

Measure What Matters¹

Toward Multi-Sectoral Action to Improve Child and Youth Health and Well-being

A REVIEW OF THE ALBERTA POLICY LANDSCAPE – DRAFT FOR DISCUSSION

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1.0 – Highlights

We explored the Alberta provincial policy, partner and data landscape over a 10-year period to understand opportunities for developing provincial child and youth health and well-being indicators.

- An environmental scan undertaken to identify relevant publicly accessible provincial policies, data sources, partners and interested groups is summarized for feedback.
- A dialogue forum will bring a range of perspectives together from participants across multiple domains of child and youth health and well-being to discuss paths forward.
- Recommended paths forward include cross-sectoral collaboration in provincial policymaking supported by ongoing monitoring, enhanced governance and a focus on marginalized groups.

Priority Considerations and Paths Forward

To improve child and youth health and well-being in Alberta, **a central strategy and collective effort is needed** that is co-designed through participatory approaches with youth, families and community partners with a focus on marginalized groups.

Recommended Paths Forward:

1. Make child and youth health and well-being a policy priority and co-design a shared vision
2. Create a cross-sectoral governance structure for collaboration and accountability
3. Enhance data and monitoring efforts to learn and adapt with meaningful evidence
4. Focus on health equity and prioritize marginalized groups

2.0 – Executive Summary

Issue

Despite Canada's strengths and widespread acknowledgement of the importance of children and youth, this country recently ranked 30th among 38 high-income countries on indicators of their well-being [1-3]. While there is limited data readily available for monitoring within and across jurisdictions, Alberta compares worse than Canadian averages on indicators of early development vulnerability and child abuse [4, 5].

The Government of Alberta convened a Child and Youth Well-being Review [6] and Action Plan [7] to understand and address the adverse impacts of the pandemic. Indigenous and racialized children and youth, children within low-income families, and children with disabilities were highlighted as being disproportionately impacted. In addition, the review found significant gaps in mental health, education and social data and evidence along with fragmentation of data within ministries and service systems [6].

Influences on child and youth health, well-being and health inequity have social, environmental, and economic origins that extend beyond health policy boundaries [8-11]. Yet, public policy can be a powerful intermediary between children's conditions and outcomes [1]. Cross-sectoral, whole-of-society approaches are required to improve child and youth health and well-being and government ministries have important roles to play [12-14].

Meaningful and accessible measurement and monitoring information is required to support coordinated, cross-sectoral decision-making and policy strategies to improve health outcomes and reduce health inequities [15]. Information about child and youth material living standards, physical and mental health, social lives, and learning and education is required [15]. While definitions of child and youth well-being vary depending on diverse perspectives and cultural, social and local contexts, there are many established indicators and frameworks that can be tailored to local community needs and priorities [4, 5, 15-22].

Approach

We carried out an environmental scan to explore the Alberta provincial policy, partner and data landscape over a 10-year period to understand opportunities for provincial child and youth health and well-being indicators. The methodology involved a systematic search of government websites to identify relevant publicly accessible provincial policies, data sources, and interested groups related to child and youth health and well-being in Alberta. A dialogue forum will bring a range of perspectives together from participants across multiple domains of child and youth health and well-being to provide feedback on the environmental scan and discuss paths forward.

Insights

Our review revealed a complex landscape including numerous Alberta government publications and sources of data related to child and youth health and well-being, and many engaged groups and organizations. Over the past 10 years there have been numerous initiatives undertaken to support child and youth health and well-being and there have been a number of achievements. Alberta has advanced knowledge, policy, and practice across many domains of child and youth health and well-being through significant efforts involving an expansive network of involved groups and community organizations.

Despite the many sector-specific and cross-sectoral efforts that have taken place, however, we observed a number of challenges. Initiatives are often fragmented or siloed. Many sectoral and issue-specific

strategies appear comprehensive and evidence-informed, although some appear to have been commissioned as one-off works without clear connection to a central framework or strategy. In addition, many initiatives appear disrupted – starting, stopping, and changing course with changes in government political leadership, and they often lack implementation plans, ongoing accountability instruments and outcomes monitoring to ensure they are sustained and align to desired goals.

Nonetheless, there is a substantial foundation of work upon which Alberta can build. Past and current initiatives and networks can be leveraged and become more connected to advance child and youth health and well-being across the province. National and provincial actions and public policy can influence child and youth health and well-being across a variety of domains [1]. Interventions to improve child and youth health and well-being and early investments in health, education, and development have immediate, long-term, and intergenerational benefits and high benefit-cost ratios [10]. In addition, supporting improved developmental outcomes in early life is a strategic and cost-effective way for governments to advance health equity [14, 23]. These actions are, to some extent, a human rights obligation, in fulfillment of Canada’s commitments to the global Sustainable Development Goals (SDGs) [24] and the United Nations Convention on The Rights of the Child (UNCRC) [25, 26] endorsed by Alberta in 1999 [27].

However, no single institution or organization can create all the conditions that children and youth need to flourish [28]. To improve child health and well-being and reduce inequities, collaborative multi-faceted and multisectoral action and whole-of-society participation is needed at all levels of government and civil society [9-11, 13, 29-34]. This includes cross-sectoral alignment of data and evidence, and collaboration across government and with vast community partners to inform, assess and monitor decision-making.

Paths Forward

To improve child and youth health and well-being in Alberta, a central strategy and collective effort is needed that is co-designed through participatory approaches with youth, families and community partners. Recommended paths forward for discussion with community partners and interested and affected groups include cross-sectoral collaboration in provincial policymaking supported by ongoing monitoring, enhanced governance and a focus on marginalized groups. In alignment with principles of good governance and policy-making, there are four interconnected considerations for discussion.

1. Make child and youth health and well-being a policy priority and co-design a shared vision
2. Create a cross-sectoral governance structure for collaboration and accountability
3. Enhance data and monitoring efforts to learn and adapt with meaningful evidence
4. Focus on health equity and prioritize marginalized groups

3.0 – The Issue

Childhood health and well-being is foundational for a healthy society. Childhood experiences influence child and youth physical, emotional, social and cognitive development with lasting implications for lifelong health, well-being, interpersonal relationships and opportunity [10, 11, 32, 35]. Despite appreciation of the conceptual importance of child and youth health and well-being in society, Canada recently ranked 30th among 38 high-income countries in the well-being of children and youth under age 18 [3]. Notably, Canada was in the bottom third of high-income countries in areas of child and youth mental health and happiness, youth suicide, physical health and survival, childhood poverty, and supportive relationships [1-3].

Child health and well-being varies regionally and at sub-regional levels. There is currently limited child and youth health and well-being data readily available for monitoring and comparison purposes within and across jurisdictions. On Indicators of early development vulnerability and child abuse, Alberta compares less favourably to Canadian averages. Canada has a high percentage of children in poverty compared to other OECD countries. Within Canada, however, Alberta has a lower percentage of children in poverty than the Canadian average [4, 5]. Influences on child and youth health and well-being, like most determinants of health and health inequities, have social, environmental, and economic origins that extend beyond health policy boundaries [8-10]. Both nationally and provincially, increased attention has been drawn to the state of child and youth well-being in the context of the COVID-19 pandemic which adversely impacted the physical, mental, and social well-being of many children and youth [6, 36-40] and exacerbated risks posed by other known threats to their well-being [41].

The Government of Alberta convened a Child and Youth Well-being Review [6] and Action Plan [7] to understand and address adverse impacts of the pandemic on children and youth. Indigenous and racialized children, children within low-income families, and children with disabilities were highlighted as being disproportionately impacted. In addition, the review cited significant gaps in mental health, education and social data and evidence, and revealed that information is limited and fragmented within individual ministries and service systems. A key recommendation from the review is to “accelerate and utilize data collection, collaboration, and innovation to better assess child and youth development and enhance decision making related to their well-being and resiliency” [6]. The plan identifies government’s next steps to include improved data collection, outcomes reporting, and a cross-ministerial dashboard to facilitate better-informed and more timely decision-making [7].

Government ministries have a critical role to play in promoting and monitoring child and youth health and well-being. Unfortunately, this landscape is often fragmented as ministries responsible for different aspects involved rarely coordinate well [10]. Coordinated efforts are often hampered by siloed information systems and financial arrangements, a lack of readily available data, ministerial competition and insufficient mechanisms and capacity for planning policies across sectors that are backed by costed and funded implementation plans [10]. Monitoring child and youth health and well-being can inform policy strategies to improve health outcomes and reduce inequities [15]. Readily accessible monitoring data is required to support coordinated, cross-sectoral decision-making and action to drive positive change [15]. Currently, Alberta lacks a framework for this monitoring which limits coordinated strategic planning ability.

This paper explores the Alberta child health and well-being landscape to better understand opportunities for child and youth health and well-being measurement and monitoring within the province. While not comprehensively covered in its scope, the paper provides a background of key concepts informing the environmental scan and situates child and youth health and well-being monitoring approaches within national and Indigenous contexts.

4.0 – Background

4.1 – Child and Youth Development

The background outlined below provides a snapshot of key concepts that underpin the approach to the review and considerations that follow.

Childhood, Adolescence and Lifelong Health

Childhood is an important period of opportunity and vulnerability. There is substantial and recently reviewed neurobiological and socio-behavioural evidence on the critical and sensitive development that occurs prenatally and through early childhood [10, 23, 32, 42]. Early experiences (shaped by social, economic, cultural, and environmental factors through gene-environment interaction) powerfully influence development and the ability for children to thrive through adulthood. Adolescence presents another key window of developmental opportunity in which lifelong nutrition, exercise, substance use, mental health and interpersonal relationship patterns can be laid [10]. Extensive research has shown that non-communicable diseases are primarily attributed to modifiable risk factors that often emerge during these early years [11, 12]. Approximately 70% of premature deaths in adulthood are estimated to be the result of health-related behaviors initiated in childhood and adolescence [12].

The Social Ecological Perspective

Understanding child and youth health and well-being and levers for positive change entails a holistic view of systems, structures and contexts. The social ecological model recognizes the influence of environmental and contextual factors including family, community, sociocultural, economic, political, and legal contexts – and surrounding structures and services – on child and youth development over the life course [43]. This model also emphasizes that children, youth and families bring their own skills, assets and resources for coping with challenges and it highlights the importance of networks of people and the structures that surround them [43].

Environments, Relationships and Experiences

Environments in which children and young people grow and develop are not hierarchical but instead are truly interconnected [11, 14, 15]. The family environment is the most intimate while broader environments include residential communities and neighbourhoods, relational and cultural communities and social ties, and childhood development and educational environments [14]. A broad array of relationships, experiences and environmental conditions within these contexts matter. A supportive physical environment and nurturing conditions through quality of time and care provided by caregivers are key, and these are influenced by families and communities having sufficient income and employment, health resources, early childhood education, safe neighbourhoods, and decent housing [14].

As children grow, parents and families continue to be an important influence and source of support. The knowledge, skills, financial resources, and community support available to families remain essential determinants of adolescent health and well-being [11]. In addition, peers, teachers, health-care providers, club and community organization staff and employers have increasingly important roles in young lives. For marginalised young people, important influences may extend to the judiciary, police, or youth justice and social service providers whose capacity to support and understand young people's health, social, and developmental needs will affect their ability to effectively promote child and youth well-being [11].

Socioeconomic Contexts and Inequalities

Environments and experiences are situated in socioeconomic contexts and systems shaped by factors at the regional, national and global level [14]. Children within socioeconomically disadvantaged families experience poorer well-being and the lifelong implications of this, globally, and the social gradient in health and well-being outcomes is well established [33, 44-46]. However, the mechanisms through which this occurs are complex [45, 47]. Components of socioeconomic status intersect with multiple individual, family, and community systems to create the conditions for healthy child and adolescent development [47].

4.2 – Child and Youth Policy Approaches

While not exhaustive, key policy approaches that were considered in our analysis and recommendations are described below.

Public Policy and Child and Youth Outcomes

Policies are defined broadly as systems of laws, regulatory measures, or any action taken by government [48]. Public policy can be a powerful intermediary between children’s conditions and outcomes [1]. The OECD framework is designed to support monitoring and policy decision-making by factoring in extensive literature regarding the links between public policies, legal frameworks, and children’s well-being outcomes [15]. These include childcare, family and parenting support, and health system policies. In addition, the framework includes dimensions for housing policies, education policies and environmental policies [15]. UNICEF Canada suggests Canada can improve children’s lives by curbing income inequality and improving the inclusiveness of public policies for children and youth [1].

Emerging evidence suggests that in wealthy countries, income inequality may play a more important role than absolute income level in shaping childhood outcomes [1, 44]. Wealthy societies that are able to mitigate inequalities tend to have better child well-being. While certain policy interventions have an influential role, societal commitment to greater equality may be just as important [44]. Understanding mechanisms through quality evidence is important for identifying potential policy drivers.

Policy Approaches, Principles and Lenses

To improve child and adolescent health and well-being policy, principles and priorities need to be identified and analyzed. Health in All Policies (HiAP) is an approach to public policy development that systematically takes into account the potential health impacts of all policies and decisions in order to improve population health and health equity [14]. The approach is grounded in principles of legitimacy, accountability, transparency, access to information, participation and sustainability². HiAP approaches have gained traction recently as awareness of the link between health and other policy areas has increased, driven in part by the COVID-19 pandemic [49] and other complex global challenges such as rising rates of chronic disease and climate change [50]. The HiAP and Health Impact Assessment (HIA)

² A Health in All Policies (HiAP) approach is grounded in the following principles: Legitimacy grounded in the rights and obligations conferred by national and international law; accountability of governments towards their people; transparency of policy-making and access to information; participation of wider society in the development and implementation of government policies and programmes; sustainability in order that policies aimed at meeting the needs of present generations do not compromise the needs of future generations; collaboration across sectors and levels of government in support of policies that promote health, equity and sustainability.

approaches have been put forward in recent years as a way to act upstream on health, well-being and health equity in Canada [51].

In a child and youth context, HiAP approaches examine how policies across sectors address social determinants of health that can affect their overall health and development [10]. This can include policies that improve access to nutritious food, affordable housing, transportation, safe and inclusive communities, quality education, and healthcare services. Specific approaches have been developed to support Early Childhood Development (ECD-HiAP) as a focal area in which to improve well-being outcomes [14]. Efforts to advance ECD increasingly emphasize the importance of supportive multisectoral policy to enable the fulfillment of child development goals and ensure services address equity, quality assurance, and accountability [9]. ECD-HiAP approaches and lessons learned from global multisector ECD policy implementation provide guidance for current and future cross-sectoral child and youth health and well-being policy analysis and discussion.

Other child and youth policy principle examples include the US National Academies of Sciences, Engineering, and Medicine which synthesized key principles, priorities and policies across four major reports [52]. Principles included: put children first, engage all parts of society, recognize the power of prevention, emphasize equity over the life course, and commit to supporting implementation. Priorities identified included: young families, poverty reduction, cross-sector collaboration across all child-serving systems, innovative financing, and a coordinated, national agenda. Policies included: income support, family resiliency, healthy communities, transformation of health care, collaboration between education and health, cross-sector goals and collaboration, and equity [52]. In addition, UNICEF Canada has developed a Child Policy Lens that can be applied to decision-making. It considers the overall impact on children, universality, equity and non-discrimination, child participation, best Interests of the child, maximum extent of available resources and accountability [53].

