesity among children and youth is an escalating problem that needs to be tracked and addressed. They attributed young people being overweight or obese to unhealthy eating habits and a lack of physical activity. Participants described healthy eating as consuming plenty of fruits and vegetables, eating a variety of foods each day and avoiding too much fast-food. They also suggested several reasons why young people may not be eating a healthy diet, including parents and caregivers not knowing what a healthy diet is and healthy food being less accessible than unhealthy foods (i.e., more costly, more preparation time,

less availability in schools). Participants from all across the province, particularly in areas outside of the Lower Mainland, expressed concern about the affordability of healthy, natural foods. As an example, one youth explained, “a pack of noodles costs fifty cents.” Participants also expressed concerns about the availability of fast-food and the widespread promotion by large chain restaurants. One participant speculated that part of the problem stems from fast-food companies targeting low-income families.

Overall, youth felt that taking care of one’s body and keeping fit were key to overall health and well-being. In addition, youth felt that good physical health is a sign of positive mental and emotional well-being. Participants also added that being physically active may help promote mental and emotional well-being, for example, by reducing depression and elevating self-esteem. Youth being underweight or suffering from disordered eating was a frequent topic of discussion, and was raised as a concern by youth from a variety of backgrounds. This was perhaps most notable in the focus groups with immigrant youth, youth in custody and youth in addictions programs.

#### Suggested additional indicators

- Consumption of fast-food
- Underweight rates
- Eating disorder rates



Dear Policy Maker...  
More needs to be done about teen homelessness, I know to many teens that have problem securing themselves a safe and secure place to live, free of violence, drugs, and other unpleasant activities

## Youth facing abuse and neglect

“Focus on the abuse of children for the health of youth because it’s unfair.”

Youth facing abuse and neglect was a topic of great interest and consequence for many of the focus group participants. This was true for youth in both rural and urban settings, and for youth in both high-risk and typically lower-risk groups. Indicators identified as particularly relevant to youth health and well-being included rates of children in care and recurrence of maltreatment in the child protection system (along with related indicators such as having a supportive adult in a youth’s life). The subject of youth in the government care system was brought up most frequently by Aboriginal youth and youth in custody and addictions programs. Participants also recommended measuring the rates of youth facing abuse and neglect and youth witnessing domestic violence who are not involved in the child protection system.

Participants attributed a variety of negative health outcomes to the violence and abuse some youth face. These outcomes included youth missing or dropping out of school, high-risk substance use, extreme stress and depression, and suicidal ideation or attempts.

“Many children and youth are being abused, mistreated, neglected or not taken care of in MCFD and would very much appreciate it if you would... keep a very close eye on all children and youth and give support and counseling to all and recognize symptoms of abuse or anything if possible.”

#### Suggested additional indicators

- Rates of physical abuse (among youth not known to social services)
- Rates of sexual abuse (among youth not known to social services)
- Domestic violence rates (with children and youth as witness)

## Safety

“I myself do not feel safe at school and don't want to go anymore.”

Safety was considered an essential component of youth health and well-being. Indicators such as school and neighbourhood safety, community crime and young

offender rates were frequently included in participants' 'Top 10 Indicators of Youth Health and Well-Being'. Factors related to safety, such as *acceptance, belonging, feeling safe* and showing *empathy for community and others* were also common in the group brainstorm.

The majority of participants reported generally feeling safe in their neighbourhood and in school. This was true across groups in both rural and urban settings and among youth in both mainstream schools and in alternative programs. However, a number of youth reported disliking school or missing classes because they felt unsafe or were being bullied. One participant described feeling less safe in his neighbourhood because he had frequently changed communities while in foster care. Others reported facing bullying or harassment based on their sexual orientation, family income level or physical appearance.

#### Suggested additional indicators

- School connectedness
- Rates of moving house/neighbourhood
- Bullying rates
- Harassment and discrimination rates



## Sexual health

“ *We should provide young female girls with free birth control with a doctor's consent.* ”

Participants felt that sexual health was an important aspect of a young person's overall health status. While teenage birth rates were considered an important indicator of health and well-being for youth, many participants felt like this did not measure all the issues youth face when it comes to their sexual health. Several of the groups recommended also looking at rates of sexually transmitted infections (STIs), as well as access to culturally appropriate information and services to help them make choices about their sexual health including things like condoms, birth control and abortion. Both Aboriginal youth and youth who identified as lesbian, gay, bisexual or transgendered reported feeling that information around safe sex and sexual health did not address the particular needs of their communities.

