Provincial Youth Health Survey of Francophone Youth in the Franco-Manitoban School Division



Acknowledgements

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- Each of the Regional Health Authorities of Assiniboine, Brandon, Central, Interlake, Northeast Man, Parklands, Southeast Man and Winnipeg for their support of the Youth Health Survey in their respective regions.
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- Dr. Jane Griffith Epidemiologist and Lin Xue and Huimin Lu statisticians at CancerCare Manitoba for their analytical skills and the CancerCare Manitoba Foundation for funding support.
- The Interlake Regional Health Authority for their work on survey development. The Youth Health Survey used for the DSFM was originally developed in the Interlake based on established survey tools.
- The Winnipeg Regional Health Authority for developing and sharing this report template.
- The Knowledge Exchange Network (KEN) of the Canadian Cancer Society, Manitoba for the best practice information.

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Your School Division Report

La Conseil communauté en santé du Manitoba (CCS) and the DSFM are committed to the development of community-led actions to prevent chronic disease through promotion of physical activity, healthy eating and tobacco reduction. Although this work will include all age groups, participation of children and youth is key, as lifelong health behaviors are developed in the early years. "The common environmental stresses and behaviour patterns experienced or learned in childhood and adolescence contribute significantly to the incidence and prevalence of disease later in life, and conversely, learned patterns of healthy behaviour and stress management contribute to health throughout life." Studies have shown that early indicators of chronic disease begin in youth.²

The Youth Health Survey is essential for helping evaluate the initial impact of the new PE/HE policy as well as informing health service planning, community health assessment in Regional Health Authorities, school planning in divisions, and the Healthy Child Manitoba Strategy. This survey serves to establish baseline information on risk factors for chronic disease among youth in the community. Future surveys could be used to determine if there has been any improvement in risk factors over time.

This report presents the findings of a Youth Health Survey conducted by CCS in partnership with the DSFM. We are pleased to provide this report on the results from the grades 6 to 12 students of **Division scolaire franco-manitobaine** - Centre scolaire Léo-Rémillard, Collège Louis-Riel, Collège régional Notre-Dame, École/Collège régional Gabrielle-Roy, École communautaire Aurèle-Lemoine, École communautaire Gilbert-Rosset, École communautaire Réal-Bérard, École communautaire St. Georges, École élémentaire Notre-Dame-de-Lourdes, École jours de plaine, École la Source, École Pointe-des-Chênes, École régionale St. Jean Baptiste, École Saint-Joachim, and École Saint-Lazare, and thank you for your participation in the survey.

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Why Schools are Important for Health

There are many factors that influence the health of children. Schools are in a unique position to have a positive impact on the health of children and families.

The concept of health-promoting schools emerges from a global movement that recognizes two key ideas: healthy children are better able to learn and schools can directly influence the health of students. A health-promoting school embraces the view that promoting children's health is a shared responsibility with parents, the health sector, and the community. It strives to be a healthy setting for learning and working. Schools, in partnership with parents and the greater community, can provide an ideal setting for practices that enhance both health and learning.³

Schools can have a *significant protective influence* on the health of children and youth through policy (nutrition, tobacco, and physical activity policies) as well as through the school culture. It has been found that adolescents who feel connected to their school communities are less likely to engage in risky activities than those who do not feel connected to their school.⁴

Supportive school environments that foster resilience and focus on asset development, protective factors and social connectedness, reduce the risk of health-related problems and support the healthy growth and development of children and youth.⁵

Early and sustained efforts are considered the most beneficial to the health of children and youth. It has been found that risk behaviour in youth, such as inadequate exercise, drug and alcohol misuse and smoking, tend to begin in late preadolescence and rise to a peak in the senior high school grades.⁶

It is important to note that, even though schools are ideally positioned to influence the health of children, they cannot do it alone. The health of children is a shared responsibility. There is a role to play for families, health authorities, human service providers, non-government organizations and the community, in partnership with the students and staff.

The International Union for Health Promotion and Education tells us that conditions for successful programs include:

- o An organizational culture that promotes a safe, healthy learning and working environment for students and education staff
- o An environment that fosters partnerships within the school and greater community
- o Interventions that are substantial and sustained over several school years, and relevant to changes in young peoples' social and cognitive development
- Decision-making processes that give voice to all members of the school and greater community and respects their contribution.

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Health is directly linked to educational achievement, quality of life and economic productivity. Research...demonstrates that school health programs can simultaneously reduce common heath problems, increase the efficiency of the education system and advance public health, education and social and economic development in each nation.