4.2 – Child and Youth Health and Well-being Indicators

Defining Child and Youth Health and Well-being

While there is no universally accepted definition for well-being or common approach to measuring it, in its broadest sense, well-being encompasses physical, mental, and social domains and is often an overarching concept used to refer to quality of life [15, 54, 55]. The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” [56]. Health is influenced by many social, environmental, and individual factors known as determinants of health [56]. Concepts of well-being connote different meanings depending on diverse perspectives and cultural, social and local contexts. The concept acknowledges that people’s lives are complex, and that quality of life depends on a range of different things, each bringing their own value and meaning, often determined by material resources, physical and mental health, skills and abilities, social and cultural lives and connections with others [15]. UNICEF Canada describes a global convergence toward measuring social well-being, incorporating influences that include positivist approaches (policy and statistics-driven), human rights frameworks, international benchmarking, such as SDGs, and worldviews including Indigenous and Buddhist concepts of well-being [22].

Living conditions are fundamental to well-being and tracking them is important for public policy [15, 55]. To get a full picture of the well-being of children, in particular, social and environmental influences such as family and home life, school life, neighbourhood and physical environment – as well as their outcomes in various life domains must be considered [15].

Child and Youth Well-being Frameworks and Indicators

Monitoring child well-being and key drivers is critical if policy makers are to design supportive policies [46]. Child and youth policymaking requires data [15]. This includes sound information on a range of areas, including child and youth material living standards, physical and mental health, social lives, and learning and education [15].

Well-being frameworks and indicators are emerging around the world and recently in Canada to better incorporate quality of life measurements into government decision-making and budgeting, to complement and contextualize the shortcomings of traditional economic indicators as stand-alone measures of the well-being of societies [57, 58]. For example, *OECD's Measuring What Matters for Child Well-being Policies* initiative presents a dashboard and aspirational measurement framework of internationally comparable indicators on children's well-being outcomes with emphasis on children's rights and childhood as a key determinant of lifelong health [15]. Child well-being indicators and dashboards can help by providing a picture of how children are doing in different areas of life and can contribute to an improved shared understanding of where key challenges lie and how to address multiple disadvantages through integrated child and youth well-being strategies [46]. Various frameworks and approaches can be tailored to regional needs, contexts and data availability, and can be used to drive decision-making toward improvement over time.

Growing interest in children's well-being indicators stem from movement toward accountability-based public policy, which demands more accurate measures of the conditions children face and the outcomes of various programs designed to address those conditions [59]. This interest is also attributed to the emergence of new normative and conceptual theories, advancements in methodologies and data, and demand from child development professionals, social researchers, and the public for a better picture of children's well-being [59].

There are many kinds of data and indicators used across a variety of domains of well-being. Indicators can simplify a complex array of information about the health–environment–development nexus and provide a synthesized view of existing conditions and trends for decision-makers and the public toward improved management and policy [60]. Health indicators summarize information about priority topics related to population health or health system performance [19]. There are a number of established health indicators in use to measure health status, non-medical determinants of health, health system performance and community and health system characteristics [19], and there are guidelines for reporting population-level estimates of health status and health determinants, health behaviour and health exposure indicators [61]. In addition, social indicators are considered vital for policy makers working to improve the well-being of the people they serve and measure changes and trends over time which can point to needed decisions and actions [59].

5.0 – Objectives and Approach

The aim of this paper is to contribute to government and community-led efforts to improve monitoring and decision-making related to child and youth health and well-being in Alberta. Considering the breadth of this topic -- across government and community, across multiple domains of health and well-being, and across distinct ages and stages within the childhood period to age 18 -- its goal is to begin to address the gap between what cross-sectoral policies and initiatives exist today and what may be needed moving forward.

An environmental scan was carried out, which serves to identify, describe and consolidate publicly accessible Government of Alberta documents and sources of existing data related to child and youth health and well-being and map the stakeholder landscape in very broad terms. The methodology involved a systematic search of government websites to identify policies and initiatives, sources of existing data, interested and affected groups and non-academic partners within documentation published within the last 10 years related to child and youth health and well-being in Alberta. Methodological details used to conduct the environmental scan are found in the appendices that follow. In addition, this paper includes considerations for paths forward drawing from published academic and grey literature to identify opportunities and recommendations for greater cohesion and cross-sectoral collaboration using a HiAP lens.

This paper is intended to be a first step in understanding the existing Alberta policy landscape for the purposes of supporting critical community engagement and dialogue as a key next step. It, along with the findings of an international scoping review that is currently underway of existing child and youth health and well-being frameworks [62], can be used as an input to inform identification of key indicators for child and youth health and well-being monitoring in Alberta.

While not comprehensive and intended only to situate the Alberta landscape depicted by the environmental scan, the paper first provides a brief snapshot of context and history related to monitoring child and youth health and well-being in Canada and provides important considerations regarding Indigenous perspectives. The environmental scan follows by providing a summary of existing relevant Alberta government policies, initiatives and data sources, including a map of the partner landscape. Finally, a brief analysis and paths forward are provided for discussion purposes drawing from academic and grey literature and promising practices in other jurisdictions.

6.0 – National Contexts

Alberta's context is situated within the broader federal policy landscape and influenced by monitoring approaches in other jurisdictions. Some relevant federal and provincial child and youth health and well-being policies, reports and monitoring initiatives identified through our scan are described for context.

6.1 – Federal Initiatives

A Brief History

Historical federal policies and initiatives provide relevant context for today's efforts to monitor child and youth health and well-being in Canada. The Government of Canada's 2001 report *Safeguarding The Future And Healing The Past*, outlined actions to address institutional child abuse through three key themes: protecting our children, making the criminal justice system more responsive to victims, and responding to the legacy of residential schools [63]. This preceded the historic residential schools settlement agreement and the initiation of the *Truth and Reconciliation Commission* [64]. The report affirmed the federal government's commitment to the well-being of Canada's children and youth and outlined several child- and family-oriented initiatives in partnership with provincial and territorial governments. Many initiatives combined prevention, intervention and education measures focused on children and families at risk [63].

The Chief Public Health Officer's 2009 report, *Growing Up Well*, put a spotlight on child and youth health and well-being in Canada and the critical importance of childhood in shaping health over the life course [35]. It provided a snapshot of child and youth health and well-being alongside a selection of indicators, including a history of 150 years of progress toward improved health outcomes and urgent priorities for attention. The report touched on notable federal, provincial and territorial agreements and strategies toward child well-being that occurred at the turn of this century including the ratification of the United Nations Convention on the Rights of the Child (UNCRC) [65].

National Child and Youth Health and Well-Being Monitoring and Data Programmes

Today, there are many federal initiatives concerning child and youth health and well-being monitoring. Statistics Canada, the Public Health Agency of Canada (PHAC) and the Canadian Institute for Health Information (CIHI) report on many indicators produced from a range of available sources, some of which are age-specific [4, 19, 66-71]. Canada's most recent UNCRC update [25] cites national child- and youth-specific data programmes, such as the *Canadian Health Survey on Children and Youth (CHSCY)* [72, 73] and the *Youth Positive Mental Health Surveillance Indicator Framework* [20, 74]. The *Health Behaviour in School-aged Children (HBSC)* study [75] in collaboration with the World Health Organization (WHO) looks at young people's well-being, health behaviours and social contexts. A recent *Portrait of Youth in Canada* publication [76] includes chapters on health and other domains of youth well-being such as education, employment, environment, and civic engagement, and a chapter dedicated to Indigenous youth [77]. More broadly, the *Canadian Community Health Survey* provides population-level information on health determinants, health status and health system utilization [78]. There are also a variety of indicators monitored on population health and health care system effectiveness [4, 5, 16-21, 68, 71, 79].

Monitoring by Intergovernmental Organizations

In addition to OECD, WHO and UN-led monitoring there are Canada-led monitoring initiatives underway that connect to global child and youth health and well-being goals. The Sustainable Development Goals (SDGs) and child and youth health and well-being are linked. A *Canadian Indicator Framework (CIF)* has been developed to measure Canada's progress toward the 2030 SDGs which aim to address social,

economic and environmental challenges such as ending poverty, improving health and education, reducing inequality and addressing climate change [80]. Data is disaggregated to help identify regional disparities for specific marginalized groups including children, immigrants, members of visible minorities, people with low income, First Nations, Métis, Inuit peoples, people with disabilities and members of the LGBTQ2 community [80]. Separately, UNICEF Canada recently developed the *Canadian Index of Child and Youth Well-being* which presents 125 indicators across nine interrelated dimensions of well-being [22]. This index also tracks how Canada is delivering on child-related SDGs.

Child and Youth Policies

While not exhaustively captured, there are several other federal child and youth-focused policies. Two notable policies are the Canada Child Benefit (CCB) [81], a tax-free benefit that provides support to low- to middle-income families to help with the cost of raising children, and the ongoing Canada-wide Early Child Care Agreements with the provinces [82]. Canada's Poverty Strategy [83] monitors child poverty indicators. Its 2019 update report indicates the CCB helped almost 300,000 children exit poverty between 2015 and 2017 [84]. Youth-focused policy examples include *Canada's Youth Policy* [85] and Canada's youth justice legislation [86].

6.2 – Provincial Initiatives

Provinces lead the delivery of many policy areas, such as health systems, education, skills development, justice, social services, road safety, affordable housing and sustainable infrastructure [80]. Since the turn of this century, several provinces have published comprehensive reports on child and youth health and well-being. These include:

British Columbia

BC's Provincial Health Officer published a 1998 feature report, *The health and well-being of British Columbia's children* [87]. BC went on to produce a joint summary report with CIHI on child and youth health and well-being indicators [88] which outlined a framework of over 50 indicators across 5 dimensions of child and youth health and well-being and led to BC's first assessment report in 2016 [89].

Alberta

Alberta published the *Alberta Child Health Surveillance Report* [90] in 2005, a comprehensive cross-ministry report covering health determinants, health status, and health service utilization. In 2021 an Alberta Child and Youth Well-being Review was carried out to understand the effects of the pandemic on youth mental health, which resulted in the development of a provincial Child and Youth Well-being Action Plan.

Manitoba

The Manitoba Centre for Health Policy published the 2008 *Manitoba Child Health Atlas Update* which analyzed over 80 indicators of child health and development and highlighted significant disparities in child outcomes across socioeconomic status and region of residence, as well as by gender and age [91].

Nova Scotia

There are also provincially focused monitoring initiatives led by non-governmental organizations. Last year, using *UNICEF Canada's Index of Child and Youth Well-being*, and guided by several other frameworks – social determinants of health, child rights, SDGs, social inequity, and Adverse Childhood Experience (ACES) – Dalhousie University published *One Chance to Be a Child*, a data profile on child and youth health and well-being in Nova Scotia [92].

6.3 – Indigenous Contexts

Ongoing reconciliation with Indigenous peoples and communities is fundamentally important to consider in efforts to identify and define health and well-being indicators for children and youth in Alberta. This includes recognizing and respecting the distinct rights and diverse perspectives of First Nations, Métis and Inuit peoples and understanding the intergenerational impacts of colonialism and policies, such as residential schools, on Indigenous communities.

The federal and provincial governments have committed to collaborating with Indigenous communities and walking the path toward reconciliation together [93, 94]. While not comprehensively discussed in this paper, it is important to acknowledge the complexity and many considerations of the topic of child and youth health and well-being within Indigenous contexts.

The information here is intended to help highlight existing Indigenous-led health and well-being monitoring initiatives, important cultural considerations, and the complexity of the governance and data landscape provincially and federally regarding Indigenous child and youth health and well-being. Collaboration with Indigenous researchers, communities, Elders and Knowledge Keepers is critical to informing paths forward from this work.

Indigenous Rights and Historical Context

A number of policies at the federal level guide nation-to-nation relationships. While not extensively covered, key policy considerations include the ongoing implementation in Canada of the UN Declaration on the Rights of Indigenous Peoples [95], the Truth and Reconciliation Commission of Canada's Calls to Action [96] and *An Act respecting First Nations, Inuit and Métis children, youth and families*, to further advance the right of self-determination of Indigenous peoples through their increased jurisdiction in relation to child and family services in their communities [97].

The TRC Calls to Action include several targeted specifically to health, one of which calls upon the federal government, in consultation with Indigenous peoples, to establish measurable goals to identify and close gaps in health outcomes between Indigenous and non-Indigenous communities, focusing on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services [96].

The UNDRIP Act, which received Royal Assent and came into force in 2021, affirms the human rights of Indigenous peoples and provides a roadmap for the declaration's collaborative implementation [98]. Rights of Indigenous peoples and articles within the Act that are of specific relevance to efforts that may be undertaken toward provincial child and youth health and well-being indicators include: Indigenous peoples' right to self-determination; the right to be actively involved in developing and administering health, housing and other economic and social programmes that affect them; requirements for good-faith consultation and cooperation with Indigenous communities to obtain free, prior and informed consent before adopting legislative or administrative measures that may impact them; and, an emphasis on the prioritization of the rights and special needs of children [95].

Complex Governance, Roles and Service Systems

From a governance and policy perspective, there are many communities and entities involved in services and support related to child and youth health and well-being [97, 99-105]. From a health perspective, the federal, provincial and territorial levels of government share some degree of jurisdiction [105]. For example, Indigenous Services Canada (ISC) works collaboratively with partners to improve access to high quality services for First Nations, Inuit and Métis peoples [101]. In Alberta, The First Nations Chiefs,

through the Alberta First Nations Health Co-Management Committee, lead a number of subcommittees to support child and youth health and well-being through agreements with the Government of Canada [99]. Governed through distinct legislation, Métis Settlements and the provincial government partner on service provision affecting children and youth [102]. Indigenous Wellness Core, through Alberta Health Services, partners with Indigenous peoples and communities to provide accessible, culturally appropriate health services for First Nations, Métis and Inuit people in Alberta [104].

There is currently a focus on primary care system improvement in Alberta [106]. Racism, ongoing historical trauma, isolation, jurisdictional issues, and the lack of culturally safe care were highlighted as barriers to primary health care for Indigenous peoples [106]. An Indigenous advisory panel has convened to provide recommendations to improve the primary health care system toward more accessible, relevant, and culturally safe primary health care to First Nations, Métis and Inuit peoples [107].

Child and family service provision is also complex and there are changes underway with the federal enactment of *An Act respecting First Nations, Inuit and Métis children, youth and families*. In Alberta, The Ministry of Children's Services, through the *Child, Youth, and Family Enhancement Act* is responsible for child protection and intervention services which includes a number of agreements with delegated agencies [108, 109]. Numerous initiatives were identified in the environmental scan within the Ministry of Children's Services to advance Reconciliation and address the overrepresentation of Indigenous children and youth receiving child intervention services [110].

There are many Indigenous and non-Indigenous governing bodies at the federal, provincial, municipal and community level across the province and a number of health, social, and cultural organizations engaged in systems of care. For Indigenous children, youth and families, these landscapes may be difficult to navigate. This may be particularly challenging for urban Indigenous children, youth and families for whom lack of access to relevant, culturally safe services presents additional barriers. There are Indigenous-led research initiatives underway to help map and improve these systems [111].

First Nations Information Management, Health Surveys and Indicators

There are numerous Indigenous-led, federal and regional health and well-being monitoring programmes [112-120]. The spirit and intent of the sections that follow are to provide context on the topic of child and youth health and well-being measurement while recognizing the importance of meaningful engagement and collaboration with Indigenous researchers, communities, and Indigenous-led organizations on such efforts.

Ownership, control, access and possession (OCAP[®]), is a set of First Nations principles that establish how First Nations' data and information will be collected, protected, used, or shared in ways intended to benefit the community and minimize harm, in support of strong information governance on the path to First Nations data sovereignty [113]. OCAP[®] is a registered trademark of the First Nations Information Governance Centre (FNIGC) and was originally established in 1998 as a precursor to the First Nations Regional Health Survey (FNRHS) [116]. The FNRHS along with the First Nations Early Childhood, Education and Employment Survey (FNREES), are two large-scale surveys and First Nations led initiatives administered by FNIGC that are designed, shaped and guided by OCAP[®]. The Alberta First Nations Information Governance Centre (AFNIGC), as a member of FNIGC, supports the regional and community-level administration and reporting of these surveys [112, 117].