Similar concerns arose when it came to youth accessing sexual health clinics as it did for youth accessing mental health services. Participants recommended looking at the utilization rates of these services as a way to measure youth health and well-being. Barriers to accessing sexual health clinics and information included embarrassment, lack of transportation and not wanting parents to find out. This was particularly emphasized by groups in rural and semi-rural settings.

“ *Aboriginal youth need peers, or at least young adults to educate them in school, in a fun, not preachy way. They need to know about unprotected sex and how drinking can affect your decision making skills. It often becomes a habit to have unprotected sex. We want our people safe.* ”

“ *Aboriginal teens often don't hear about or want to talk about safe sex and if you go to Aboriginal communities it is quite often you will find many young girls are pregnant or already have a child.* ”

“ *Although I'm a teen mom, I think it's a big deal. You may think you're ready, but you're not. You're young; you don't know what you want. You'll have a hard time going back to school, trying to find a job to support your baby's needs.* ”

### Suggested additional indicators

- Rates of STIs
- Availability of sexual health information and supplies
- Rates of accessing sexual health services
- Rates of not accessing needed sexual health services

## Positive leisure and recreational pursuits

“*I think [having positive leisure or recreational pursuits] is important because if teens had stuff to do, that would keep them from drugs and alcohol and other [unhealthy] forms of entertainment.*”

When asked the question, ‘What does it mean to be a healthy youth?’, one of the common responses was that youth have positive things to do, such as being involved in sports, arts or other activities of interest. Participants linked involvement in sports with physical health and being ‘in-shape’, and linked a variety of other recreational pursuits with positive mental and emotional health. Youth also suggested that participation in positive leisure and recreational pursuits may indicate that young people are motivated, energetic and connected to others, all things they associated with being a ‘healthy youth.’

“*I think you should put more money into physical activity programs, because obesity rates are way too high.*”

“*[We need] more free physical activities. Sports are very expensive to try and participate in... More resources are key to a healthier community.*”

Discussions of physical activity and sports involvement also frequently pointed to youth living in poverty. Youth felt that money was a barrier for many youth to participate in sports (whether in school or outside of school). Availability of sports programs was also an issue, especially for youth living in rural communities. One youth stated that she felt youth need, “*more activities everywhere [to] keep people fit.*” Participants expressed the importance of providing young people with the opportunity not only to engage in physical activity but to participate in organized sports. They reported that in addition to providing opportunities to improve and maintain physical health, organized sports also built a sense of connectedness to friends and community and taught teambuilding skills. However, they reported that many families in BC cannot afford these types of activities.

Another barrier to participating in positive leisure and recreational pursuits suggested by participants was an increasing amount of time spent on computers and playing video games.





Community connectedness was suggested as an additional indicator of youth health. Youth felt that connectedness was more than the proposed ‘sense of community belonging’ indicator proposed by the RCY and PHO because it captured youth being more actively engaged and included in community life.

A common perception among participants was that a lack of available and affordable health-promoting activities leads young people to engage in behaviours that negatively affect their health. Youth suggested that factors such as involvement in positive leisure and recreational pursuits helped prevent youth substance use and youth engaging in other unhealthy activities.



“You can go to this youth centre down the hall; it really helps and it keeps me away from all the booze and the drugs.”

The majority of participants were actively involved in youth groups or programs, and many commented that these played a role in helping them stay away from drug and alcohol use. Consistently across the focus groups, youth complained that high costs and a lack of transportation and youth-friendly spaces were barriers to them taking part in recreational and leisure pursuits.

“Help put programs for youth that allow youth to play sports/ do hobbies that people can afford. A thing I hear a lot: ‘What is there to do in your town?’ Answer: ‘Nothing except drink, smoke and get in trouble.’”

“I believe a good way to help teenagers is to give them some opportunities to reach their goals so they won’t get involved in drugs.”

#### Suggested additional indicators

- Participation in organized sports
- Availability of affordable sports and recreation programs
- Rates of screen time/ sedentary activities
- Community connectedness



## Additional themes

A number of other indicators of youth health and well-being were suggested by youth in the various focus group discussions but were not universally agreed upon.

### Spirituality

“*There are 3 types of health: mental, physical, spiritual. They all affect each other.*”

Spirituality was suggested as an indicator in three of the groups. Two of these groups were exclusively immigrant youth, and the third was comprised primarily of ethnic minority youth. A number of these youth felt that having some type of spirituality, whether or not it was related to a particular religion helped to promote health and well-being. They suggested that spirituality promoted positive values and knowing ‘*right from wrong*’. In one group a participant suggested that there are three types of health: mental, physical and spiritual.

