

Cannabis use Obesity Mental health Physical activity Alcohol use Smoking Sedentary behaviour

All British Columbia Report

2017-18

2017/2018 COMPASS survey.

This is the All-British Columbia School Health Profile.

This report shows the 2017/2018 COMPASS survey results from participating students enrolled at schools in British Columbia . Please note that in some cases results may not add up to 100% due to rounding.

We have included comparisons between year 1 and year 2 of British Columbia data on the second-last page of this Profile. This comparison can allow you to see if certain behaviours are improving (indicated by green arrows), staying the same, or getting worse (indicated by red arrows). If you have questions about data that are not reported in the Profile, please contact the COMPASS Project Manager (see below).

Examples of action steps can be found in the Recommendations section at the bottom of each page.

For more information about this profile, additional resources, or the COMPASS project in general, visit www.compass.uwaterloo.ca or contact:

Julianne Vermeer

COMPASS Project Manager University of Waterloo jvermeer@uwaterloo.ca

Dr. Scott Leatherdale

COMPASS Principal Investigator University of Waterloo sleatherdale@uwaterloo.ca







Obesity Outcomes in British Columbia



WHY THIS IS AN ISSUE

Obesity is influenced by numerous factors, including biology, behaviours, mental health, and social/ environmental factors (e.g., where someone lives, their income, social relationships and personal identity). Biologically, excess weight puts youth at risk of developing a range of preventable health problems, including type-2 diabetes, cardiovascular disease, cancer, joint problems, and mental health issues. Increased obesity is why this generation of youth have a lower life expectancy than their parents' generation.

RECOMMENDATIONS

- Encourage students to drink water throughout the day by making water more accessible (e.g., installing water bottle filling stations, allowing water bottles at desks)
- Consider adopting a strength-based (vs. deficit-based) program like Healthy Bodies, Healthy Minds* or the National Eating Disorders Association Toolkit**, which use comprehensive curricula to address body image, eating, fitness, and weight concerns in today's challenging environment
- Launch a school-wide Health At Every Size (HAES) campaign***, which promotes an understanding that healthy bodies come in various shapes and sizes and that thinness does not equal healthy

*http://opha.on.ca/Nutrition-Resource-Centre/NRC-Navigator/Resources/Healthy-Bodies,-Healthy-Minds-Position-Statement.aspx **https://www.nationaleatingdisorders.org/toolkits ***https://haescommunity.com/_____

2017-18

Physical Activity Outcomes in British Columbia





- Provide student leadership opportunities to coordinate peer physical activities (e.g., intramurals, non-competitive clubs) or have students supervise open fitness facility times
- Install privacy stalls or curtains in change rooms this has been shown to increase participation in intramurals and varsity sports at school
- Consider creating a yoga room or yoga club, or designate female-only times in weight rooms to increase female participation in physical activity

*Please note that in accordance with the new 24-Hour Movement Guidelines released by the Canadian Society for Exercise Physiology (CSEP), we have adjusted how this measure is calculated. As a result, there may be a higher percentage of students meeting the guidelines this year than previously.

Healthy Eating Outcomes in British Columbia

*Food groups and serving recommendations are provided by Health Canada's Eating Well with Canada's Food Guide: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php/

Among students in British Columbia:



6% eat the recommended 7-8 servings of fruits & vegetables per day



7% eat the recommended 6-7 servings of grains per day



27% eat the recommended 3-4 servings of dairy products per day

74% eat the recommended 2-3 servings of meat & alternatives per day



41% buy their lunch at school at least once per week



29% buy snacks from school vending machines at least once per week 2% of students are eating the recommended number of servings from all 4 food

WHY THIS IS AN ISSUE

groups

Healthy eating is important for growth and development and helps youth to **learn and achieve academic success**. Eating a healthy diet is an important way for youth to achieve and maintain good health and reduce the risk of many chronic diseases such as heart disease, stroke, type 2 diabetes, overweight/obesity, and some cancers.

- Provide and *actively promote* student nutrition programs, such as breakfast programs, that are available to all students free of charge, every day. Ideally, such programs should be made available throughout the day (not just before morning classes)
- Ensure vending machines are PPM 150 compliant. Examples of noncompliant items include caffeinated beverages, sports and energy drinks as well as sugar-sweetened soft drinks
- Avoid using unhealthy food as a reward or in fundraising initiatives
- Given the risks of excessive caffeine intake among youth, consider implementing a policy to ban energy drinks on school property

Sedentary Behaviour Outcomes in British Columbia



sitting throughout the school day. Studies suggest that the amount of time spent being sedentary increases physical and mental health risks, regardless of the amount of time spent being physically active.