Holistic Cultural Models

Indigenous concepts of well-being are holistic, interconnected and relational. The FNRHS is based on a holistic cultural framework that "encompasses the total health of the total person within the total environment" [115]. The model includes interconnected aspects of life, including dimensions of physical

health, mental health, emotional health, spiritual health, mental function, connection to culture and cultural continuity, healthy home and community life with extended family connections, and relationships with the living environment including land, natural and cultural environments [115]. The 2016 FNREEES survey was designed to measure the status of early childhood development, education, and employment among First Nations children, youth and adults living in First Nations reserves and Northern communities across Canada [114]. It includes a comprehensive set of indicators based on a holistic approach to measurement and *Holistic Lifelong Learning Model* [121] that links First Nations lifelong learning and community well-being as fundamentally interconnected dimensions of health and well-being [114].

A number of Indigenous-led health and well-being indicators have been established for use by First Nations communities. The 2012 FNRHS Alberta report by AFNIGC analyzes 34 health and wellness indicators that reflect the overall well-being. The report notes it as being a first-of-its-kind research initiative within Treaty 6, 7 and 8 communities to have been developed and culturally validated by First Nations themselves [117]. The report emphasizes the importance of creating an ethical space for research and engagement that involves working with Elders and knowledge keepers, respecting First Nations rights, and honouring methods and processes of information-sharing that align with First Nations oral histories. In 2018, the AFNIGC published a set of Indigenous Health Indicators through a community-based participatory approach with 20 First Nations communities from across Alberta, designed as a base set for communities to build from with their own data and stories [120]. The framework defines population health indicators based on the concept of biocultural diversity, which recognizes the interdependence and interconnectedness of all beings and nature, and which includes the social and ecological landscape upon which all people depend. The model centres around values of culture, language and environment and considers broad determinants of health [120].

Health Research, Policy and Practice

There are significant efforts underway in Canada to advance Indigenous-led health research and program evaluation. Indigenous worldviews, perspectives, histories, and approaches must be considered in dialogue on child and youth health and well-being in Alberta. There is complementarity between Indigenous models of holistic well-being and other models described which consider interconnected and interdependent domains and social, environmental and cultural determinants of health. Further dialogue can illuminate how different models of conceptualizing well-being acknowledge relational, cultural, and collective strengths [122].

7.0 – The Alberta Landscape

The Alberta environmental scan undertaken revealed a complex landscape which includes numerous Alberta government publications related to child and youth health and well-being, and many engaged groups and organizations.

The scan is depicted in the sections that follow and describe three key areas:

- **The partner landscape** is comprised of networks of organizations involved directly and indirectly in child and youth health and well-being in Alberta.
- **The policy and governance landscape** includes publicly available policies and government publications related to child and youth health and well-being, primarily within the Ministries of Health, Mental Health & Addiction, Education, Children’s Services, and Seniors, Community and Social Services.
- **The data landscape** lists numerous databases and dashboards that currently exist in Alberta that contain data or indicators related to child and youth health and well-being.

7.1 – The Partner Landscape

Borrowing from social ecological models of development and well-being [43] the environmental context in which child and youth health and well-being is situated and influenced extends from the individual to the immediate home and community environments, and is influenced by provincial, national and global contexts. In Alberta, there is an enormous network of organizations and people working both directly with children, youth and families, and whose work indirectly influences child and youth health and well-being. To provide a sense of the breadth of entities and prospective partners within the Alberta landscape by the numbers, there are approximately:

- 850+ AHS facilities and 40 Primary Care Networks (PCNs) in the Health sector [123]
- 350+ School authorities and 2300+ schools in the in the Education sector [124]
- 25 Publicly funded post-secondary institutions within Advanced Education [125]
- 70 Family Resource Network (FRNs) within the Ministry of Children’s Services [126]
- 200+ Family and Community Support Services (FCSS) organizations reporting through the Ministry of Seniors, Community and Social Services [127]
- 300+ Alberta Municipalities, 45 First Nations, 8 Metis Settlements [128]
- 26,000+ non-profit organizations, many of which support children and youth [129]

While acknowledging that in reality the environment is highly complex, dynamic, and relationships are bi-directional and interconnected, a simplified conceptual view of the organizational landscape through a provincial ministry lens is shown in Figure 1.

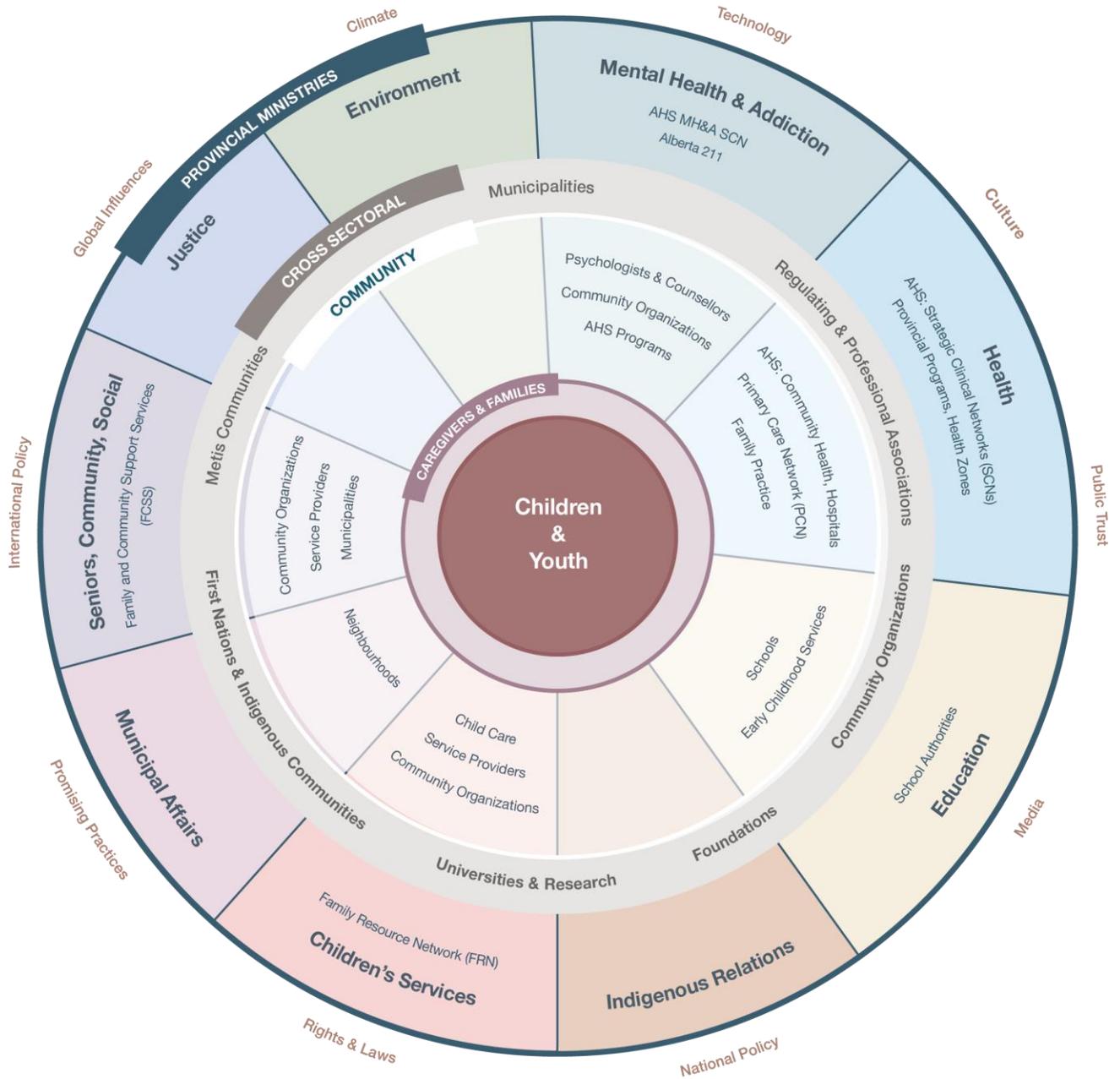


Figure 1 – A map of child and youth health and well-being organizational entities and partners through a provincial ministry lens.

7.1.1 Partner Landscape Highlights

The map identifies three levels of involvement: Core: Most Impacted; Involved: Community and Cross-Sectoral Entities; and Influence: Authorities and Broader Environmental Influences.

Core: Most Impacted – Children, Youth & Families

Children and youth are at the centre of the map as the most impacted by policies and initiatives aimed at measuring and enhancing their well-being. However, they are not passive recipients of their environment but rather are actively involved and interacting with it. Involving and listening to the ideas, priorities and needs of young people and their families is critical. In addition, parents, families and caregivers are inherently intertwined through interactions and relationships with children and youth and represent key influences on their health and well-being. While for simplicity's sake, the diagram shows children and youth at the centre, it's important to note that relationships within and among people, organizations and community within all levels of the diagram, plus broader influences shown outside, such as technology and culture, are not in reality removed from the lives of children and youth but are rather ubiquitous.

Involved: Partners – Community-Level Organizations and Cross-Sectoral Entities

Community Partners

Approximately 500 specific community-based and civil society organizations were identified in documentation and analyzed in a separate partner registry geared to understanding networks involved in child and youth health and well-being in Alberta. They represent only a subset of the broader list of affected/interested groups and organizations in child and youth health and well-being listed above. In addition, many networks, associations and alliances exist within the community partner landscape which play important coordination, support and advocacy roles.

Municipalities

Extensive searching of municipal and regional databases and websites was out of scope of this review, however, a few notable municipal initiatives were identified in the environmental scan. Edmonton Social Planning Council has developed a Social Well-Being Indicator Tracker [130]. The City of Calgary and the City of Edmonton each publish robust Family and Community Social Support (FCSS) program resources and literature [131, 132]. In addition, The City of Edmonton has undertaken a Child Friendly City initiative [133] and The City of Calgary recently launched an Equity Index [134]. These are thoughtful and potentially helpful contributions to broader province-wide indicator development.

First Nations and Métis Settlements

While recognizing the self-governing roles and distinct relationships of First Nations, Métis and Inuit communities with federal and provincial governments, their conceptual location on the map is intended to convey their cross-sectoral presence within the lives of children and youth within areas of education, health and child and family services.

Universities and Research Institutes

There are several university-led child and youth focused research programmes and clinics in the province. While not exhaustively captured in this scan, a snapshot of these include the University of Calgary Alberta Children's Hospital Research Institute (ACHRI) [135], the University of Alberta Women and Children's Health Research Institute (WCHRI) [136] and Community University Partnership of the

Study of Children, Youth and Families (CUP) [137] , and the University of Lethbridge Institute for Child & Youth Studies (I-CYS) [138].

Regulatory and Professional Associations

These include regulatory bodies and colleges for government regulated health professions as well as professional associations and alliances. While most often sector-focused, they have been reflected as a single category, to indicate these organizations span multiple sectors.

Influence: Authorities - Government Ministries, Government Organizations & Programs

Provincial Ministries

The map is conceptually depicted through a provincial ministerial lens to help illustrate how ministry structures, policies and programs intersect with cross-sectoral entities and community organizations involved in aspects of child and youth health and well-being. The Ministries of Children’s Services, Seniors, Community and Social Services, Health, Mental Health & Addiction, and Education featured prominently with the most relevant mandates. Other ministries such as Environment, Justice, Municipal Affairs and Indigenous Relations also have important roles to play.

Broader Influences

Surrounding the map are just a few of the broader trends and influences that directly and indirectly impact child and youth health and well-being. While depicted surrounding the circle it is recognized these influences are interconnected and ubiquitous in our daily lives.

7.2 – Policy & Governance Landscape

Within and sometimes across ministries there are statutory frameworks, policies, and programs that impact child health and well-being. Policies are defined broadly as systems of laws, regulatory measures, or any action taken by government [48]. Table 1 below lists key policies and documents found in the environmental scan. Each is categorized first by general function, grouped based on whether it primarily serves as a legislative and regulatory framework, strategy or accountability instrument, or a structure, network or service model. Then each is correlated with the ministries identified as leading or being involved in each.

The following definitions guided the process of organizing and classifying policies and initiatives:

- Legislative and Regulatory Frameworks – these include active Acts, key legislation and affiliated laws and regulations.
- Strategy and Accountability Instruments – these include government publications, guidelines, standards, procedures, initiatives, plans, actions and reports for the purposes of directing or guiding the actions of government, public institutions and agencies.
- Structures, Networks or Service Models – these include key networks, programs, services, supports and benefits.

Table 1 – A listing of key Alberta policies related to child and youth health and well-being

Legend: R = Responsible or lead ministry; I = Involved or supporting ministry

Type	Selected Policies and Initiatives	Coverage		Ministries														
		Sectoral	Cross-sectoral	Children's Services	Health	Education	Community/Social	Mental Health	Justice	Advanced Education	Indigenous Relations	Public Safety	Culture	Municipal Affairs	Service Alberta	Transportation	Environment	
Legislative and regulatory frameworks	Youth Justice Act (2000) and Regulations	X																R
	Health Information Act (2000) and Regulations	X				R												R
	Child, Youth and Family Enhancement Act (2000) and Regulations		X	R	R		R											
	Family and Community Support Services (FCSS) Act (2000) and Regulations	X					R											
	Persons with Developmental Disabilities Services Act (2000) and Regulations	X					R											
	Family Law Act (2003) and Regulations	X								R								
	Alberta Human Rights Act (2003)	X								R								
	Family Support for Children with Disabilities (FSCD) Act (2003) and Regulations		X		R		R											
	Protection of Children Abusing Drugs Act (2005) and Regulations	X						R										
	Protection of Sexually Exploited Children Act (2000) and Regulations	X			R													
	Drug-endangered Children Act (2006) and Regulations	X			R													
	Early Learning and Child Care Act (2007) and Regulations	X			R													
	Child and Youth Advocate Act (2011)	X			R													
	Education Act (2012) and Regulations	X					R											
	Children First Act (2013) and Disclosure of Information Regulation	X			R													
Early Childhood Services Regulations (2022)	X					R												
Strategy and Accountability Instruments	Alberta Child Health Surveillance Report (2005)	X		I	R	I	I	I										
	Positive Futures - Optimizing Mental Health for Alberta's Children Youth (2006)	X			R													
	FASD Cross-ministry Committee Initiative (2013)		X	R	R	I	I		I	I	I	I						
	Alberta's Strategic Approach to Wellness (2014)	X			R													

	School Attendance Board	X		R			
	Child and Youth Health Services Initiative		X	R	I	I	I
	Personalized Community Care		X	R	R		
	Alberta 211		X	R		I	I
	Advancing Futures		X	R			I
	Student Aid		X				R
	Child and Youth Support Program		X	R			
	Alberta Child and Family Benefit (ACFB)		X	R			
	Family Support for Children with Disabilities (FSCD)		X			R	
	Alberta Child Health Benefit (ACHB)		X	R			
	Alberta Health Care Insurance Plan (AHCIP)		X	R			

7.2.1 – Policy and Governance Landscape Highlights

The government ministries most often associated with accountabilities related to child and youth health and well-being were the Ministries of Health, Mental Health & Addiction, Education, Children’s Services, Seniors, Community and Social Services, and Justice. Many initiatives are sectoral, taking place largely within or applying to one government ministry. These are included to provide context for relevant child and youth health and well-being work happening within key government sectors; however, emphasis has been given to cross-sectoral policies and initiatives identified in the scan to illuminate existing collaborations on which future child and youth health and well-being alignment work can build. *Appendix A* further describes ministries, initiatives and activities identified in the scan. Highlights of a few key initiatives and policies are described below for discussion purposes.