However, other youth, including LGBT youth, cautioned that spirituality may not always be a positive factor in young people’s lives, particularly when it relates to family and community religious beliefs. One group’s list of youth health indicators highlighted this by including ‘*rigid religious and cultural concepts*’ as an indicator of negative health.

### Media and technology

“*People say things through the Internet that they wouldn’t say face-to-face.*”

Another common topic of discussion throughout the focus groups was the impact that the media has on youth’s lives in general, and youth health and well-being in particular. Many youth suggested that young people were becoming increasingly disconnected from others because of technology such as cell phones, as well as due to the increased popularity of social media. They felt that a decrease in face-to-face interactions was leading to an increase in bullying and harassment, particularly through the Internet and text messaging.

Participants also noted that messages perpetuated by the media, particularly related to beauty, but also including things like fast-food advertising, were having a negative impact on youth health and well-being. Youth felt these messages were leading to eating disorders and low self-esteem in youth and that perhaps youth’s awareness of or ability to deconstruct media messages may be an indicator of health and well-being.

## Transportation

“Travel to [surrounding areas] is too much of a hassle. Increased bus access points or light rail services would be handy, for both entertainment and also for job accessibility.”

Participants also recommended looking at youth's access to transportation when looking at health and well-being. A lack of accessible (i.e., available and affordable) transportation was frequently cited as a barrier to healthy living and other necessities for health and well-being such as employment and getting to school. This was most commonly found among youth living outside of the Lower Mainland.

## Parents' education level

“If parents knew or were updated on new things... A good parent plus a good home might equal a good child.”

Finally, a number of groups recommended parents' education level as an indicator of youth health and well-being. Participants linked parents' education level to a variety of factors, such as having a positive role model, receiving guidance, likelihood of attending post-secondary education and youth living in poverty.

Dear Policy Maker...

Pay more attention to the opinions of the youth because they do have valid and important things to say

## Suggested additional indicators

- Spirituality
- Availability of public transport
- Use of social media
- Parents' education level

## Youth's Messages to Policy Makers



Participants were given the opportunity to write a message that they felt was important for those who make policies affecting youth health and well-being to hear. Cards with the header, “Dear Policy Maker...”, were given to each participant to complete with their suggestions, ideas or concerns about youth health issues in BC.

Almost all participants chose to complete a card. The majority wrote about their concerns about issues affecting youth in their communities and made thoughtful suggestions for change. A number of participants also stressed the importance of asking youth for their feedback on issues that affect them and expressed gratitude for being given the opportunity have their voices heard.

*“Youth in the community deserve a chance. We need more programs to help get work, get families and get back into school.”*

*“Pay more attention to the opinions of youth because they do have valid and important things to say.”*



The “Dear Policy Maker...” messages also provided a platform for youth who were not vocal during the rest of the focus group to express their views or concerns anonymously. Common themes included poverty and homelessness, abuse, and experiences with the government care system and other issues affecting marginalized youth in the province. Many of the cards stressed the necessity of guidance and support, and providing youth with opportunities to thrive and excel.

*“More needs to be done about teen homelessness. I know too many teens that have problems securing themselves a safe and secure place to live, free of violence, drugs and other unpleasant activities.”*

*“Issues are not going to be resolved by [jail] bars... They need their supports and resources to help them learn. Everyone has a need... it's a need of guidance.”*

## Focus Group Evaluation



At the end of each focus group, participants were asked to reflect on the process and to provide feedback on the focus group. Written feedback forms were also collected where possible. Many youth expressed appreciation for being provided with the opportunity to voice their opinions and to be heard in a way they felt was meaningful. Participants also articulated the importance of having a say in decisions that affect their lives, and reported feeling validated and optimistic for the future. For many youth, this was the first time they had had an experience like this.

*"[It is good to hear] opinions from youth, because the policies are for youth. I think that people who make policies for youth have to listen to them [about] what they actually think about the policies."*

*"It feels good to have my opinions heard."*

Other youth were more hesitant, reporting that the experience will only be meaningful if their voices are listened to and taken seriously after the focus groups are completed.

*"[It will be a worthwhile experience] as long as it makes a change!"*

*"I think that youth should be taken a lot more seriously."*

Youth's feedback on the format of the focus group was overwhelmingly positive, with youth reporting that it allowed them to be open and honest, and that it gave them many opportunities to share their thoughts. Several participants also noted that it was a positive experience for them to be able to discuss important issues that are not often brought into the open with their peers.