From The World Health Organization Fact Sheet: <u>Helping Schools Become Health</u> Promoting Schools (1998)

A comprehensive study in Europe⁸ estimated the following cost-benefit of school health programs:

- ➤ \$1 spent on preventing tobacco use can save \$19 in treatment costs for the consequences of smoking
- > \$1 spent on preventing alcohol and drug abuse can save \$6 in money spent on treating the consequences of that behaviour
- > For the integrated education program as a whole, nearly \$14 was saved for every dollar spent.

Included in this report are a number of resources and links to programs that could be adapted for your school or community.

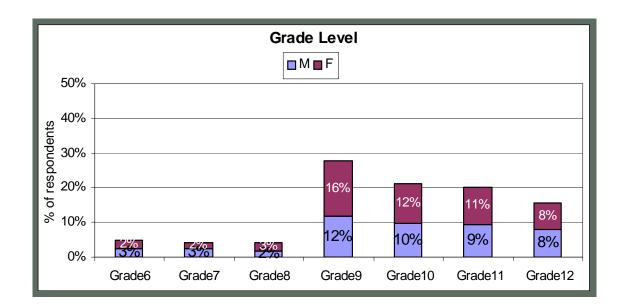
INumerous studies report the effectiveness of school health promotion in influencing the knowledge, attitudes and behaviours of students from kindergarten to Grade 12 and beyond.

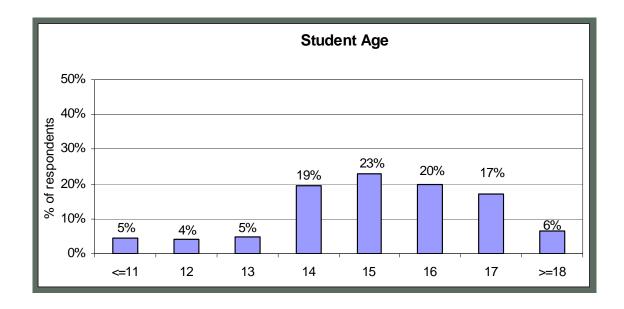
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Survey Participation

Following is the demographic profile of the students in **Division scolaire franco-manitobaine** who completed the survey. The students who responded were 52% female and 46% male; 2% did not state their gender.



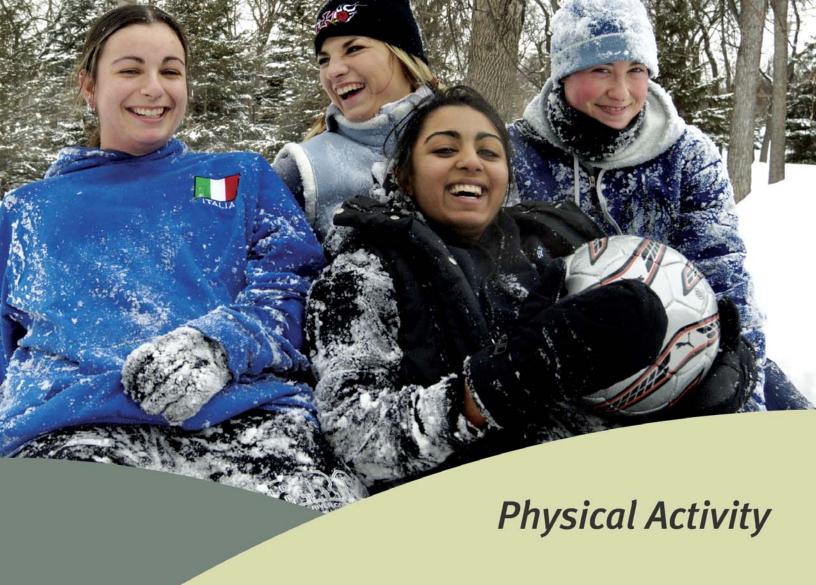


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Division scolaire franco-manitobaine Quick Facts

- 40% of female students and 52% of male students participate in the recommended amount of physical activity daily.
- 21% of students use active transportation to get to school.
- Students' most common response to how much time is spent reading (not related to schoolwork, homework or paid work) and doing homework was less than 1 hour/week reading and 1 to 6 hours/week doing homework.
- Only 7% of students eat 7 or more fruits and/or vegetables per day.
- 67% of males and 76% of females fall within the recommended healthy weight category.
- 13% of students consider themselves underweight, 18% overweight and 67% healthy weight.
- 17% of males and 13% of females in grades 9-12 report being current smokers.
- 36% of male smokers and 44% of female smokers have plans to quit smoking sometime in the future.
- 52% of students indicated that their school had a clear set of rules about smoking for students.
- 52% of students had at least 1 drink of alcohol in the last 30 days.
- 83% of students strongly agree or agree that they feel close to people in their school.
- 78% of students strongly agree or agree that they feel part of their school.
- 76% of students strongly agree or agree that they are happy to be at their school.
- 84% of students strongly agree or agree that they feel safe in their school.
- 36% of students report that they had felt hopeless in the past 12 months.