Children’s Services

Overview

The Ministry of Children’s Services’ mandate is to support the well-being of children, youth and families in Alberta by focusing on safety and well-being from early learning and childhood development through to early intervention supports, intervention services and transitions to adulthood [139]. Guiding legislation includes the Early Learning and Child Care Act [140] and the Child, Youth and Family Enhancement Act [141]. Focus areas include child intervention services and child care regulation, including the implementation of the Federal-Provincial Child Care Agreement. [142]

Children First Act

One of the most prominent examples of cross-sectoral legislation addressing child and youth health and well-being holistically is The Children First Act [143]. It was adopted in 2013 to enhance legislation, tools, processes and policies to improve the security, education, health, safety and well-being of children and youth in Alberta [143]. The Act stipulates the completion of a government-wide review of policies affecting children and a *Children’s Charter* to support government departments in the development of policies, programs and services and to guide collaboration among departments and agencies, service providers and Albertans. A series of public engagements were undertaken [144-146] to inform the Children’s Charter, however, it is not clear whether the policy review was completed, and there is no evidence of a Children’s Charter in effect.

Family Resource Networks and Well-being & Resiliency Framework

A focus on improving child intervention practices led to the development of three publications in 2019: The Well-being and Resiliency Framework, Evaluation Framework, and The miyo Resource – kâ-nâkatohkêhk [147, 148]. The framework describes ways to promote well-being and resiliency and desired outcomes across the Children’s Services service continuum. In alignment with the framework, the Family Resource Network (FRN) initiative, comprised of 136 service providers including 70 hubs, launched in 2020 to coordinate delivery of prevention and early intervention services for children and youth across Alberta [126].

Health

Overview

The Ministry of Health sets policy and direction to achieve a sustainable and accountable health system to promote and protect the health of Albertans [149]. Alberta Health administers provincial programs, provides expertise on communicable disease control, and implements and ensures compliance with government policy whereas health services are planned and delivered by Alberta Health Services [149]. Several aspects of health governance, assessment, service delivery, coordination, and information management are relevant in the context of child and youth health and well-being and are of particular importance in identifying and monitoring health indicators.

Alberta Child Health Surveillance Report

The *Alberta Child Health Surveillance Report* [90] was published by the health surveillance group within Alberta Health and Wellness. It included the involvement of a cross-ministry reference group including members from Alberta Learning, Children's Services, the Mental Health Board, and the Office for Disability Issues, Alberta Seniors and Community Supports. The AHS Public Health Surveillance team develops, implements and operates an integrated surveillance network, analyzing health data and demographic information from various sources to create an epidemiological picture to inform decision-making and protect health [150]. Today, several additional relevant data sets, dashboards and reports exist within the Health Analytics section of the Government of Alberta website [151], the Open Government Portal [152] and the Interactive Health Data Application (IHDA) [153] listed in the Table 2 below.

Health Strategy & Coordination - Strategic Clinical Networks

Strategic Clinical Networks (SCNs) and Provincial Programs aim to advance improvements in specific areas of health, working provincially to develop integrated, sustainable solutions to complex, multidisciplinary challenges [154]. The SCN's of highest relevance to overall child and youth health and well-being are: Provincial Population and Public Health (PPIH) [155], Indigenous Wellness Core (IWC) [156], Provincial Addiction and Mental Health, Primary Health Care Integration Network [157], and Maternal, Newborn, Child and Youth (MNCY) [158]. The Healthy Children and Families department is part of PPIH and focuses on preconception to children 18 years of age and their families [159].

Primary Care

The 2014 Primary Care Strategy [160] and Primary Care Networks (PCNs) [161] put focus on the community-based model in which every Albertan is connected to a health home / medical home where they can access team-based integrated supports and a primary care provider. The new Modernizing Alberta's Primary Health Care System (MAPS) initiative is currently underway to identify immediate and long-term improvements to strengthen Alberta's primary health care system [107].

Education

Comprehensive School Health

A prominent example of cross-sectoral strategy is Comprehensive School Health, a whole school health promotion approach within school settings in which Health and Education partner recognizing the interdependence between health and educational outcomes in children [162, 163]. Alberta is part of the Pan-Canadian Joint Consortium for School Health in which Provincial Ministers of Education and the Ministers of Health/Wellness facilitate a comprehensive and coordinated approach to health promotion in the school setting [164].

K-12 Curriculum

The Education curriculum includes grade-specific physical education and wellness components, such as social-emotional learning, health and life skills, physical education, and career and life management in high school [165]. The new K-6 curriculum combines the disciplines of physical education and health/wellness education that, through a healthy school community, promotes the holistic development of students in eight dimensions: physical, social, emotional, spiritual, environmental, financial, intellectual, and occupational [166].

Seniors, Community and Social Services

Family and Community Support Services (FCSS)

FCSS is a long-standing provincial/municipal funding partnership through which municipalities may design and develop preventive social services intended to promote and enhance the well-being of Albertans, families and communities [167-171]. A new *Accountability Framework* defines FCSS prevention as, “A proactive process that strengthens the protective factors of individuals, families, and communities to promote well-being, reduce vulnerabilities, enhance quality of life, and empowers them to meet the challenges of life.” [171], pg. 7. While the new accountability framework emphasizes performance metrics and accountability reporting, a 2014 measures bank is referred to for program outcome indicators to assess the impact of programs and services on the social well-being of individuals, families and communities [170]. The framework includes a set of Child/Youth Indicators which are based on measures provided in the *Search Institute’s Developmental Asset Framework*® [172].

Seniors, Community and Social Service (SCSS) Cross-Ministry Strategies

The SCSS Ministry is a key steward of several cross-ministry strategies including the province’s 10-year cross-ministry Fetal Alcohol Spectrum Disorder (FASD) strategy the Family Support for Children with Disabilities (FSCD) program, and a cross-ministry protocol between Children’s Services and Community and Social Services that includes Health and Education to support children, youth, parents and guardians with disabilities [173].

Mental Health and Addiction

There were several mental health and addiction strategy documents [174-176] identified in the scan, along with several youth-specific mental health initiatives [177-179].

7.3 – The Data Landscape

Given the importance of measurement and monitoring in cross-ministry government action, we recognized a need to understand what data sources exist in Alberta. There are numerous disparate publicly available data sources and dashboards that currently exist in Alberta that contain data or indicators related to child and youth health and well-being. While not an exhaustive audit, the below table provides a snapshot of these data sources for the purposes of discussion. Domains and measures within these sources have been captured separately. Most of the data sources identified are managed by the Ministry of Health or AHS. Analysis of existing data can support greater understanding of the health and well-being of children and youth over time.

Table 2 – A listing of key data sources related to child and youth health and well-being.

Data Source	Description
National Public Health Indicators, Surveys and Interactive Data Sets	
Census of Population [180]	Provides a detailed statistical portrait of the population by demographic, social and economic characteristics.
Canadian Community Health Survey [78]	Provides population-level information on health determinants, health status and health system utilization at the sub-provincial levels of geography (health region or combined health regions).
Canadian Health Survey on Children and Youth (CHSCY) [181]	Explores issues that have an impact on the physical and mental health of children and youth, such as physical activity, the use of electronic devices, time spent in school and extracurricular activities, mental health, childhood experiences, suicidal thoughts, substance use and the impact of the COVID-19 pandemic. The 2023 version follows respondents from the previous cycle in 2019 to assess changes in child and youth health and well-being over time.
The Health Behaviour in School-aged Children (HBSC) study in Canada [75]	A World Health Organization cross-national research study of youth aged 11 to 15 years old that collects data every 4 years. The study aims to provide insight into young people's well-being, health behaviours and social contexts.
Canadian Student Tobacco, Alcohol and Drugs Survey [182]	Collects information on tobacco, alcohol, cannabis, and drug use among students in grades 7 to 12.
Health Inequalities Data Tool	Provides data on indicators of health status and health determinants, stratified by a range of social and economic characteristics meaningful to health equity.
First Nations and Inuit Health and Wellness Indicators [183]	Provides an overview of some key indicators of health of First Nations people and Inuit grouped into four domains - demographics, health status and outcomes, determinants of health, and health system performance.
Perinatal Health Indicators (PHI) [17]	Provides national surveillance information on indicators of maternal, fetal and infant health based on data from the CIHI's Discharge Abstract Database, the Canadian Community Health Survey, and Vital Statistics (birth, stillbirth and death databases).
Physical Activity, Sedentary Behaviour and Sleep (PASS) Indicators [16]	Provides surveillance information on physical activity, sedentary behaviour and sleep behaviour risk and protective factors grouped by movement behaviour and three key domains: Individual, family/social environment, and built/society environment.
Positive Mental Health Surveillance Indicator Framework (PMHSIF) [184]	The Positive Mental Health Surveillance Indicator Framework (PMHSIF) provides information on positive mental health outcomes and its associated risk and protective factors.
Child Maltreatment Surveillance Indicator Framework [18]	Presents child maltreatment outcome indicators and risk and protective factors at the individual, family, community and societal levels, disaggregated by sex, age and other sociodemographic variables.

Data Source	Description
Suicide Surveillance Indicator Framework [21]	Provides information on suicide and self-inflicted injury outcomes and associated risk and protective factors.
Canadian Chronic Disease Indicators (CCDI) [79]	Provides indicators on the burden of chronic diseases and associated determinants grouped within six domains.
Alberta Public Interactive Data Applications and Dashboards	
Interactive Health Data Application (IHDA) [153]	Provides information in data table and interactive map formats on health status and determinants of health of Albertans including health statistics (indicators) on a variety of health-related topics such as demographics, mortality, chronic and infectious disease, and children's health. Many IHDA datasets can be broken down by age. Includes Alberta Community Health Survey and Canadian Community Health Survey data, and Maternal and Child Health and Addiction and Mental Health data.
Alberta Community Health Dashboard [185]	Provides data on modifiable risk factors and rates of cancer screening to help communities set priorities, make decisions and plan community services.
Community Profiles Dashboard [186]	Provides community profiles at the Local Geographical Area (LGA) level to provide residents, community agencies, and local governments with an overview of the wide array of factors influencing health in their community.
Alberta Environmental Public Health Information Network (AEPHIN) Risk Factors [187]	Provides information on environmental monitoring and public health data in Alberta. It presents interactive data from The Canadian Community Health Survey on health status, health care utilization, and determinants of health. Socio-economic data is presented based on Statistics Canada Census data from 2006, 2011, and 2016.
The Alberta Primary Care Network (PCN) Profiles Dashboard [188]	Health zone and PCN-level demographics, panel distribution, socio-determinants, chronic disease prevalence rates, maternal and child health indicators (birth rate and maternal prenatal smoking), and inpatient service utilization.
The Alberta Childhood Immunization Dashboard [189]	Information on childhood coverage rates for all routine public health immunizations, available by geographic area vaccine type, age and year.
Child Intervention Data Tool [190]	The Child Intervention Data Tool provides an overview of children, youth and young adults who received child intervention services, under the Child, Youth and Family Enhancement Act (CYFEA). Results are displayed for the last ten years and are updated annually in September of each year.
Additional Relevant Reports, Surveys and Assessment Tools	
Primary Health Care Community Profiles (Alberta Health, 2022) [191]	To support primary health care planning, a series of reports provide a broad range of demographic, socio-economic and population health statistics considered relevant to primary health care for communities across the province.

Data Source	Description
Maternal, Newborn, Child & Youth (MNCY) SCN Monitoring Indicators [192]	The MNCY SCN's Transformational Roadmap identifies a series of monitoring indicators. A further inventory of these indicators is mapped to available IHDA data and other data sources.
The Alberta Early Development Instrument (EDI) [193]	The EDI Program gathered information on the development of young children in Alberta to inform planning, policy and programming decisions at a provincial and community level.
Alberta Education Data and KPIs [194]	Indicators of academic achievement, high school completion, student engagement and belonging, and the satisfaction of students, parents, teachers and school board members that school provides a safe, caring, and healthy learning environment.
FCSS Accountability Framework (2022) [171] and Measures Bank (2014) [170]	The FCSS outcomes model guides outcome measurement and provides a framework to measure the impact of programs and services on the social well-being of individuals, families and communities. It includes 40 Child/Youth Developmental Asset Indicators based on measures developed by Search Institute®.
Child and Youth Well-being and Resiliency Evaluation Framework (2019) [147, 148]	This evaluation framework describes ways to promote child and youth well-being and resiliency and desired outcomes across the Children's Services service continuum.
Child Intervention Quarterly Statistics [195]	Quarterly statistics reports published regarding child intervention services and children in care.
The Child and Youth Data Lab (2005-2011) [196]	The Child and Youth Data lab linked, analyzed and reported administrative data across six ministries (Children's Services, Community and Social Services, Advanced Education, Health, Justice and Solicitor General, and Education) for Albertans 0-30 years old over a 6-year period between 2005 and 2011.
Additional Sources of Data Cited in Documentation	
Addiction System for Information and Service Tracking (ASIST)	
Alberta Health Care Insurance Plan (AHCIP) Quarterly/Annual Population Registry Files	
Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health	
Alberta Health Services Connect Care Database	
Alberta Health Services Data Repository (AHSDDRX), Postal Code Translator File	
Alberta Health Services National Ambulatory Care Reporting System (NACRS)	
Alberta Hospital Discharge Abstract Data (DAD), Alberta Health	
Alberta Blue Cross Claims Data, Alberta Health	
Alberta Blue Cross, Publicly-Funded Pharmacy Influenza Immunization Program	
Alberta Cancer Registry (ACR)	
Alberta Injury Database	
Alberta Regional Mental Health Information System (ARMHIS)	
Alberta Vital Statistics Births and Deaths Files, Alberta Health	
Ambulatory Care Data, Alberta Health	

Data Source	Description
Clinical Activity Reporting Application (CARA)	
Community Geographic Information System (CGIS)	
Communicable Disease Reporting System (CDRS)	
Delivery Site Registry, Alberta Health	
Diagnostic Imaging	
Emergency Department Information System (EDIS)	
Laboratory Tests	
Immunization and Adverse Reaction to Immunization (Imm/ARI)	
Inpatient Discharge Abstract Database (DAD)	
Longitudinal Demographic Profile (LDP)	
Mobile Crisis Information System (MCIS)	
Notifiable Disease Registry (NDR)	
Pharmaceutical Information Network (PIN) Dispenses	
Primary Care Network (PCN) Patient Panel Files, Alberta Health	
Regional Immunization Applications	
Registry Alberta Congenital Anomalies Surveillance System (ACASS)	
Sexually Transmitted Disease (STD) System	

8.0 – Analysis & Paths Forward

The analysis of the Alberta policy, partner and data landscape as described above, led to a series of considerations for paths forward based on the goal of establishing greater cross-sectoral alignment to monitor and advance child and youth health and well-being.

Key Insights

Our review revealed a complex landscape including numerous Alberta government publications and sources of data related to child and youth health and well-being, and many engaged groups and organizations.

Over the past 10 years Alberta has made substantial strides undertaking numerous initiatives to support child and youth health and well-being. This is thanks to the tireless effort of many committed individuals and organizations across the province. A few highlights:

- The Children First Act was enacted with aspirational goals for child well-being [143].
- Knowledge on child and youth development and well-being has been generated, integrated and advanced within policy and practice settings [28, 147, 148, 158, 162, 197, 198] .
- Child welfare reform progress and a journey toward Reconciliation with Indigenous peoples has been a priority [94, 110, 190, 199-202] .
- Alberta became a leader in FASD response and prevention [203-205] .
- Alberta recently undertook a review of child and youth health and well-being related to the COVID-10 pandemic [6, 7] .
- Provincially and nationally, significant advancements in data and data visualization have been made and there are many data sources for health and well-being indicators [4, 5, 16, 19, 20, 66-68, 71, 74, 188, 189, 192, 206-209].
- There has been a shift from a biomedical health indicators approach (which is often viewed as deficit based) to including positive and strength-based indicators of child and youth well-being [20, 148, 169]

Despite the many sector-specific and cross-sectoral efforts that have taken place, however, we observed significant challenges.