*"I appreciate how it left most of the discussion to us youth, allowing us to be honest and genuine."*

*"The focus groups were good since they focused on issues that directly affect youth's lives."*

*"It was a worthwhile experience since I got to hear everyone's opinions on social issues and express mine."*

*"It was validating to see my opinion was also the same as others'."*

Youth expressed a desire to participate in this type of focus group again, and many stated that they would like more opportunities to share their opinions and to be involved in making changes for youth in their community.

## Future Direction & Summary



### Future Direction

Youth who participated in the focus groups were informed that the results of their discussions will be compiled into a final report, given to policy makers responsible for measuring youth health and well-being in the province, and brought back to them for further discussion.

Every youth group that participated in the focus groups expressed interest in continuing with the project, hearing about the results and providing further consultation.

### Summary

Overall, youth felt that the RCY/PHO proposed indicators to measure youth health were useful and captured many elements of youth health and well-being. However, they did not feel that these indicators would portray the full picture and all the factors that contribute to growing up healthy in BC. Suggestions for additional indicators which were common across all groups included measurements of mental and emotional health, sexual health, high-risk substance use, abuse and neglect, bullying and discrimination.

Youth also felt that it was necessary that their voice and experience be reflected in the choice of indicators and were pleased to be included in this process. Many also indicated that they were willing to stay involved with the project.

By including youth in the process, a list of potential indicators was produced which met the criteria laid out in the RCY's approach to the State of the Child report. Specifically, the indicators are worth measuring, clear and understandable, forward looking, measurable for diverse populations, comprehensive, relevant to policy and practice, feasible and cost effective to measure.





## Appendix 1: RCY & PHO Indicators

This list of domains and indicators of youth health and well-being was presented to participants in the focus groups. Civic participation has since been removed as a domain, and 'child/youth volunteer rates' has been amalgamated into the domain of child behaviour.

Domain	Indicator
Child Health	Infant mortality rates Healthy birth weight rates Breastfeeding rates Child or teen suicide rates Accidental deaths Prevalence rates of special needs Child/youth mental health services utilization rates Physical activity rates Fruit and vegetable consumption Obesity rates
Child Learning	School achievement rates High school graduation rates Post secondary enrolment rates School readiness
Child Safety	Young Offender rates Community crime rates Rates of children in care Recurrence of maltreatment in child protection system Serious injuries or deaths of children in care School safety Neighbourhood safety
Family Economic Well-being	Low income rates Employment rates Financial assistance rates Frequency of unacceptable housing Food insecurity
Family, Peer and Community Connections	Ethno-cultural placement matching rate Cultural belonging Adult in your life Sense of community belonging
Child Behaviour	Teenage birth rates Teenage rates of smoking Teenage rates of alcohol use Teenage rates of drug use Positive leisure, recreational pursuits
Civic Participation	Child/youth volunteer rates

## Appendix 2: Suggested Additional Indicators

Domain	Indicator
Child Health	Rates of extreme stress Rates of depression Rates of suicidal ideation and attempts Positive self esteem Rates of youth not accessing mental health services Resilience Eating disorder rates Underweight rates Rates of sexually transmitted infections Availability of sexual health information and supplies Rates of accessing sexual health services Rates of not accessing sexual health services Rates of screen time/sedentary activities
Child Learning	Literacy
Child Safety	Rates of physical abuse (among youth not known to child protection services) Rates of sexual abuse (among youth not known to child protection services) Domestic violence rates (with children and youth as witnesses) Bullying rates Harassment and discrimination rates
Family Economic Well-being	Youth and caregiver employment rates Rates of youth acting as primary caregiver Rates of youth as family wage earner Rates of youth homelessness Consumption of fast food Availability of affordable sports and recreation programs Availability of public transport
Family, Peer and Community Connections	Presence of a caregiver School connectedness Rates of moving house/neighborhood Participation in organized sports Family connectedness Peer relationships Community connectedness Use of social media
Child Behaviour	Rates of high risk substance use Substance related vehicle accidents (with youth in the vehicle)
Other	Family/caregiver substance use Youth's goals for the future Spirituality Parents' education level



## Appendix 3: Recruitment Poster



You have the right to give your opinion, and for adults to listen and take it seriously.