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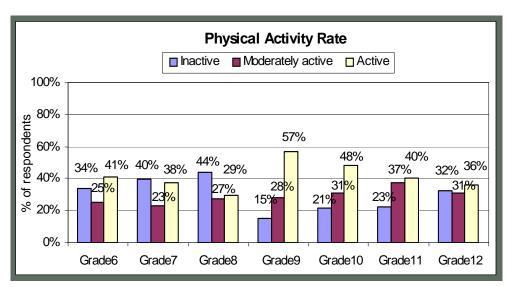


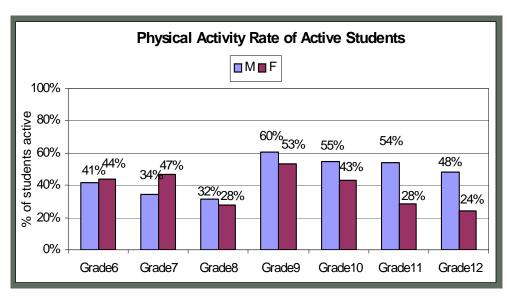
Division scolaire franco-manitobaine

Physical Activity Levels

The students of **Division scolaire franco-manitobaine** were asked to self report how much hard and moderate physical activity they do each day of the week. This information was used to calculate the proportion of students who are inactive, moderately active and active enough for optimal growth and development (see tables below).

Based on student self-report, 45% of students in **Division scolaire franco-manitobaine** are active (>8 KKD) and another 31% are considered moderately active (3 – 8 KKD). However, 24% of students are physically inactive (< 3 KKD).





Physical activity is measured in kilocalories per kilogram per day (KKD). KKD is an estimate of how much energy a person has expended in a day.

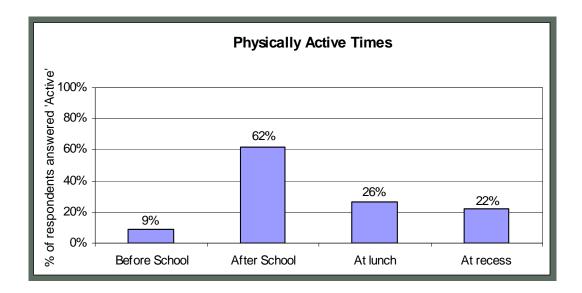
Health Canada recommends that youth (10-14 years) be physically active a minimum of 90 minutes (6KKD) per day. This would be about equivalent to 60 minutes of moderate activity (eq. biking, raking leaves, dancing, or brisk walking), combined with 30 minutes of vigorous activity (eg. aerobics, hockey, basketball or jogging)'.

Health Canada recommends that adults (≥20 years) be physically active a minimum of 30 - 60 minutes (3KKD) per day. This would be about equivalent to 60 minutes of moderate activity (eq. biking, raking leaves, dancing, or brisk walking), OR 30 minutes of vigorous activity (eg. aerobics, hockey, basketball or jogging)'. The youth surveyed in this report (14-19 years) do not coincide directly with Health Canada's physical activity recommendations for youth (10-14 years) or adults (≥20 years). At this point, Health Canada has not identified specific guidelines for this age group and therefore the youth in this survey will be compared to the following: active (>8KKD), moderate (3-8KKD), and inactive (<3KKD) 8.

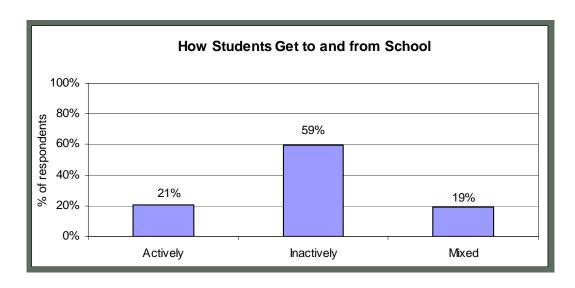
Division scolaire franco-manitobaine Youth Health Survey Report June 2009

When Students are Active

Students were asked about the time of day when they are most physically active. The responses for your school are noted in the chart below:



Students also reported how they usually get to and from school – the table below shows their responses.



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Strength Activities in Youth

Strength activities help develop and maintain strong muscles, healthy bones, and healthy body weight. It can also enhance body image.

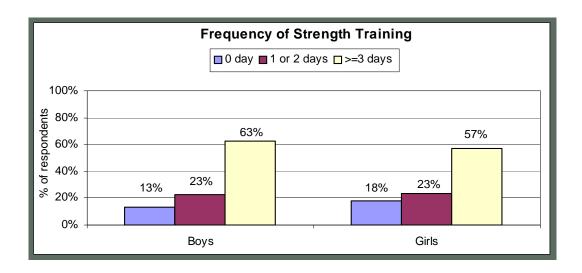
Canada's Physical Activity Guidelines⁹ recommend youth 10 to 14 years of age include:

- strength activities that build muscle and bone and
- flexibility activities like bending, stretching, and reaching that keep joints moving.