- Initiatives are often fragmented or siloed from other ministry initiatives. Many sectoral and issue-specific strategies appear comprehensive and evidence-informed, although many have been commissioned as one-off works without clear connection to an overarching framework or strategy.
- Initiatives appear disrupted – starting, stopping, and changing course with changes in government political leadership and they often lack detailed implementation plans, ongoing accountability instruments and outcomes monitoring to ensure they are sustained and align to desired goals [144, 193, 210, 211].

Nonetheless, it is clear from this environmental scan there is a substantial foundation of work upon which Alberta can build. Past and current initiatives and networks can be leveraged and become more connected to advance child and youth health and well-being in this province, but this will take commitment, intentional alignment within and across government and community, and concerted effort and support.

Paths Forward: Overarching Considerations

Here we discuss four key considerations for paths forward supported with important context from the literature and the current Alberta landscape. For the sake of clarity, the paths forward are presented in distinct considerations, however, they are inherently interconnected and interdependent.

Priority Considerations and Paths Forward

To improve child and youth health and well-being in Alberta, **a central strategy and collective effort is needed** that is co-designed through participatory approaches with youth, families and community partners with a focus on marginalized groups.

Recommended Paths Forward

1. Make child and youth health and well-being a policy priority and **co-design a shared vision**
2. Create **a cross-sectoral governance structure** for collaboration and accountability
3. Enhance data and **monitoring efforts** to learn and adapt with meaningful evidence
4. Focus on health equity and **prioritize marginalized groups**

The recommendations above align with **principles of good governance** and **policy-making**. We recognize the concept of good governance as being effective and responsible and can include a wide range of principles and approaches. In the considerations that follow, we focus on those aspects that are deemed most relevant and useful for the Alberta context, based on findings from our environmental scan.

8.1 – Co-Design a Shared Vision

Consideration: To improve child and youth health and well-being in Alberta, a central vision (e.g. strategy, charter or framework) and collective effort is needed that is co-designed through participatory approaches with youth, families and community partners. Child and youth health and well-being should be a policy priority. The **shared vision** must be established and connected to desired outcomes ('the what'), approaches, principles and instruments applied to achieve these outcomes ('the how') and responsibilities involved ('the who').

A Collective Effort Toward a Central Vision and Strategy

National and provincial actions and public policy can influence child and youth health and well-being across a variety of domains [1]. Interventions to improve child and youth health and well-being and early investments in health, education, and development have immediate, long-term, and intergenerational benefits and high benefit-cost ratios [10]. In addition, supporting improved developmental outcomes in early life is a strategic and cost-effective way for governments to advance health equity [14, 23]. These actions are, to some extent, a human rights obligation, in fulfillment of Canada's commitments to the global Sustainable Development Goals (SDGs) [24] and the United Nations Convention on The Rights of the Child (UNCRC) [25, 26] endorsed by Alberta in 1999 [27].

However, no single institution or organization can create all the conditions that children and youth need to flourish [28]. To improve child health and well-being and reduce inequities, collaborative multi-faceted and multisectoral action and whole-of-society participation is needed at all levels of government and civil society [9-11, 13, 29-34]. This includes cross-sectoral alignment of data and evidence, and collaboration across government and with vast community partners to inform, assess and monitor decision-making.

Alberta currently lacks a central vision and strategy for child and youth health and well-being to guide and align efforts. However, as the environmental scan describes, there are many important pieces already in place to build from. Numerous sectoral and cross-sectoral strategies have been introduced to improve outcomes for children and youth in Alberta. A shared vision can be co-designed through participatory approaches. This includes developing a set of identified principles that can inform a policy agenda and align decision-making and action. Evidence (data) is needed to inform priorities, identify policy levers and guide decision-making in a transparent way. Monitoring, learning and adapting based on ongoing assessment and evaluation will be required. These processes need structural support to facilitate cross-sectoral alignment across government and throughout the community partner landscape.

A Shared Vision and Policy Agenda – 'The What'

There are several key policies and initiatives that should be discussed to understand how they may be further analyzed or leveraged in the development of a shared vision and policy agenda moving forward. The Children First Act [143] is the most likely piece of cross-sectoral legislation to connect policy on child and youth health and well-being and provide an overall vision for outcomes that Albertans hope to achieve. Wide consultations were undertaken to formulate such a vision in a children's charter, which did not come to fruition. In the absence of the charter and policy review it mandated, this Act seems to serve only one of its intended purposes, to enable information-sharing among service providers. The Child and Youth Health and Well-being Review and Action Plan is another key effort to analyze. While focused on pandemic response and recovery, it is a key input to a longer-term strategic vision and plan. While recognizing existing strategic objectives in various public policies related to child health and well-being, a shared cross-sectoral vision can align different sectoral strategies and efforts. Further assessment of initiatives highlighted in this can should be undertaken with key stakeholders involved to determine their relevance to a shared vision and paths forward.

Partners in Child and Youth Health and Well-Being in Alberta – ‘The Who’

No single institution or organization can do this work alone. A whole of government, whole of society effort is required. This environmental scan focuses on provincial level efforts as we believe the provincial government, with its jurisdiction over health, education, children’s and community services, has an important coordination role to play, particularly in healthy policy development and implementation, measurement efforts, and information sharing. However, community-led action is crucial for health promotion. Whereas all stakeholders should recognize their important role in developing and implementing a strategic vision for improving child health and well-being in Alberta, Government is currently best positioned to take the lead in co-designing this shared vision with a wide range of stakeholders.

From a governance perspective, participation of a wide group of actors in decision-making processes is a fundamental principle. The expertise and interests of the vast landscape of networks, organizations, and people, including young people themselves and their families must be sought to co-design policy solutions that positively impact child and youth health and well-being. Recognizing various roles and entities involved is a first step in determining how to develop meaningful engagement and co-design approaches.

In recognizing the various determinants of health and HiAP approaches, the most effective actions for child and adolescent health and well-being are largely intersectoral and multi-component, tailored to local needs and capacities, and facilitated through collaborative processes and structures of governance across ministries and diverse sectors of society [11, 13]. From an institutional perspective, while government plays an important role in health, health is also influenced greatly by nongovernmental bodies, the corporate and business community, professional associations, academic institutions and community organizations, all of whom play a role in preserving and promoting health and have many opportunities to act in the health interests of the whole community [212]. Partnerships and shared responsibility across sectors, together with civil society, the private sector and communities, are seen as being at the heart of good governance for both health and sustainable development [212].

Participatory Approaches – ‘The How’

Many programmes are still designed from the top down, without the involvement of user groups, and are likely to be ineffective, of insufficient scope and potentially unsustainable. There is enough evidence to recommend community-building initiatives that increase cohesion, cooperation and interpersonal trust among children and adolescents, especially in communities with low social capital for levelling up the social gradient in children’s health.

The field of early childhood policy planning and implementation over the last decade highlights important roles in policy planning for community-municipal and provincial decision makers, specialists, parents, and children. They must ensure that children, young people and families across the socioeconomic gradient participate in the design and implementation of policies and interventions in order to ensure they are reached and their needs are addressed [14]. Representatives must actively participate in assessing the policy landscape; child and family needs; human, organizational, and financial resources; and quality improvement [30]. Participatory policy-planning processes that include community and provincial stakeholders alongside decision makers, result in more effectively implemented policy instruments [30]. Participatory processes often lead to the improvement of programs, policies and services, ensuring they will address children’s needs, and particularly for those in difficult situations and those experiencing developmental delays, disabilities, and behavioural and mental health challenges [30]. Several jurisdictions have implemented consultation mechanisms (mostly at municipal level) to bring children and young people into the policy-making process [14]. Further, the establishment of multisectoral early childhood committees at the community level has been shown to support successful policy implementation [30].

Importantly, participatory approaches can provide settings for meaningful youth engagement [11]. Adolescents and young adults are central actors in their lives and well-being whose meaningful participation

and engagement is essential for effective action aiming to enhance their health and well-being [11]. This same engagement is also essential for their own emotional and social development. There is need for sustainable systems and processes where meaningful engagement becomes a normal part of their lives. Organisations with and working for young people have a particularly important role in their support and mentorship [11].

Collective impact is one structured approach to collaboration among partners from different sectors across government authorities and community partners toward a common agenda [13, 28]. It offers a consistent language for the pursuit of cross-sector collaboration by focusing on the critical conditions required for success: a common agenda, mutually reinforcing activities, continuous communication, a shared measurement system, and a backbone-support organization [13]. Backbone infrastructure ensures dedicated staff, ongoing support, coordination, progress reports, and governance-related operations and creates essential linkages across and within governance levels, from executive and steering committees to working groups and the community at large [13].

8.2 – Create a Cross-Sectoral Governance Structure

Consideration: Create a cross-sectoral governance structure for collaboration and accountability.

Provincial ministries of Children’s Services, Health, Education, Mental Health and Addiction, Seniors, Community and Social Services, and Justice have directly relevant mandate and initiatives. The governance structure could include a multi-ministry approach involving these key ministries with participation across sectors and levels of government (horizontally) and throughout community and society (vertically).

Cross-sectoral coordination is required across levels of government and civil society to facilitate multi-faceted strategies and align data toward improved child and youth health and well-being monitoring and action [10]. The formation of a cross-cutting group that is intersectoral, interinstitutional, and multidisciplinary is needed to support management, planning and implementation, distribution of resources; and assessment, monitoring and accountability of efforts to improve child health and well-being [14].

Alberta does not appear to have a current or ongoing cross-ministry structure in place to guide or monitor cross-cutting child and youth health and well-being legislation and initiatives, such as The Children First Act or the implementation of the Child and Youth Well-being Review and Action Plan. Such a structure would provide needed leadership, foster collaboration, and support community-level partnerships and province-wide networks. Governance structures and mechanisms should enable alignment, connectivity and accountability across government ministries as well as enable collective accountability across civil society.

The Role of Government

The role of government is to establish legislation, policy and standards; allocate funding; and support the development of programs, professional development and initiatives that contribute to the overall well-being of all Albertans [28]. Sound governance, a capacity to implement within the relevant sectors, and good information systems to monitor implementation and health outcomes are key in implementing required structural interventions [11]. In addition, transparent and accessible data, for the inclusion of sectors beyond health service delivery and for the engagement of civil society is essential. This requires an authorizing environment from the highest levels of government with an identified lead ministry or institutional representative acting as coordinator and holding an official mandate with clearly defined roles [11, 14]. Executive level leadership is required to foster leadership at all levels to dedicate capacity and resources, implement HiAP principles, create an environment for cultural change in practices and ways of working and leadership that looks outwards, encourages dialogue, and supports learning and innovation [212].

Cross-Ministry Governance Structure

Global literature highlights that multi-sectoral strategies across key sectors of health, education, child protection, and social protection must be applied at developmentally appropriate times during the life course to create sustained conditions for children to achieve their developmental potential [9, 30, 32, 42, 213, 214]. The health sector is often closest to families and children in their early years but over time, other sectors (such as education) gain more access and responsibility through different forms of child-care, early childhood and pre-school education [14]. Settings for action extend to communities, places of employment, road transportation, media, and structural, legal, and policy environments [11]. Having cross-sectoral structures in place can facilitate policymaking and implementation and bring investment in families, communities, schools, and health services, that are essential to act on health risks and support environments conducive to child and youth well-being [11].

Well-aligned with the literature, the Alberta environmental scan identifies a set of primary ministries with accountabilities related to child and youth health and well-being: Children’s Services, Health, Mental Health

and Addiction, Education, Seniors, Community and Social Services and Justice, would represent a core group within a cross-ministry structure or committee. While not an exhaustive list, several other ministries were cited in documentation to have a specific role to play in child and youth health and well-being. These include the Ministries of Advanced Education, Indigenous Relations, Public Safety, Culture, Municipal Affairs, Service Alberta, Transportation, Environment and Affordability and Utilities.

Alberta's Standing Committee on Families and Communities is a legislative policy committee with a mandate that relates to the areas of Children's Services; Education; Health; Justice; Mental Health and Addiction; Public Safety and Emergency Services; Seniors, Community and Social Services; Service Alberta and Red Tape. Whereas this committee may effectively carry out functions in relation to legislative processes, a similar committee or different structure, such as an advisory council comprised of key ministries discussed is needed for the executive branch of Government to ensure efficient policy implementation, participation and accountability.

Learning From and Building Upon Cross-Sectoral Initiatives

Strengths, weaknesses and opportunities of existing and previous cross-sectoral initiatives can be assessed and built upon, leveraging successes and effective approaches. The environmental scan identified a number of cross-sectoral initiatives and precedence for cross-collaborative working committees and reference groups for specific and/or time-limited initiatives [28, 90, 177, 196, 205, 215]. In some rare instances, cross-ministry protocols have been developed to guide ongoing planning and service coordination between ministries [173] while in other cases, provincial cross-ministry collaboration is supported by national networks and agreements [164].

Notably, several community-driven collaborations, research and policy initiatives specifically geared toward early childhood development in Alberta have previously called for integrated and cross-sectoral approaches [197, 215-218]. While there are current efforts being invested in the implementation of the federal-provincial child care agreement [142] initiatives such as the Early Development Instrument (EDI) initiative appear to have lapsed and there does not appear to be a cross-sectoral strategy or framework to support ECD in the province. Understanding and learning from current and past initiatives is an important first step in setting up an effective cross-sectoral approach.

Accountability and Transparency

Many initiatives identified in the environmental scan appear disrupted – starting, stopping, and changing course with changes in government political leadership and they often they lack detailed implementation plans, ongoing accountability instruments and outcomes monitoring to ensure they are sustained and align to desired goals [144, 193, 210, 211]. Permanent or long-term governance structures that include both government and civil society partners do not only help with efficient implementation of cross-sectoral efforts, but also increases accountability.

There are different ways in which the executive can aim to be accountable for their actions in the sense of staying true to their promises or following through with established plans. Accountability comes with conceptual ambiguity as its wide use has expanded its meanings, but it commonly refers to constraints on the use of power [219, 220]. The two main dimensions of accountability often involve answerability (mechanisms of monitoring and oversight including transparency) and enforcement [219]. Some scholars have broken down the concept of accountability into spatial directions between actors, such as vertical (between citizens and government), horizontal (between different government institutions) and diagonal (between media/civil society and government) [219]. One of the commonly understood prerequisites for public accountability is transparency [221]. For public policy and advocacy purposes, the two concepts are often referred to as 'twin principles' with the belief that an open and transparent government enables efforts to influence the behavior or decision-making of powerful institutions by holding them accountable in the public eye [222].

8.3 – Enhance Data and Monitoring Efforts

Consideration: Enhance data and monitoring efforts to learn and adapt with meaningful evidence.

Improving measurement and undertaking consistent monitoring of child and youth health & well-being outcomes and system performance within the province can inform evidence-based public decision-making. Government can work with partners to identify and select existing measures and indicators across sectors and synthesize data within a central reporting platform.

The environmental scan revealed numerous surveys, data sets, data sources, frameworks and dashboards that exist at the federal and provincial levels that contain data or indicators related to child and youth health and well-being in Alberta. Here we describe considerations based on our interpretation of the current data landscape and insights from literature on the topic of child and youth health and well-being indicators.

The Benefit of Monitoring Indicators

There is widespread acceptance of the need for policies to be made based on sound evidence. Measuring outcomes and system performance can reveal important gaps and opportunities to apply policy levers for change. The role of evidence in policy-making is key to understand policy impact, review policy design, monitor progress, and measure the distribution of policy outcomes across different groups [54].