- Consider creating 'screen-free' spaces at your school to encourage students to actively engage without their phone
- Create a screen-time reduction challenge at your school to encourage students to set goals to reduce daily screen time
- Organize school-wide or classroom activity breaks to prevent students from sitting for extended periods
- Organizations such as Ophea, PHE Canada, and ParticipACTION offer programs and resources to promote physical activity and healthy living your Knowledge Broker can help you connect with these organizations

Tobacco Use Outcomes in British Columbia

Among students in British Columbia:



WHY THIS IS AN ISSUE

Approximately **half of all people who smoke long-term die** from a smoking-related illness including cancers, heart disease, stroke, and other lung diseases. Smoking affects youth directly and can lead to a lifelong tobacco addiction. New and emerging tobacco/nicotine products including e-cigarettes/vaporizers, hookahs (water pipes) and alternative forms of tobacco (such as chew) are cause for concern due to youth experimentation. The perception among young people that they won't become addicted and/or tobacco use isn't really dangerous requires a constant effort by public health and community partners to educate and encourage youth to choose to be tobacco- and nicotine-free.

- Maintain and enforce a comprehensive smoke and tobacco-free school policy. Such a policy should also prohibit e-cigarette use and any tobacco use (including cigarettes, cigarillos or little cigars, and smokeless tobacco) on school property
- Ensure your school's tobacco policy is clearly communicated to students throughout the school year through various outlets (e.g., Student Handbook or Agenda)
- Connect with your local Public Health Unit for help with policy enforcement and/or creating a cessation program for students and/or staff who smoke and want to quit
- Your COMPASS Knowledge Broker can assist you with completing a Tobacco Policy Rating to rate the strength of your school's tobacco policy and identify existing gaps

Alcohol Use Outcomes in British Columbia

Among students in British Columbia:

11% reported binge drinking in the last month

21% COMPASS average*

10% reported consuming alcohol mixed with an energy drink in the last year

*2016-17 COMPASS Survey

WHY THIS IS AN ISSUE

Alcohol is the most common drug used by high school students. Attitudes about alcohol are initially formed in the home, but are later strongly influenced by peers. Research demonstrates delayed onset of alcohol use is vital to healthy brain development and good mental health. Alcohol use by youth increases dramatically between grades 9 to 12. Evidence from COMPASS has shown a clear link between drinking onset and declines in academic achievement. Alcohol impairs the decision making process and is a major cause of early mortality among youth via accidents and self -harm.

- Have sports team coaches discuss the dangers and misconceptions of heavy drinking, or combining alcohol and energy drinks student athletes have been shown to be higher consumers of alcohol
- Use awareness campaigns to target misperceptions of student drinking norms students tend to overestimate peer alcohol consumption
- Incorporate into the curriculum the 'Low-Risk Alcohol Drinking Guidelines' for youth and young adults as recommended by the Canadian Centre on Substance Abuse (CCSA)
- Partner with local organizations to ensure students have access to addiction professionals when needed







WHY THIS IS AN ISSUE

Marijuana is one of the most commonly used drugs among young people. In July 2018, the federal government is legalizing marijuana use, which will likely result in a surge of use among youth, despite legal age limits. Evidence from COMPASS has shown clear links between youth starting to use marijuana and declines in academic achievement over time. Regular use of marijuana has been shown to negatively impact a teen's perception, memory, judgment, reasoning, motivation, school performance, and risk-taking behaviour.

- Create, implement and enforce a school policy banning marijuana use on school property and marijuana intoxication while at school (similar to tobacco and alcohol policies); involve students in this policy creation and implementation
- Incorporate into the curriculum the 'Lower-Risk Cannabis Use Guidelines' as recommended by the Canadian Research Initiative in Substance Misuse (CRISM)
- Raise awareness of the harms of marijuana use to counter misperceptions that marijuana is "harmless" or a "healthy alternative" (e.g., ingesting cannabis smoke is harmful as it involves inhaling the products of combustion)

Bullying Outcomes in British Columbia



WHY THIS IS AN ISSUE

Adolescents who have been bullied electronically are more likely to report detentions, suspensions, receiving a failing grade, carrying weapons, and skipping school. Weight-based bullying is still the most frequently reported cause of bullying. Students who are victims of bullying are also more likely to start bullying others.