Canada's Physical Activity Guidelines¹⁰ for 15 years and older recommend including activities that use resistance to strengthen muscles and bones and improve posture 2 - 4 days/week.

In **Division scolaire franco-manitobaine**, 83% of students reported doing strength training activities such as push-ups, sit-ups and weight lifting at least once a week.

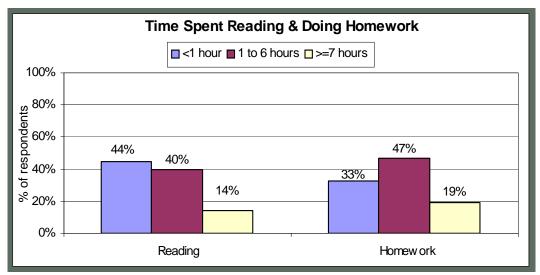
63% of the males and 57% of the females reported that they strength train at least 3 days of the week.



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Time Spent in Sedentary Activities

Sedentary activities include things such as "screen time" (eg. watching television, playing video games or using the computer), reading and homework. The following graph and table show how much time students in **Division scolaire franco-manitobaine** spend in sedentary activities each week.



Note: In this graph, "reading" refers to reading done for pleasure (i.e. does not include reading done at work, for homework, or at school).

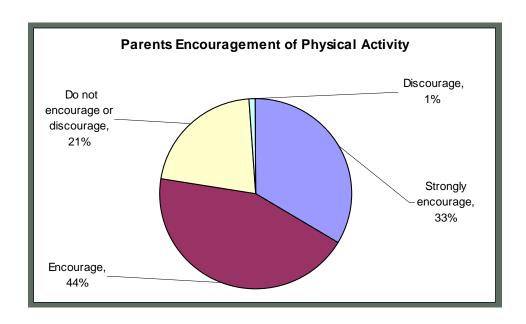
Time spent on □screen□	None	<1 hour	1-2 hours	3-5 hours	>=6 hours
Monday	9%	24%	42%	18%	3%
Tuesday	9%	25%	41%	17%	3%
Wednesday	9%	27%	40%	16%	3%
Thursday	10%	28%	38%	17%	3%
Friday	10%	24%	34%	22%	6%
Saturday	11%	22%	30%	23%	10%
Sunday	11%	23%	30%	23%	9%

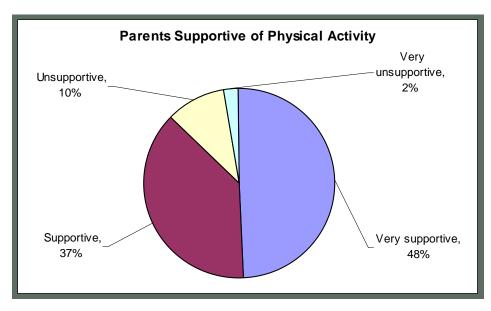
Canada's Physical Activity Guide recommends increasing time currently spent on physical activity, starting with 30 minutes or more per day and reducing \(\text{Inon-} \) active\(\text{I} \) time spent on TV, video, computer games and surfing the internet starting with 30 minutes less per day. To promote overall health, students should decrease the total amount of time they are inactive while maintaining homework and reading time\(\text{11} \).

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Factors Supporting Physical Activity

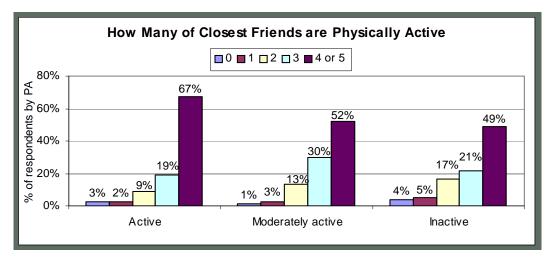
Division scolaire franco-manitobaine students were asked how their parents encouraged them to be physically active. Students were also asked how their parents supported them (such as helping them to join, or get to, activities). 77% of the students said that their parents encouraged/strongly encouraged them to be physically active and 86% of the students said that their parents were supportive/very supportive of their participation in physical activities.





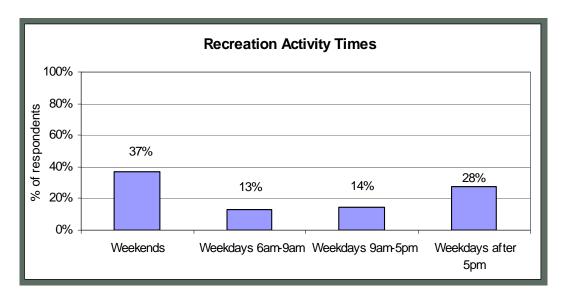
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The graph below shows student responses to how many of their closest friends are physically active. 67% of the active students reported that 4 or 5 of their closest friends were physically active. Students who are active or moderately active are more likely than inactive students to have 4 or 5 of their closest friends who are active.