Measuring and understanding child and youth well-being are ongoing, multi-faceted efforts [22]. Different kinds of objective and subjective measurement approaches including social indicators, self-report surveys and child and youth-centred studies can be used, and there are strengths and limitations of each [54]. Despite limitations, the role for indicators and frameworks to advance child and youth health and well-being is emphasized as critical to inform better policy-making [10, 11, 15, 22, 213]. Data that is timely, developmentally relevant, age disaggregated and sex disaggregated, defined to a local level, and that can allow comparisons over time and track inequalities is considered essential [11], and these data can be complemented with other research initiatives and methods. Synthesized data within a central reporting framework can facilitate regular monitoring of well-being outcomes, inform public decision-making and improve system performance.

Connecting What We Want to Know With What We Have

Informed by a shared vision of desired outcomes, key questions about the current state and future aspirations for child and youth health and well-being will emerge and highlight data and evidence gaps. A scoping review currently underway [62] will provide a comprehensive listing of international indicators and measures used to assess child and youth health and well-being at population level. Together with the stewards of the data sources identified within this environmental scan, data can be reviewed to determine what current information and indicators exist that may be meaningful to monitor and reasonably accessible. Knowledge gaps can be collaboratively identified through participatory approaches and priorities can be determined through consensus building processes.

Existing Frameworks and Approaches Elsewhere

Promising practices globally and within Canada, some of which are highlighted in this scan, can be leveraged in the development of indicators and measurement approaches in Alberta. The merits and limitations of approaches used in other jurisdictions can be weighed. BC's indicator framework [88], for example, includes physical health and well-being, mental and emotional health and well-being, social relationships, economic and material well-being, and cognitive development and considers five selected ecologies – the individual, family and peers, schools, communities, and society and culture. Criteria for indicator selection included that indicators had to be significant to the well-being of children and youth, relevant to policy, easily understood, amenable to comparability, capable of producing estimates for key subgroups, and developed using rigorous

methods [88]. Discussion of existing frameworks and approaches elsewhere can illuminate considerations for Alberta focused efforts.

A Shift From Deficits To Strengths and Outputs to Outcomes

Child indicators have historically focused on child survival and over time they have become more inclusive of child well-being, shifting from primarily focusing on negative outcomes to focusing more on positive outcomes [59, 223]. This evolution is apparent in Alberta. Much existing and available health data identified within health dashboards include what may be viewed as deficit-based or disease-oriented indicators, such as mortality rate, cause of death, morbidity and injury rates, and risk factors. However, some of the more recent health dashboards include a broader range of diverse indicators largely from self-report surveys [186]. The Youth Positive Mental Health Surveillance Indicator Framework and data tool [20] is a good example of a framework that provides information on health outcomes and both associated risk and protective factors across four domains – individual, family, community and society.

Several program and sector-specific strategies and evaluation frameworks identified in this scan, such as the FCSS Outcomes Model [170] and the Well-being and Resiliency Evaluation Framework [148] include consideration of strengths, contexts and protective factors, however, provincial level data does not appear to be reported. This is possibly because data that denote positive dimensions of well-being and factors that contribute to improved health can be more difficult to identify, define and measure. Challenges in data collection and reporting may present additional barriers. To this end, much of the data identified in the scan were performance-based rather than outcomes-based. Program output measures were more commonly reported than outcomes measures within both strategy-level and report-back documentation. This is, again, likely because the latter are more difficult to measure and quantify.

Other Forms of Evidence, Knowledge, and Research Methods

Traditional survey methods and general population data often miss ‘hidden’, hard to reach populations and viewing the situation of children through population averages alone risks masking the realities of those experiencing forms of marginalization [10]. Indicators therefore should reflect inequalities, deprivation, and differences across groups of children [15]. Waves of survey data help researchers to examine change over time at cohort or aggregate level and enable regional comparability, however, they do not necessarily enable understanding of an individual’s journey that may be linked to their subjective well-being [54].

Disaggregated data analysis, administrative data analysis, qualitative methods, and community-based participatory research, and other forms of research and evaluation complement indicators in telling the more in-depth story of health and well-being of children and youth in varying contexts. Longitudinal perspectives are an important means of better understanding family and educational factors, poverty and equality, youth migration, multi-culturalism and factors such as the transition from school to work and mental health [54].

Data and Evidence Availability

Population health indicators and data at global, national and subnational levels are needed in order to monitor health and guide resource allocation [61]. However, the availability of health data for every population and year is limited and discrepancies in available measurements can limit their comparability over time or across populations. As a participant in *OECD’s Initiative to Strengthen Health Information Infrastructure* Canada is identified as one of the stronger performing countries in relation to having policies, regulations and practices that foster the development, use, accessibility and sharing of key national health datasets for research and statistical purposes while also having a high degree of recommended health data governance policies and practices in place [224].

Nationally in Canada, a number of health datasets are accessible via Statistics Canada and CIHI is developing a secure virtual analytic environment for national health care datasets where researchers and can access data [224]. Provincial / territorial jurisdictions are cited as having some legal restrictions or policy barriers to

dataset linkages, particularly for the linkage of health and non-health data [224]. Our environmental scan reflects this picture to some degree. There is a large volume of health data that exists, some of which can be analyzed and used to inform child and youth health and well-being monitoring, but there is less accessible data outside of health. Previous multi-sector initiatives that reported more holistically on child and youth health and well-being data such as the Alberta Child Health Surveillance Report [90], the Child and Youth Data Lab [196], and the Early Development Instrument initiative [193] appear to have been discontinued. These observations align with the significant data and evidence gaps identified by last year's Child and Youth Well-being Review [6]. The health sector is currently in the strongest position to guide multi-sectoral data governance with a robust foundation of data sources to build from.

8.4 – Focus on Health Equity

Consideration: Focus on health equity and prioritize marginalized groups

Identify historically marginalized populations of children and youth by systems and equity-deserving groups that can be prioritized in efforts to monitor and improve health and well-being outcomes. A parallel path led by Indigenous researchers, Elders and Knowledge Keepers that focuses on Indigenous children and youth should be considered.

It is important to recognize and prioritize health equity in efforts to monitor and improve child and youth health and well-being outcomes. This topic is worthy of much further research and discussion and is only touched on in this paper for discussion purposes. Since analysis of data was not part of our review, we draw from the *Pan-Canadian Health Inequalities Reporting Initiative* and the 2018 Key Health Inequalities in Canada National Portrait a by the PHAC, CIHI, Statistics Canada and the Pan-Canadian Public Health Network (PHN) to frame considerations related to advancing child and youth health equity in Alberta. It will be critical to identify regional priorities and focus areas with input from a wide range of perspectives.

Healthy Equity Monitoring and Prioritizing Marginalized Groups

The National Portrait on Key Health Inequalities report states health inequalities are persistent and, in some cases, growing in Canada [225]. It presents results for 22 indicators that represent some of the most widespread and pronounced health inequalities in Canada [225] and notes significant health inequalities among Indigenous peoples, sexual and racial minorities, immigrants, and people living with functional limitations [225].

In addition, a gradient of inequalities was seen for many indicators by socioeconomic status (income, education levels, employment, and occupation status). Indicators featured were selected to cover a range of health outcomes, health behaviours and broader determinants of health and were chosen based on whether they revealed particularly widespread or pronounced inequalities across population groups, allowed for systematic disaggregation of data across key population groups, and were policy-relevant and actionable.

Early Childhood Development was measured using the Early Development Instrument discussed previously. Developmental vulnerability in early childhood among children living in the most materially and socially deprived neighbourhoods was more than twice as high as among children living in the least deprived neighbourhoods [225].

The report provides a series of recommendations including action on social determinants of health across the life course with evidence-informed policies, using a HiAP approach and ongoing monitoring and evaluation. It suggests a combination of targeted and universal policies and proportionate universalism, in which there is universal delivery of policies and interventions across the whole population but at different levels of intensities depending on the varying needs of specific sub-groups [225].

Indigenous-Led Paths Forward

The *Key Health Inequalities in Canada National Portrait* report includes perspectives shared by FNIGC and Métis National Council that are helpful in contextualizing considerations for paths forward. Their perspectives are quoted here for ease of reference and discussion purposes [225, 226] .

Social determinants of health and health inequalities - Indigenous perspectives

Prepared by the First Nations Information Governance Centre and Métis National Council - Published in *Key Health Inequalities in Canada – A National Portrait*

“Traditionally, Indigenous peoples have viewed health in a balanced and holistic way, with connections between spiritual, emotional, mental and physical dimensions. Similarly, the determinants of Indigenous health are seen as closely interconnected. They include proximal determinants (e.g. health behaviours), intermediate determinants (e.g. community infrastructure, kinship networks, relationship to the land, language, ceremonies, and knowledge sharing), and structural determinants (e.g. historical, political, ideological, economic, and social foundations, including elements of strength such as Indigenous world views, spirituality, and self-determination). From the Métis perspective, it is important to integrate Indigenous and Western knowledge development approaches in order to draw holistically from the narratives, experiences, information and data available from both of these ancestral 'ways of knowing'.

In order to understand health inequalities between Indigenous and non-Indigenous peoples, it is necessary to contextualize them within the historical, political, social, and economic conditions that have influenced Indigenous health. The colonial structure, which sought to assimilate Indigenous peoples into the dominant Euro-Canadian culture, has been largely responsible for destabilizing the determinants of Indigenous health. The forced displacement of First Nations into remote communities and reserves that were uninhabitable and lacking in resources; the claiming of traditional areas rich in resources by colonial powers; the oppression of First Nations created by the Indian Act; the damaging legacy of Indian Residential Schools and the Sixties Scoop; systemic discrimination against all Indigenous peoples across social, criminal justice, health care, and employment environments; and the lack of public or private economic development investments for Indigenous communities are all examples of how the colonial structure have contributed to the health inequities that exist today. In addition to this lived experience of colonialism, racism and inability to pursue self-determination, health inequalities in Métis peoples have also been particularly influenced by social exclusion and loss of Indigenous language due to cultural assimilation.

The indicators selected for this report are useful for highlighting health inequalities that exist between Indigenous and non-Indigenous peoples and for gauging progress towards the elimination of such inequalities. However, on their own, these quantitative and largely deficit-based indicators do not adequately incorporate Indigenous concepts of health and wellness; are insufficient for creating programs and policies that contribute to improving the health of the Indigenous population; and may even be harmful if used incorrectly, as they risk continuing to label Indigenous peoples with negative stereotypes. Moreover, without adequate explanatory context about the structural factors that have impacted Indigenous communities (e.g. inadequate infrastructure funding, discriminatory policies that limited access to loans or mortgages), indicators that focus solely on the problems in these communities can reinforce discriminatory attitudes towards Indigenous peoples. Ultimately, for health planning and action to be effective, indicators must be Indigenous-specific and community-driven, taking into consideration Indigenous peoples' holistic worldviews, histories, and resources Footnote16. A balanced approach that identifies protective factors such as resilience, self-determination, and identity provides a more complete understanding of the issue and can be more effective in empowering and mobilizing individuals or a community towards improving health.”

9.0 – Conclusion

This environmental scan provides a view of the Alberta child and youth health and well-being provincial policy landscape over the past 10 years. Considering the breadth of the topic -- across government and community, across multiple domains of health and well-being, and across distinct ages and stages within the childhood period to age 18 – it is only a first step in beginning to identify and address the gap between what cross-sectoral policies and initiatives exist today and what may be needed moving forward. It serves as a foundation to support the critical next step of engaging in dialogue with stakeholders and interested/affected groups across government and community spheres, including youth themselves, who will bring extensive knowledge, professional and lived experience, historical insight, and diverse perspectives to inform paths forward.

Numerous policies and initiatives have been undertaken over the past decade at the provincial level and there is a need to align them to a central vision and population-level assessment plan co-designed through participatory approaches with youth, families and community partners. Hundreds of organizations are involved across the province which offers significant opportunities to achieve a more connected collective effort. A cross-sectoral governance structure is critical to facilitate alignment and collaboration and drive accountable, transparent decision-making and action. There are numerous data sources provincially and nationally that can be reviewed and discussed to determine what existing data may be leveraged to monitor child and youth health and well-being in the province. Existing frameworks and approaches, combined with further research and engagement, can inform measurement and monitoring approaches that will benefit children and youth. Meaningful evidence will include many forms of data, research and knowledge.

To support discussion, the environmental scan provides considerations and paths forward informed by analysis and drawing from promising practices published in Health in All Policies literature and by relevant intergovernmental organizations. The considerations that emerged aim to increase multi-sectoral policy alignment and child and youth health and well-being monitoring across a variety of domains. Paths forward include:

1. Make child and youth health and well-being a policy priority and co-design a shared vision
2. Create a cross-sectoral governance structure for collaboration and accountability
3. Enhance data and monitoring efforts to learn and adapt with meaningful evidence
4. Focus on health equity and prioritize marginalized groups

In closing, global and national monitoring efforts are telling us we need to pay greater attention to the health and well-being of children and youth across the country and within this province. It is our collective responsibility to ensure the conditions that support their health and well-being. Alberta has a substantial foundation of work upon which to build and it has the tremendous strengths and commitment of a community of partners across the province. Alberta is uniquely positioned to lead efforts that have transformational potential for children and young people today and for future generations. Together, we can forge paths toward a brighter future where the health and well-being of children and young people is safeguarded. There can be no higher priority.

“..where no child lives in poverty; where they’re healthy, safe and secure; where they’re free to dream, play, wonder and learn; where they know who they are, where they came from and where they’re going; where they have access to the resources they need to reach their full potential; where they feel loved and included.”

- UNICEF Canada

Appendices

Appendix A – Describing the Policy Landscape: Cross-Sectoral and Ministerial Highlights

Highlights within the environmental scan are drawn from the more detailed description of the policy and governance landscape below. In the section that follows, key policies, initiatives and activities captured within primary ministries are highlighted and described. Many initiatives highlighted are sectoral, taking place largely within or applying to one government ministry, and these are described to provide context for relevant child and youth health and well-being work happening within key government sectors; however, emphasis has been given to cross-sectoral policies and initiatives identified in the scan to illuminate existing collaborations on which future child and youth health and well-being alignment work can build.

Children's Services

The Ministry of Children's Services' mandate is to support the well-being of children, youth and families in Alberta by focusing on safety and well-being from early learning and childhood development through to early intervention supports, intervention services and transitions to adulthood. The Ministry's 2022 Business Plan notes that collaboration with other ministries and partnership with other levels of government, agencies, civil society and Indigenous communities is essential to deliver its mandate [139].

Child Intervention

The Child, Youth and Family Enhancement Act (CYFA) and its associated regulations and policy manual govern and guide service provision in support of children who are abused, neglected, and those who are otherwise in need of intervention, or as a last resort, apprehension. It also governs the adoption of children [141]. This legislation has undergone ongoing amendment since it came into force in 2004, replacing the Child Welfare Act. The Act's intent at that time was to enhance the safety and well-being of children and youth with increased involvement of children and families in decision-making, partnership with community to more flexibility deliver services, and to emphasize the importance of cultural heritage in a child's development [227]. There is a Child Intervention Data Tool [190] which hosts statistics dashboards. In addition, quarterly reports on child intervention service statistics are published within the Open Alberta information portal [195]. The Office of the Child and Youth Advocate, an independent body that reports to the Alberta Legislature through its own Child and Youth Advocate Act [228], offers public education on the rights of children and youth [229, 230], provides individual and systemic advocacy, and conducts investigations in serious injuries and deaths of young people receiving designated child intervention services [27].