UN convention of the rights of the child

### Youth Roundtables: Growing up in BC

Facilitated by: The McCreary Centre Society in partnership with the Office of the Representative for Children and Youth

#### Your Say

The purpose of these roundtables is to hear what youth have to say about their experiences as a young person in British Columbia. We are hoping to better understand the challenges and opportunities youth face growing up in communities across the province. As well we hope to identify how young people could be better supported to live healthy and successful lives.

#### Your Chance

This discussion will be part of a report viewed by people who make decisions about youth such as: policy makers, the Provincial Government and youth workers. Your suggestions can help make positive changes in the lives of young people in BC!

#### Your Privacy

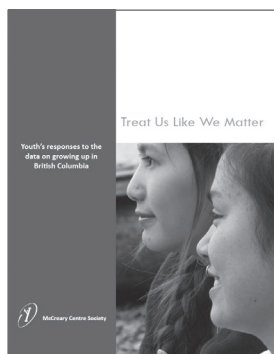
All of the experiences and ideas you share will be anonymous. This means no one will be able to trace what you said in the discussions back to you as a person.

You get a \$20 honorarium and bus tickets for participating, as well as food at the roundtable.

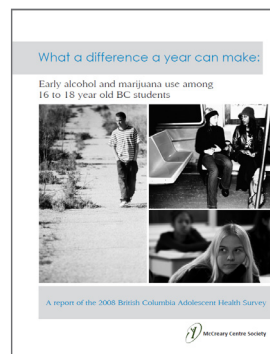
# McCreary Resources



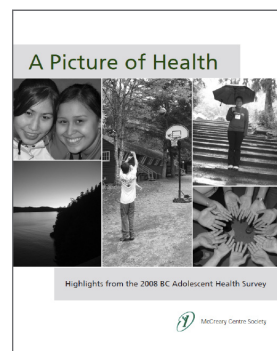
For any of these, or other materials by the McCreary Centre Society, visit our website [www.mcs.bc.ca](http://www.mcs.bc.ca).



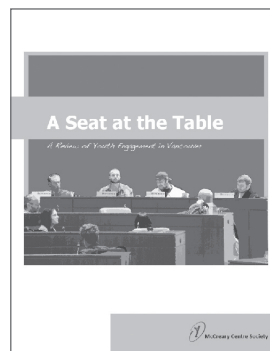
*Treat Us Like We Matter: Youth's responses to the data on growing up in British Columbia (2010)*  
Part 2 of this 2 part series captures youth's responses to the data collected across 6 domains of youth health and offers their suggestions to improve the rates of children and youth growing up healthy in BC.



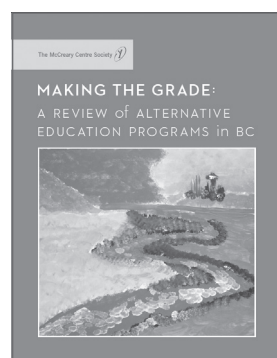
*What a Difference a Year can Make: Early alcohol and marijuana use among 16 to 18 year old BC students (2010)*  
This report uses data provided by 16 to 18 year olds who completed the 2008 BC Adolescent Health Survey. The study examines the different health behaviours and outcomes between those who use alcohol or marijuana at 12 and younger and those who wait longer to try these substances.



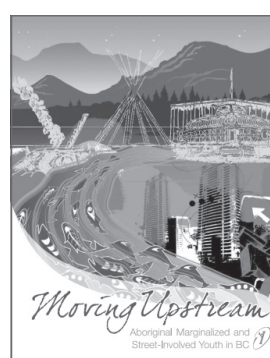
*A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey (2009)*  
The Adolescent Health Survey has been conducted in schools every 5 years since 1992. The 2008 survey asks questions about physical and emotional health, and about factors that can influence health during adolescence or in later life. This report highlights trends in the health status and risk behaviours of BC youth. Reports have also been published for 14 of the 16 Health Survey Delivery Areas in BC.



*A Seat at the Table: A review of youth engagement in Vancouver (2009)*  
This report focuses on youth engagement in civic and community decision-making. The report aims to offer a better understanding of the continuum of youth engagement and to show the different ways that youth can be involved in decisions that affect their lives.



*Making the Grade: A review of alternative education programs in BC (2008)*  
A review of alternative education programs in BC, involving youth attending alternative education programs for "at-risk" and "high risk" youth across the province, and adult stakeholders. The review documents the positive impact of these programs for youth.



*Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)*  
This report analyzes the experiences in nine BC communities of homeless, inadequately housed, street-involved and marginalized Aboriginal youth. The report is a further analysis of McCreary's Marginalized and Street-Involved Youth Survey.





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