Recreation Opportunities

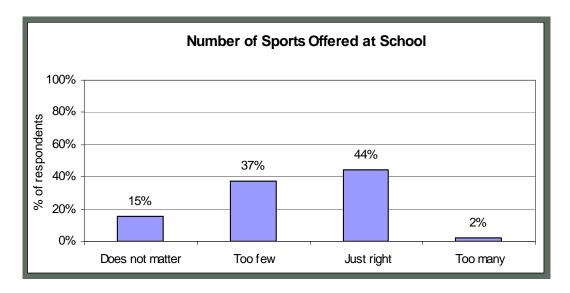
Students were asked when they would like to participate in these recreation activities. Responses for your school are noted below.



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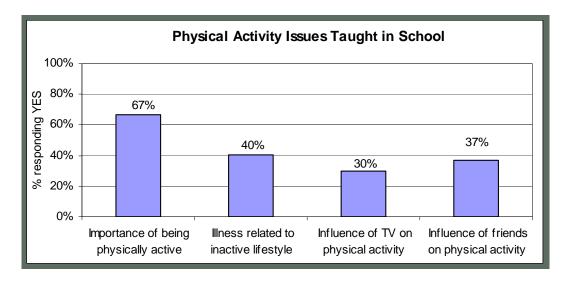
Satisfaction with Quantity of School Sports

44% of students in **Division scolaire franco-manitobaine** stated they felt that the number of sports offered at their school was just right. Another 37% felt that there were too few sports offered at school.

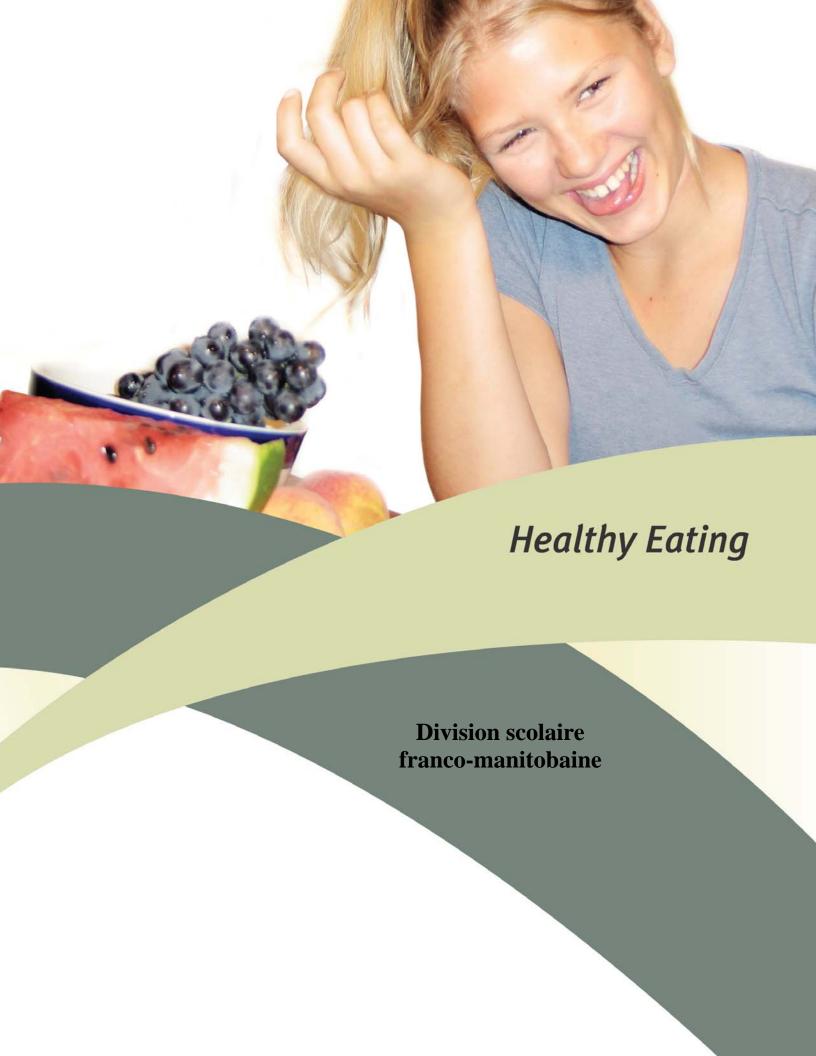


Student Perceptions of Physical Activity Education at School

Students were asked if the subjects at school addressed topics related to physical activity. The graph below shows the percentage of students who thought that these issues were taught at their school.