Several additional policies and government actions have followed the 2015 TRC's Calls to Action for child welfare reform. A Government of Alberta Ministerial Panel on Child Intervention was appointed in 2017 to recommend ways to strengthen the child intervention system [199, 201]. All but 3 of the Panel's 26 recommendations are now stated to be complete as the Alberta government continues to address the overrepresentation of Indigenous children receiving child intervention services through policies and practices to support connection of children to their culture, families and communities [201]. Other recent initiatives cited include Indigenous cultural education for Children's Services employees, culturally informed parenting programs, transparent publishing of quarterly child intervention statistics, coordinated cross-ministerial FASD response, a formal Sixties Scoop apology, and the full implementation of Jordan's Principle, which ensures all First Nations children living in Canada can access essential products, services and supports, wherever they live [110, 195].

Family Resource Networks and Well-being & Resiliency Framework

The focus on improving child intervention practices led to the development of three publications in 2019: The Well-being and Resiliency Framework, Evaluation Framework, and The miyo Resource – kâ-nâkatohkêhk [147,

148]. The framework describes ways to promote well-being and resiliency and desired outcomes across the Children's Services service continuum. In alignment with the framework, the Family Resource Network (FRN) initiative, comprised of 136 service providers including 70 hubs, launched in 2020 to coordinate delivery of prevention and early intervention services for children and youth across Alberta [126]. Provincial service delivery and partnerships with Indigenous communities continue to evolve since the recent federal enactment of An Act respecting First Nations, Inuit and Métis children, youth and families [97] intended to further advance the right of self-determination of Indigenous peoples through their increased jurisdiction in relation to child and family services in their communities.

Early Learning and Child Care

The Early Learning and Child Care Act provides the authority to license, inspect and monitor child care programs [140]. This legislation and its regulations were updated in 2020 with input from public consultation to improve the standard of care and streamline administrative processes [231]. The Act was renamed at this time to emphasize the importance of early childhood learning and development. The Canada-Alberta Early Learning and Child Care Agreement provides substantial investment for increased access to quality and affordable child care [82, 142]. The 2017 Multilateral Early Learning and Child Care Framework contained within the agreement recognizes that quality early learning and child care promotes the social, emotional, physical and cognitive development of young children and can support lifelong benefits in learning, behaviour and health today and in the future.

Children First Act

One of the most prominent examples of cross-sectoral legislation addressing child and youth health and well-being holistically is The Children First Act, adopted in 2013 to enhance legislation, tools, processes and policies to improve the security, education, health, safety and well-being of children and youth in Alberta [143]. The preamble of the act states:

- “the well-being, safety, security, education and health of children are priorities for Albertans”
- “Albertans recognize that children are the future of the province and that ensuring that every child has the opportunity to become a successful adult will benefit society as a whole”
- “programs and services for children are most effective when they are provided through a collaborative and multi-disciplinary approach”
- “the Government of Alberta is committed to working with individuals, families, communities, non-governmental organizations and the private sector, as well as with other governments, to support and create opportunities for children”
- “sound, evidence based research is critical in the design and development of effective actions to allow, encourage and support successful outcomes for children and families”
- “appropriate sharing of information between individuals and organizations planning or providing programs and services for children is critical to ensuring successful outcomes for children and families”

The Act stipulates the completion of a government-wide review of policies affecting children and a Children's Charter to support government departments in the development of policies, programs and services and to guide collaboration among departments and agencies, service providers and Albertans. It is not clear whether the policy review was completed, and there is no evidence of a Children's Charter in effect. After the passing of the Children First Act, a series of public engagements entitled Together We Raise Tomorrow, took place within the context of a new social policy framework [232] to solicit input to a prospective Children's Charter [144] including a child poverty reduction strategy [145] and an early childhood development (ECD) strategy [146]. Themes that emerged through public engagement included principles of child safety and resilience; health and well-being; active and engaged; lifelong learners; and inclusion and equity. Engagement findings called for improved maternal, infant, and child health; enhanced parenting supports; enriched early learning

and care; safe, supportive community environments for children; and integrated service delivery. The Children First Act provides authority for information sharing between service providers and custodians when deemed in the best interests of the child for the purposes of providing, developing and co-ordinating services for children.

Child and Youth Data Lab

While it falls outside of the 10-year period of this review, it is notable to mention the Child and Youth Data Lab initiative undertaken by The Alberta Centre for Child, Family and Community Research (which became what is today, PolicyWise) in partnership with youth-serving ministries within the Government of Alberta. The Child and Youth Data lab linked, analyzed and reported administrative data across six ministries (Children's Services, Community and Social Services, Advanced Education, Health, Justice and Solicitor General, and Education) from over 20 programs for Albertans 0-30 years old over a 6-year period between 2005 and 2011 [196].

Health

The Ministry of Health sets policy and direction to achieve a sustainable and accountable health system to promote and protect the health of Albertans [149]. Alberta Health administers provincial programs, provides expertise on communicable disease control, and implements and ensures compliance with government policy whereas health services are planned and delivered by Alberta Health Services [149]. Several aspects of health governance, assessment, service delivery, coordination, and information management are relevant in the context of child and youth health and well-being and are of particular importance in identifying and monitoring health indicators.

Surveillance and Health Status Assessment

Health Surveillance entails the systematic collection and interpretation of data essential for planning, implementing, and evaluating public health activities taken to prevent and control disease [150, 233]. The *Alberta Child Health Surveillance Report* [90], referenced earlier, was published by the health surveillance group within Alberta Health and Wellness. It included the involvement of a cross-ministry reference group including members from Alberta Learning, Children's Services, the Mental Health Board, and the Office for Disability Issues, Alberta Seniors and Community Supports. The AHS Public Health Surveillance team develops, implements and operates an integrated surveillance network, analyzing health data and demographic information from various sources to create an epidemiological picture to inform decision-making and protect health [150]. Projects currently referenced on the AHS website, such as the Alberta Respiratory Virus Surveillance Dashboard, are primarily oriented to communicable disease and emergency management [234].

Health Dashboards and Interactive Health Data

Several additional relevant dashboards and reports exist within the Health Analytics section of the Government of Alberta website [151], the Open Government Portal [152] and the Interactive Health Data Application (IHDA) [153]. While there does not appear to be an aggregate view of health and well-being indicators for children and youth, some issue-specific data sets were identified as were a number of more general dashboards and datasets within which relevant data and indicators may be filtered or broken down by age group. The IHDA provides information on health status, determinants of health and contains health statistics and indicators on a variety of health-related topics such as demographics, mortality, chronic and infectious disease, and children's health [153]. Dashboard examples include the Alberta Childhood Immunization Coverage Dashboard [189] and the Alberta Primary Care Network (PCN) Profiles Dashboard [188], which provides top-line demographics, patient panel distribution, socio-determinants, chronic disease prevalence rates, maternal and child health indicators and inpatient service utilization, filterable by each of the five Alberta health zones and each of the province's 40 PCNs. The Environmental Public Health Information Network has published three community health dashboards [187]. The *Risk Factors in Alberta*

tool displays Alberta results of Statistics Canada's Canadian Community Health Survey of health status, health care utilization, and determinants of health data at the provincial health region level. The *Socio-Economic Factors* tool provides an interactive view of Census data, such as income, dwelling type, family composition, education, immigration, and languages. The *Alberta Population Profile* tool provides demographic information from Health Registry data found in the IHDA broken down by local geographic area boundaries.

Alberta Health has also published a series of Primary Health Care Community Profiles [191] to assist with primary health care planning. They provide a broad range of demographic, socio-economic and population health statistics and indicators broken down by each of the province's 132 local geographic areas. Measures include life expectancy, mortality rates, BMI, physical activity, smoking, self-perceived mental health, chronic disease prevalence, communicable disease rates, emergency and inpatient service utilization, and maternal and child health indicators such as infant mortality, birth weight, fertility rate, teen birth rate, prenatal smoking, and childhood immunization coverage rates. In addition, these reports include a set of proposed primary health care system planning indicators including proxy indicators for primary care access and robustness, continuity of care, forecasting indicators based on population and community characteristics, flu vaccine coverage, and age-standardized emergency visit rates for injuries and mood/anxiety disorders.

Many of the above data libraries, reports, and dashboards share common data sources, some of which are older sources of information (the 2006 Census, for example), and certain indicators derived from survey data apply only to certain age ranges within the broader childhood 0-18 period. Data sources identified in publications reviewed in the scan are captured and listed below. While deeper analysis of these data is not in the scope of this paper, it is an important next step.

Health Strategy & Coordination - Strategic Clinical Networks

Strategic Clinical Networks (SCNs) and Provincial Programs aim to advance improvements in specific areas of health, working provincially to develop integrated, sustainable solutions to complex, multidisciplinary challenges [154]. The SCN's of highest relevance to overall child and youth health and well-being are: Provincial Population and Public Health (PPIH), Indigenous Wellness Core (IWC), Provincial Addiction and Mental Health, Primary Health Care Integration Network, and Maternal, Newborn, Child and Youth (MNCY).

The PPIH SCN's Transformational Roadmap [155] prefaces its plan with the acknowledgement that the health care system often operates in a reactive mode, tending to illness, injury and mental health challenges as they occur rather than proactively partnering to create supportive conditions for health. It conveys three realities: 1) health is driven by factors mostly outside the scope of the health system; 2) not everyone has fair access to the resources that determine health; 3) without partnership across sectors working to keep people healthy, the system's treatment services become stretched and system sustainability is threatened. The roadmap outlines its two main focuses: strengthening community action and reorienting health services to contribute as a full partner in creating conditions that people and communities need to be healthy. Its aim is to position Alberta to join other high performing health systems around the world that are advancing health equity, improving health outcomes for the whole population, and reducing costs of care.

From a measurement perspective, PPIH SCN's strategy acknowledges there is no single measure that captures all aspects of population health, but life expectancy is a common proxy. Alberta per capita health care spending is relatively high, yet life expectancy in Alberta is lower than the Canadian average and, in fact, declined from 2016 to 2017 in part due to the Opioid crises [155]. In addition, Alberta lacks by comparison in key measures of population health including potentially avoidable deaths, hospitalizations entirely due to alcohol, and percentage of children vulnerable at school entry. The roadmap indicates these measures are likely to improve by taking a broad population health approach and emphasizes the benefits of focusing on health and well-being rather than illness and injury, addressing determinants of health, and understanding needs and solutions through population level data, community engagement, and intersectoral partnerships and action [155]. The strategy cites its top enabler as good data and information, followed by collaboration and partnership; however, outcome measures are not yet identified.

The Healthy Children and Families department is part of PPIH and focuses on preconception to children 18 years of age and their families [159]. HCF develops and delivers provincial programming within focus areas of sexual and reproductive health, healthy pregnancies and birth outcomes, breastfeeding, early child development, child and youth mental health, and child and youth nutrition and physical activity. Outcomes include improved maternal health, child and youth development, and sexual health outcomes [198]. The 2015-2018 plan cites that Health Status Assessment data on the health of the population from preconception to 18 years of age are available upon request [198].

The Provincial Indigenous Health Program and the Indigenous Health Strategic Clinical Network (PPIH) combined into a single portfolio: Indigenous Wellness Core (IWC). The Indigenous Health Transformational Roadmap [156] and the Indigenous Health Commitments: Roadmap to Wellness [103] are foundational documents that guide partnership and engagement toward reconciliation across AHS. While not specifically child and youth focused, this work is critical context in the identification of health and well-being indicators in Alberta.

The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network mobilizes people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children, and families [158]. The MNCY SCN's Transformational Roadmap identifies a series of monitoring indicators, which have been further detailed and mapped to available data housed publicly within the IHDA [192].

The Primary Health Care Integration Network was established to improve health outcomes and patient/provider experiences while addressing challenges in Alberta to reduce spending in healthcare [157]. While not specifically child and youth focused, its 2018-2021 Transformational Roadmap of the 2014 Primary Care Strategy [160] put focus on the community-based model in which every Albertan is connected to a health home / medical home where they can access team-based integrated supports and a primary care provider. The new Modernizing Alberta's Primary Health Care System (MAPS) initiative is currently underway to identify immediate and long-term improvements to strengthen Alberta's primary health care system [107].

Health Access & Service Delivery

Service delivery networks are extensive, both within AHS's programs and services and via Primary Care Networks and family practice providers. While not in the scope of this review to exhaustively cover, numerous health services were found listed on AHS's website during environmental scanning. They include but are not limited to: children's hospitals; specialty, maternal child health and child ambulatory clinics; community child health clinics; child development services; adolescent clinics; and early childhood rehabilitation services. Specific services offered include immunization, prenatal / postpartum services, health promotion and disease and injury prevention services, health education, counselling and support for parents, health assessment, screening and referral to healthcare providers and community resources. Online resources include the Health Education and Learning Program, My Health Alberta, Well on Your Way, and more.

Comprehensive School Health

A prominent example of cross-sectoral strategy is Comprehensive School Health, a whole school health promotion approach within school settings in which Health and Education partner recognizing the interdependence between health and educational outcomes in children [162, 163].

Health Information

The Health Information Act governs and regulates access to and the collection, use and disclosure of health information and provides Albertans with the right to access their own health information [235]. The Act protects the privacy of health information and enables health system and service information access. The Ministry of Health is the custodian of administrative data and information about the health system. Linkable administrative datasets are available to support research and information requests and are listed in the data table below [236].

Mental Health and Addiction

The new Ministry of Mental Health and Addiction, established in 2022, supports Albertans experiencing addiction and mental health challenges by implementing a comprehensive recovery-oriented system of care, increasing access to evidence-based services, and licenses and supports the funding of community-based programs and services [237]. Over the past 10 years, three major provincial mental health strategies / reports emerged from the environmental scan – *Creating Connections: Alberta’s Addiction and Mental Health Strategy and Action Plan 2011-2016* [174] *Valuing Mental Health: Report of the Alberta Mental Health Review Committee* [175], and most recently, *Towards an Alberta Model of Wellness* [176]. These strategies have inherently been cross-sectoral prior to and in the lead up to the formation of the new Ministry of Mental Health & Addiction. *Creating Connections* outlines a child and youth strategy targeting the following results:

- “Reduced incidence and severity of addiction, mental health problems and mental illness from generation to generation; reduced incidence of the symptoms of dysfunction impacted by addiction and mental health problems and mental illness, such as family violence and other crimes; addiction, mental health problems and mental illness will be detected earlier, and intervention will be started sooner; children, youth and families will be satisfied with the quality of addiction and mental health services; access standards for children’s mental health services will be implemented, monitored and met; there will be evidence of enhanced collaboration across ministries and service providers where clients are served by more than one ministry and/or service provider.” (pg. 20).

The strategy involved cross-ministry engagement and cited cross-ministry policy alignment and coordination as a key enabler. *Valuing Mental Health* includes recommendations focused on increasing navigation and access to mental health supports through primary care and schools, providing children, youth and families in crisis with medical and social detox and acute care and community transition beds, and establishing targets that reflect the population needs and shift delivery to prevention, promotion and early intervention. The most recent 2022 report, *Toward an Alberta Model of Wellness*, outlines the recommendations of an advisory council appointed in November 2019 to provide recommendations to improve support and access to recovery-oriented care. The focus is on recovery for at risk populations and people experiencing addiction and mental health concerns and does not, at this stage, include a robust child- or youth-specific component. The report emphasizes an integrated, cross-sectoral, collaborative, ‘whole-system’, ‘whole of community’ ‘all of society’ response to recovery and calls for co-design, co-measurement, and co-evaluation of strategies and interventions [176]. Specific population health indicators are not discussed in these documents; however, the IHDA includes some measures relevant to addiction and mental health.

Child and Youth Mental Health Strategy

While outside the dates of our inclusion criteria a child and youth specific mental health strategy, Positive futures - optimizing mental health for Alberta's children & youth : a framework for action 2006-2016 was identified [210] . The next steps cited include an accountability framework, implementation plan and performance indicators, however, it is not clear if these actions were undertaken.

