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# **Presenting Author Category**

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## **Research Category**

Community Health / Policy

#### **Abstract Title**

Child Health Research Using Linked Multi-Domain Canadian Administrative Data: A Scoping Review

### Background

Linked multi-domain administrative data, integrating both health and non-health information, offer a unique opportunity for research to examine how biological, social, and environmental factors interact to influence child health. Although widely used in Canada, the scope and focus of these studies are poorly described.

## **Objective**

This scoping review aims to characterize Canadian child health studies that use linked multi-domain administrative data.

#### Methods

A systematic search was conducted across MEDLINE, Embase, Scopus and Global Health from inception until March 12, 2025. Studies were included if focused on children (0 to 18 years), used Canadian administrative data, and linked health (e.g. mental health, vaccinations) with non-health variables (e.g., immigration, child protection). Two reviewers independently screened all titles, abstracts, and full texts, with pilot testing for consistency. Study characteristics (e.g. research themes, provinces, parental linkage) were extracted using a standardized form.

#### Results

Of 4437 studies identified, 42 met the inclusion criteria. Inter-reviewer agreement was 77% during pilot testing and 93% during full-text screening. All studies were single-province. Only Manitoba and British Columbia linked both parents, while Manitoba and Ontario led in using linked multi-domain data. Common research themes included child health in relation to social (e.g., child protection), environmental (e.g., household income) and demographic (e.g., immigration status) factors.

#### Conclusion

This review highlights the use of linked multi-domain administrative data in Canadian child health studies, with provincial variations in data linkage and research focus. Most studies were limited to a single province and lacked paternal linkage. Lack of multi-jurisdictional studies limits generalizability and cross-provincial comparisons, stressing a key opportunity to advance child health research through improved data access and coordinated national collaboration.

# **Authors**

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