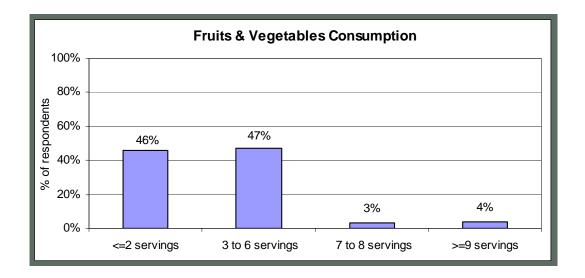
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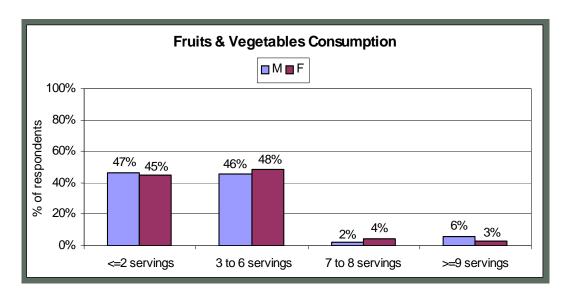


Eating Habits of Students

Eating Well with Canada's Food Guide recommends that females 14 to 18 years of age consume 7 servings of fruit and vegetables on a daily basis; males of the same age should consume 8 servings of fruits and vegetables 12.

In this survey, students were asked to indicate the number of servings of fruits and vegetables they consumed on a regular basis. Based on student survey responses, only 7% of students in **Division scolaire franco-manitobaine** consumed 7 or more servings of fruits and vegetables per day.



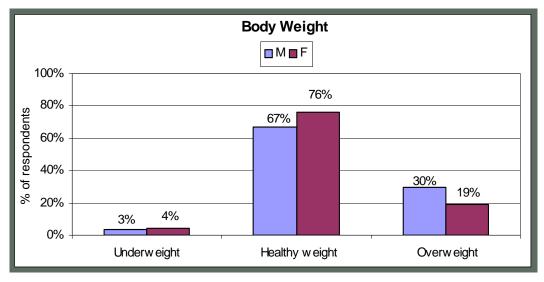


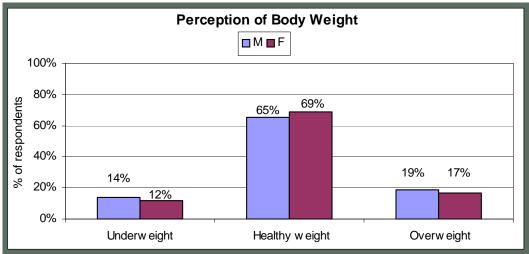
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Healthy Body Weight

Healthy body weight can be assessed using body mass index (BMI). BMI is calculated using weight and height. In children and teens (unlike adults), BMI is age- and sex-specific and is often referred to as BMI-for-age. **BMI values are more meaningful if information about the nutritional and physical activity habits of the teenager are also known.** For example, if the BMI is near the upper end of the range and nutritional and physical activity habits are poor, the teen is likely overweight; if the BMI is near the lower end of the range and nutrition habits are restrictive and/or physical activity habits are excessive, this can be a sign of problems that affect normal growth¹³. Of the students with a valid BMI, 67% of the males and 76% of the females in **Division scolaire franco-manitobaine** fall within the **recommended healthy weight category for their age.**

An accurate and realistic perception of one's weight can influence nutrition habits. 65% of the males and 69% of the females in **Division scolaire franco-manitobaine** perceive their body weight as healthy. It is important to note that, regardless of weight, "body image dissatisfaction is a strong precursor to emotional problems, unhealthy nutrition habits and, in extreme cases, to eating disorders¹⁴.





Division scolaire franco-manitobaine Youth Health Survey Report

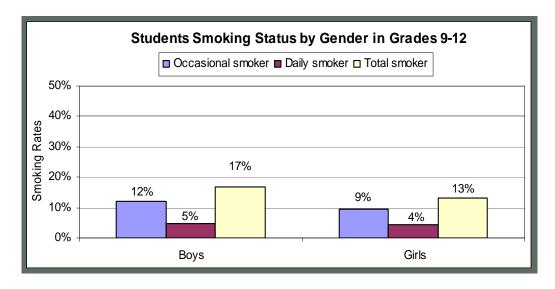
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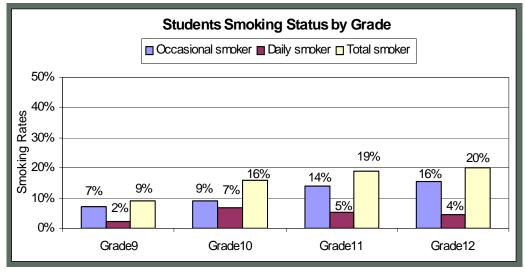


Division scolaire franco-manitobaine

Who Smokes in Division scolaire franco-manitobaine

The Canadian Tobacco Use Monitoring Survey¹⁵ indicates that 20.1% of youth aged 15-19 in Manitoba and 15.2% of youth aged 15 to 19 in Canada were current smokers in 2007. In **Division scolaire franco-manitobaine**, 17% of males and 13% of females in grades 9-12 are smokers, and 83% of males and 87% of females are non-smokers. The number of smokers in grades 6-8 is too small to report.