Youth Suicide Prevention Strategy

Building Strength, Inspiring Hope [177] is a provincial action plan for youth suicide prevention that takes a comprehensive, long-term strategic approach by building on effective activities and programs already underway and supporting the development of new stakeholder-identified initiatives to meet the needs of the youth and families with the aim to reduce Alberta’s youth suicide rate and support all Albertans impacted by suicide.

Other Mental Health Initiatives

Specific child and youth services and initiatives were identified in the environmental scan including a children’s mental health learning series [238], AHS child and youth addiction & mental health resources [239,

240] an eMH pilot initiative [241], AHS Child Adolescent Addiction Mental Health and Psychiatry Program Community Clinics [242] inpatient services, the new Calgary Centre for Child & Adolescent Mental Health [243] and Rural Pediatric Allied Health [244].

School-based initiatives include Comprehensive School Health (CSH), an internationally recognized approach to building healthy school communities, which involves Health Promotion Coordinators who support Alberta school boards to improve healthy eating, active living, and positive mental health among children and youth in school [162, 163] and the Mental Health Capacity Building in Schools (MHCB) Initiative [178], which works to promote positive mental health in children, youth and families in their school communities. The Regional Collaborative Service Delivery that coordinated specialized resources through AHS to schools was discontinued in a restructured funding model that now funds resources through Education [245].

The Ministry of Health's Annual Report cites several additional initiatives relevant to child and youth health and well-being as follows [179]. The Child and Youth Health Services initiative focuses addiction and mental health and pediatric rehabilitation services, including collaborative intake, access and triage, and care for children, youth and families with complex needs. AHS will deliver pediatric rehab supports such as mobility aids, cognitive supports and speech language pathology, and expand age eligibility and locations for services to be available. Addiction and mental health supports will be delivered by community partners to strengthen services and supports offered directly in schools. Personalized Community Care (PCC) is a joint initiative between the ministries of Health and Children's Services to provide community-based placement and intensive treatment for youth up to 19 years of age who are receiving child intervention services to help them stabilize and recover from mental health crises. The Youth Community Support Program (YCSP) provides a service for youth 13-17 years of age with complex mental health diagnoses who are being discharged from acute inpatient mental health settings. The Protection of Children Abusing Drugs Act helps children under the age of 18 whose use of alcohol or drugs will likely cause significant psychological or physical harm to themselves or others. AHS provides a court mandated 10-day program that supports youth through detoxification, stabilization and assessment to ensure appropriate supports are identified for families. Youth Mental Health Hubs continued to be implemented in the province, which are available through a combination of online and physical locations to support youth aged 11 to 24 to access primary health care, addiction and mental health services, and community supports.

New Ministry of Mental Health and Addiction

In October 2022, Mental Health and Addiction became its own ministry. The ministry's mandate letter states it will expand access for young people struggling with severe mental illness and to implement Recovery Community Centres for youth in major centres throughout the province. It also calls for the standardization of system outcomes, development of electronic information gathering systems, and the continued development of 'Alberta's recovery-oriented system of care' for mental health and addiction working collaboratively with the Ministers of Education, Seniors and Community and Social Services, Indigenous Relations, Children's Services, Public Safety and Emergency Services, and Justice to ensure consistency across the Government of Alberta [246].

Education

The Ministry of Education's responsibilities include oversight of education policy, the development and evaluation of curriculum and standards, teacher development and certification, supporting students with diverse learning needs, and funding and supporting school boards [247]. Several policies exist within the Ministry's purview and within The Education Act and Regulations [248] related to child and youth health and well-being. In addition to monitoring academic achievement and high school completion indicators, the Ministry monitors student engagement, belonging and the satisfaction of students, parents, teachers and school board members that school provides a safe, caring, and healthy learning environment [194, 249, 250]. The K-12 education curriculum, which has been undergoing revision, includes aspects of physical education,

mental health literacy, and social-emotional learning [251]. Education's 2022 business plan states it enables schools to create environments that support student well-being and positive mental health and lists funds to support well-being, mental health, and students experiencing academic challenges [194]. The plan includes continued supports for students with disabilities and funding for the School Nutrition Program, which helps approximately 40,000 students receive a daily nutritious meal.

Education's recent mandate letter directs it to:

- Work with Mental Health and Addictions to expand supports to school divisions and families to address gaps in mental health and wellness support for our youth;
- Increase the pace of the cross-ministry work between Education, Health, Mental Health and Addictions, Seniors, Community and Social Services, Children's Services, and Justice, by focusing on clear points of entry for children with special needs and their families;
- Work with Health to evaluate whether there is a need to expand supports for qualified professionals, such as speech language pathologists, physical therapists, occupational therapists, and psychologists.

Social-emotional Learning

Alberta Education endorses the Collaborative for Academic, Social and Emotional Learning (CASEL) [252] model of social-emotional learning, which is the process of developing students' knowledge, attitudes and skills to manage emotions, build healthy relationships, set goals and make decisions, and emphasizes that development of these skills is an important component of a welcoming, caring, respectful and safe learning environment. The model includes connected sets of competencies: self-awareness; self-management; social awareness; relationship skills; and responsible decision-making.

Working Together to Support Mental Health in Schools

Published in 2017, *Working Together to Support Mental Health in Schools* aims to build a shared understanding of how schools, community partners and government can better work together to support mental health. The comprehensive resource emphasizes a whole school approach and identifies roles for multiple ministries and community partners [28]. In addition to outlining current science and promising practices, the document connects to policy implications and continued focus areas such as safe and caring schools [249] and social-emotional learning [253]. The document highlights the important relationship between positive mental health and academic success and the important role schools play in nurturing students' positive mental health and well-being. Mental Health in Schools pilot projects encourage student well-being by providing supports and services like counselling, social and emotional learning, student assessment, family- and parent-oriented supports, and training for school staff [254].

Every Student Counts – School Attendance

The Every Student Counts initiative and 2014 report reviewed research related to school attendance and truancy to help school authorities in Alberta keep students engaged and attending school. The report focuses on reasons students are at risk for non-attendance, provides effective prevention and intervention strategies to re-engage students, and emphasizes the interconnection between school attendance and child and youth health and well-being [255]. The Education Act requires children and youth between ages 6-16 to attend school and sets out matters related to school attendance and processes involving the Attendance Board which receives chronic absenteeism referrals [256].

Early Development Instrument (EDI)

The Alberta Early Development Instrument (EDI) Program was a partnership from 2016-2020, among the Ministries of Children's Services, Community and Social Services, Health and Education. The EDI Program gathered information on the development of kindergarten-aged children in Alberta, analyzed the data and prepared provincial and community reports to help provide comprehensive data on the development of young children in Alberta to inform planning, policy and programming decisions at a provincial and

community level [193, 215] The EDI, developed at the Offord Centre for Child Studies at McMaster University, is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year. It measures children's ability to meet age-appropriate developmental expectations in five general areas or domains: physical health & well-being; social competence; emotional maturity; language & cognitive development; communication skills and general knowledge [215]. Alberta completed the province-wide collection of EDI data in February / March 2016. While voluntary for school authorities, information was collected on over half of kindergarteners among 69 participating school authorities [193]. CIHI reports nationally on the Children Vulnerable in Areas of Early Development indicator, based on the EDI, as an important determinant of health and well-being in later life [4, 5]. The indicator reflects the percentage of children vulnerable in at least 1 developmental domain at school entry. The most current data for Alberta (2015-2016) indicates performance below the national average, with higher levels of vulnerability in the northern half of the province. This appears to be one of only a few indicators reported at the provincial region level that readily rolls up nationally for comparison.

Seniors, Community and Social Services

The Ministry of Seniors, Community and Social Services (SCSS) oversees supports for seniors, families, and communities, including disability services, financial supports, services for people experiencing homelessness or family violence, and provides other social-based programs [257].

The Family and Community Support Services (FCSS)

The FCSS program is intended to promote and enhance the well-being of Albertans, families and communities [167]. With a strong focus on prevention discussed in its recently published accountability framework, FCSS programs help individuals adopt healthy lifestyles, improve their quality of life and build capacity to prevent and manage crisis situations should they arise [171]. FCSS activity is based on provincial prevention priorities and key social issues affecting Albertans, which are currently stated to be: Homelessness and housing insecurity, mental health and addictions, employment, family and sexual violence across the lifespan, and aging well in community. FCSS programs focus on: early learning and preschool; parent, child and youth development; home support services; life skills programs; and short-term counselling.

Legislation governing FCSS includes the Family and Community Support Services Act and Regulation [168] which is the legal basis for a municipal/provincial funding partnership through which municipalities may design and develop preventive social services. The new accountability framework defines FCSS prevention as, "A proactive process that strengthens the protective factors of individuals, families, and communities to promote well-being, reduce vulnerabilities, enhance quality of life, and empowers them to meet the challenges of life." [171], pg. 7. While the new accountability framework emphasizes performance metrics and accountability reporting, a 2014 measures bank is referred to for program outcome indicators to assess the impact of programs and services on the social well-being of individuals, families and communities [170]. The framework includes a set of Child/Youth Developmental Asset Indicators which are based on measures provided in the Search Institute's Developmental Asset Framework® [172].

Cross-Ministry Strategies

This Ministry is a key steward of several cross-ministry strategies. The province's 10-year cross-ministry Fetal Alcohol Spectrum Disorder (FASD) strategy (established within the previous Ministry of Human Services) launched a system-wide model of prevention and service delivery which resulted in more integrated and coordinated service delivery in communities [205]. It included a number of Alberta government ministries (Health, Justice, Children's Services, Education, Advanced Education, Indigenous Relations), provincial and federal agencies (such as AGLC and PHAC) and a FASD network committee of community and academic representatives recognized as champions in the response [203, 204].

The Family Support for Children with Disabilities (FSCD) program is based on the Family Support for Children with Disabilities Act (FSCD Act) and Regulation which is the Ministry of Health and SCSS are jointly responsible for. Through the program, the SCSS Ministry works in partnership with eligible families of children with disabilities to provide supports and services to support parents and promote children’s healthy development [258]. In addition, SCSS also supports the cross-ministry protocol between Children’s Services and Community and Social Services that includes Health and Education to support children, youth, parents and guardians with disabilities [173].

Appendix B – Environmental Scan Detailed Methodology

Purpose and Objectives

The aim of this environmental scan is to describe government activity and key publications related to child and youth health and well-being within the province of Alberta and highlight opportunities for cross-sectoral collaboration using a health in all policies approach. The environmental scan is a necessary first step in understanding the Alberta landscape and will serve as a foundation for broader stakeholder engagement and input. This information, along with the findings of a scoping review of existing international child and youth health and well-being frameworks, can be used to inform the identification of indicators for child and youth health and well-being for the province of Alberta. Specifically, it has the following objectives:

- To identify and map policies, initiatives and stakeholders related to child and youth health and well-being in Alberta
- To identify key existing population-level child and youth health and well-being measurement activity and data sources in Alberta for future analysis
- To apply a health in all policies lens to highlight implications and opportunities for multi-sectoral coordination to improve child and youth health and health equity

Search Strategy and Inclusion / Exclusion Criteria

A grey literature search was conducted between September and December 2022 to identify publicly available literature from official government organizations published within the past 10 years related to child and youth health and well-being in Alberta. Documents and web pages were included for review if they included population-level child or youth health or well-being initiatives that were situated within Alberta, had specific relevance to Alberta, or directly referred to Alberta. While the inclusion period was 2013 to 2022, older documents were reviewed and included when deemed to have very high relevance to the scan's objectives. To identify interested groups, stakeholders and networks of relevance to child and youth health and well-being, non-governmental organization websites were searched, however, the scan was primarily limited to material published by official government and governmental organizations.

The search included provincial and federal government websites, health-related grey literature databases that publish Alberta-related CYHW content, and Internet searches using Google. Websites searched included:

- Government of Alberta (alberta.ca, open.alberta.ca, ocy.a.alberta.ca, healthanalytics.alberta.ca, education.alberta.ca)
- Alberta Health Services (albertahealthservices.ca, healthiertogether.ca)
- Health Quality Council of Alberta (hqca.ca)
- Government of Canada (canada.ca, gc.ca)
- Canadian Institutes of Health Research (cihr-irsc.gc.ca)
- Statistics Canada (statcan.gc.ca)

Government websites were searched first and when they revealed non-governmental organizations with specific relevance to Alberta child and youth health and well-being, these organizations / websites were captured and searched accordingly. Of these, prioritization was given to Alberta-focused websites, but secondary websites with national scope were searched with the inclusion of an Alberta-specific keyword modifier. In cases where using a website's built-in search functionality did not produce results, or did not narrow result sets sufficiently, Google's advanced site search was used as an alternate means to search web domains for relevant keywords. The first 5 pages of search results were scanned to capture relevant authorities, organizations, and publications. This often resulted in additional snowball searching to locate information based on specific initiatives identified.

Each database and website search was constructed to suit the website’s specific parameters and constraints. Grey literature sources typically have more limited search ability than academic sources, therefore a flexible strategy was employed to include, at minimum, the following keywords:

- “Alberta” was used on non-Alberta-based websites
- “child/youth health”, “child/youth wellness / well-being / wellbeing / quality of life”, “child/youth social welfare”, “child/youth resilience”, “child/youth health data” “child/youth well-being measures/indicators”, “child/youth policy/legislation”

Given the necessarily broad search strategy and volume of results generated, the following documents and content, which were not deemed essential to the objectives of this scan, were excluded: Job Postings, Job Descriptions, Employment Resources; Occupational Health & Safety Materials; Building Infrastructure & Capital Project Documents / Updates; Procurement Activities; COVID-19 Vaccination and Emergency Operations; Immunization Scheduling and Operations; Disaster / Emergency Evaluation Reports; Syrian, Ukrainian Refugee Crisis Support; Continuing Care & Congregate Living Documents; Specific School Courses or Curricula; Post-Secondary Education; Adult-oriented Addiction Treatment Services; Supervised Consumption; Child Support Payment Information; Cannabis; Cultural Events; Translated News & Publications. Ministerial Orders were also not captured unless incorporated into acts and regulations. Many services were identified. Some are described when they are deemed useful for policy context or to showcase the breadth of service delivery or networks (e.g. Health), however, they are considered out of scope unless named in policy.

Recordkeeping

Due to the need for flexibility of the search strategy to meet the needs and constraints of each website and database, search record keeping was important. For searches conducted, details were captured in a log with corresponding results attributed to each search. A spreadsheet was used to host a stakeholder register, search log, and data collection table. Data extracted included publisher, type of document or content (i.e., legislation / regulatory or policy / initiative / strategy / action plan), sectors involved, and when relevant, the specified framework, domains, measures or indicators identified related to child and youth health and well-being.

Analysis

Key findings were synthesized and summarized. Further research and analysis was undertaken to identify evidence-based approaches that may be appropriate for to Alberta’s current context. This analysis and considerations that emerged aim to increase multi-sectoral policy alignment and monitoring and draw from Health in All Policies literature along with promising practices and lessons learned published by relevant intergovernmental organizations specializing in child and youth health policy, such as OECD and UNICEF.

Limitations

A strength of the methodology used to complete this environmental scan is that it involved rigorous website and database searching; however, a limitation is that it was primarily a passive scan of web-based information and therefore requires stakeholder dialogue to complete a more fulsome depiction of the Alberta landscape. Stakeholder engagement will further strengthen the information and enrich the context described within this report. Despite using a rigorous search methodology, results may be missing key sources of data and context if such information was not publicly available or picked up in searches. Further, since sources of information were largely web-based, it is also possible that stale information is reported without recognizing its outdated status. Similarly, reporting information found and described online may be insufficient in conveying a complete picture of the surrounding context. Significant efforts were made to mitigate limitations by undertaking additional searches and research to understand the context of government initiatives found in this scan. This environmental scan and analysis therefore serve as a baseline of current context and historical activity on which to build by inviting the collaboration and perspectives of diverse community organizations, young people and families.

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