RECOMMENDATIONS

- Encourage student-led initiatives that promote inclusiveness and a positive school culture (including students speaking out when witnessing bullying) - student-led initiatives show more promise to be effective than those led by external groups
- Create personal electronic device-free zones in change rooms and washrooms where cyber bullying can occur
- Consider implementing a peer mediation program* in addition to empowering students to address issues of bullying, peer mediation programs have been shown to have a generally positive effect on school climate

*https://www.peermediationnetwork.org.uk/best-practice-guidelines

School Connectedness and Academic Achievement Outcomes in British Columbia





WHY THIS IS IMPORTANT

School climate influences the experiences of students, teachers, and staff within a school. Creating a positive school climate can promote positive self-esteem and mental health in students, improve their attendance and academic success, and reduce the likelihood of engaging in risky behaviours (e.g., drugs, alcohol).

- Promote lunchtime as a social activity by encouraging students to eat together
- Consider, if feasible, implementing a closed campus policy whereby students are generally not allowed to leave school property during breaks in the day

Mental Health Outcomes in British Columbia



WHY THIS IS AN ISSUE

Mentally healthy youth are better able to learn and manage life's challenges. Positive mental health is characterized by engagement and motivation, self-awareness, self-efficacy, hope for the future, and a sense of purpose and belonging. All students can benefit from learning self-regulation and social-emotional skills to better cope with negative emotions, reduce the probability of some mental disorders, and improve the management of disorders that may be biologically determined.

- Use a comprehensive approach in teaching social emotional skills and positive mental health practices involving students, parents, staff, and community partners
- Ensure that all students know where they can go for help locally
- Equip staff with mental health literacy to recognize when students need further support
- Partner with community services and your local public health unit to connect students and align with treatment externally

Gender Differences in British Columbia

Among females in British Columbia:



16% are overweight or obese



1% eat the recommended number of servings from all 4 food groups

70% meet the National guidelines for daily physical activity



8% meet the National guideline of 2 hours or less of recreational screen time per day

7% are current smokers



11% reported binge drinking within the last month



10% have used marijuana within the last month

14% have been bullied within the last month



71% feel they are a part of their school



74% think they will complete a post-secondary education

Among males in British Columbia:

23% are overweight or obese



2% eat the recommended number of servings from all 4 food groups

> 78% meet the National guidelines for daily physical activity

7% meet the National guideline of 2 hours or less of recreational screen time per day



8% are current smokers

11% reported binge drinking within the last month

13% have used marijuana within the last month

14% have been bullied within the last month

> 74% feel they are a part of their school

71% think they will complete a post-secondary education













2017-18

Year 1 to Year 2 Comparisons in British Columbia

	2016-17		2017-18	
O	23% were overweight or obese	3%	20% are overweight or obese	
	1% ate the recommended number of servings from all 4 food groups	1%	2% eat the recommended number of servings from all 4 food groups	
	80% met the National guidelines for daily physical activity	6%	74% meet the National guidelines for daily physical activity	
	7% met the National guideline of 2 hours or less of recreational screen time per day	1%	8% meet the National guideline of 2 hours or less of recreational screen time per day	
6	9% were current smokers	2%	7% are current smokers	D
	19% reported binge drinking within the last month	8%	11% reported binge drinking within the last month	
	15% had used marijuana within the last month	4%	11% have used marijuana within the last month	2
A	19% had been bullied within the last month	5%	14% have been bullied within the last month	R
	71% felt they were a part of their school	1%	72% feel they are a part of their school	
R	72% thought they would complete a post-secondary education	no change	72% think they will complete a post-secondary education	S

green arrows indicate positive changes, red arrows indicate negative changes

A Message from COMPASS Leadership

Thank you for your involvement in the COMPASS survey. We hope you find this report informative and useful. School participation in COMPASS will help to shape future youth health research and practice across Canada and internationally for years to come. We hope to continue working with you and your local public health professionals to help make Ontario schools the healthiest environment possible for students.

Dr. Scott Leatherdale COMPASS Principal Investigator Associate Professor School of Public Health and Health Systems University of Waterloo