Note: Total smokers = daily smokers + occasional (i.e. non-daily) smokers

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Factors that Influence Student Smoking

Students start smoking for a variety of reasons. Peers and family members are especially influential in the decision to start or continue smoking. These influences are sometimes direct (e.g. peer pressure), but more often are indirect (e.g. modeling). Students in **Division scolaire francomanitobaine** were asked a series of questions about peers and family.

89% of daily smokers and 81% of occasional smokers report that 1 or more of their 5 closest friends smoke cigarettes. 13% of non-smokers report that 1 or more of their 5 closest friends smoke.

How many of your	Percentage of Students Responding			
5 closest friends smoke cigarettes?	Daily Smokers	Occasional Smokers	Non-smokers	
0	9%	16%	18%	
1	11%	20%	6%	
2	13%	29%	3%	
3	13%	16%	2%	
4	7%	5%	1%	
5	44%	11%	1%	

Students were also asked how many people, in addition to themselves, smoked inside their home every day or almost every day.

Family Member	Percentage of Students Responding			
Smoking Inside the Home	Daily Smokers	Occasional Smokers	Non-smokers	
0	35%	54%	71%	
1	26%	22%	17%	
2	19%	12%	6%	
3	9%	4%	2%	
4	2%	1%	0%	
5 or more	7%	4%	1%	

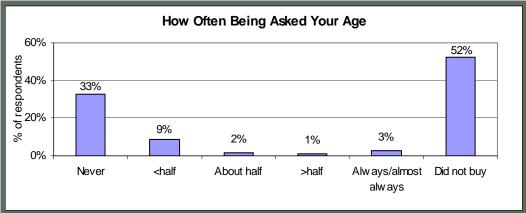
Not only are students whose parents smoke more likely to become smokers themselves, it is also a health concern if family members smoke in the home. 63% of the daily smokers, 44% of the occasional smokers, and 26% of the non-smokers in **Division scolaire franco-manitobaine** reported that at least one person inside their home smoked on a daily basis.

Students were also asked a question about their school's smoking policy. 52% of the respondents indicated that their school has a clear set of rules about smoking for students to follow and 16% of students reported that their school does not. The remaining 29% indicated that they didn't know.

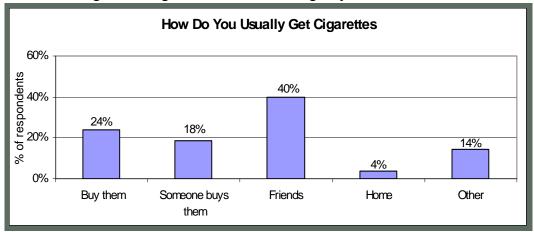
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How Students Obtain Cigarettes

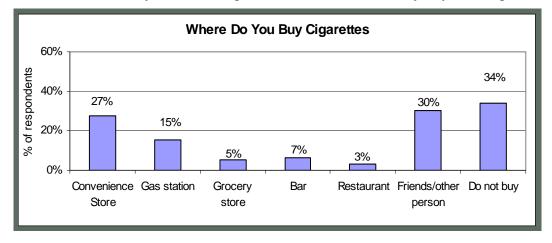
Most of the students in **Division scolaire franco-manitobaine** are under the age of 18. Despite the fact that federal law prohibits the sale of cigarettes to anyone under the age of 18, many students are able to buy cigarettes and in most cases they are not asked their age. The table below outlines how frequently students in **Division scolaire franco-manitobaine** are asked their age when trying to buy cigarettes.



Students who smoke get their cigarettes in the following ways:



Students who smoke and buy their own cigarettes are asked where they buy their cigarettes:



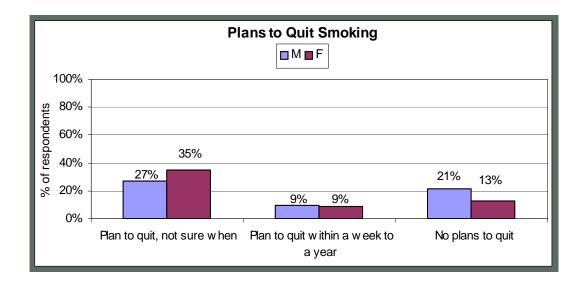
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Trying to Quit

Quitting smoking is not an easy process for adults or for youth. New evidence indicates that the first symptoms of addiction to nicotine may occur as early as a few days or weeks after the beginning of even occasional smoking by youth¹⁶. Students can have a very difficult time quitting even when they have strong motivation to do so.

When students who smoke were asked about their plans to quit smoking, 44% of females and 36% of males responded that they plan to quit. All student responses are outlined in the graph below.

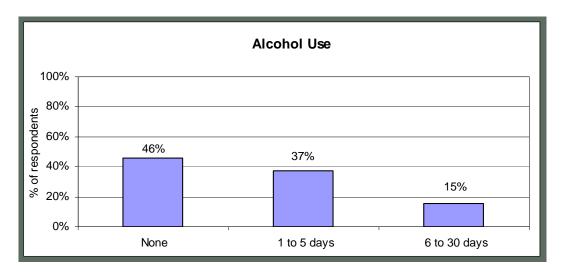


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Alcohol & Drug Use

Alcohol abuse is associated with motor vehicle and aquatic injuries and deaths, vandalism, alcohol poisoning and violence. Harmful use patterns, started young and carried into adulthood, exacerbate these problems, and chronic alcohol abuse leads to a number of acute and chronic disease conditions¹⁷

Students were asked \(\pi\)During the past 30 days, on how many days did you have at least one drink of alcohol? \(\pi\), 37% of respondents indicated that they had alcohol between 1 and 5 days and 15% had alcohol between 6 and 30 days.



When asked "During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple of hours?", 34% indicated that they had 5 or more drinks of alcohol within a couple of hours on at least one of the past 30 days.

14% of the students in **Division scolaire franco-manitobaine** indicated that they had used illegal drugs such as marijuana, cocaine, heroine, methamphetamines, ecstasy, steroid pills/shots or sniffed glue in the past 30 days.

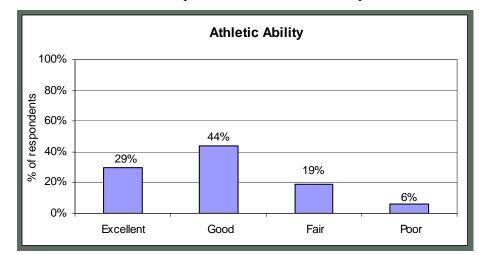
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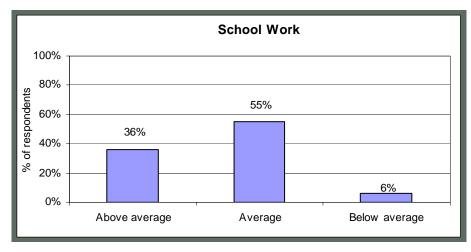
Division scolaire franco-manitobaine

Overall Feelings of Well-being

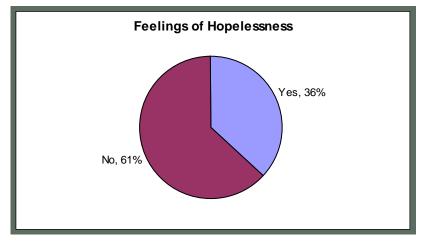
Students were asked a few questions about their accomplishments and overall sense of well-being.



73% of students rated their athletic ability as excellent or good.



91% of students rated their school work as average or above average.



36% of students stated that they had felt so sad or hopeless in the past 12 months that they stopped doing some usual activities for a while.

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School Connectedness

Students who feel an attachment to their school and who consider their teachers to be supportive are less likely to engage in unhealthy or risky behaviors. Here is what **Division scolaire franco-manitobaine** students said about their school environment:

How strongly do you agree or disagree	Percentage of Students Responding		
with the following statements?	Agree/	Disagree/	
	Strongly Agree	Strongly Disagree	
I feel close to people at this school	83%	14%	
I feel I am part of this school	78%	17%	
I am happy to be at this school	76%	19%	
I feel safe in my school	84%	12%	

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Conclusion

This report is provided to you as a snapshot of student health for **Division scolaire franco-manitobaine** the students within the DSFM. There is growing evidence of the link between healthy child development and chronic disease prevention. "It is clear from the global experience that opportunities exist within the school setting from Kindergarten to Grade 12 to significantly and positively influence many domains of youth health¹⁸." A healthy school environment provides a better learning environment, which in turn influences the future health and social circumstance of students.

This report signifies the beginning of having local school level data to support schools and school divisions in planning. Many resources are currently available and others in ongoing development to help support school level action to improve student health. It is intended that future waves of this survey will allow schools to measure their own success.

We hope you find this a valuable resource and look forward to working together to improve the health of youth within the DSFM and all of Manitoba.

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