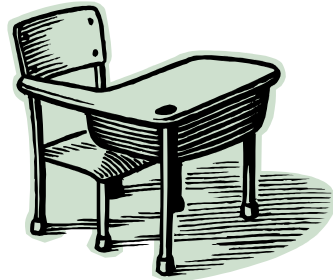


YOUTH HEALTH SURVEY REPORT

NOR-MAN RHA Regional Report

Grades 6 – 12

September 2009



CancerCare
MANITOBA
ActionCancerManitoba



Acknowledgements

This report was possible only through the efforts of many people. We wish to acknowledge the following:

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NOR-MAN RHA Schools Your School Report

The purpose of the Youth Health Survey is to provide schools and NOR-MAN RHA with current region-specific information about risk factors for chronic disease in youth. This survey provides baseline information on students in our region. Youth behavior is important as lifelong health behaviours 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.”¹ Studies have shown that early indicators of chronic disease begin in youth.²

Now that there is 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 the NOR-MAN RHA. It is an amalgamation of all of data received from youth in the region. This report provides a regional picture of where youth are at in terms of modifiable risk factors for chronic diseases. **NOR-MAN RHA** includes: Cold Lake School, Cormorant Lake School, Cranberry Portage Elementary School, Ecole McIsaac School, Frontier Collegiate Institute, Grand Rapids School, Great Expectations, Hapnot Collegiate, Joe A. Ross School, Joseph H. Kerr School, Many Faces, Margaret Barbour Collegiate Institute, Rod Martin School, Ruth Betts School, Scott Bateman Middle School, Chemawawin Elementary & Jr. High School and Sakastew School.

Why are Schools and Communities 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:

- An organizational culture that promotes a safe, healthy learning and working environment for students and education staff
- An environment that fosters partnerships within the school and greater community
- 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.⁷

Health is directly linked to educational achievement, quality of life and economic productivity. Research...demonstrates that school health programs can simultaneously reduce common health 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: Helping Schools Become Health 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. “Numerous studies report the effectiveness of school health promotion in influencing the knowledge, attitudes and behaviours of students from kindergarten to Grade 12 and beyond.”⁹

If you are interested in learning more about advancing chronic disease prevention in your school or community, please contact the NOR-MAN Regional Health Authority Health Primary Health Care Centres by calling

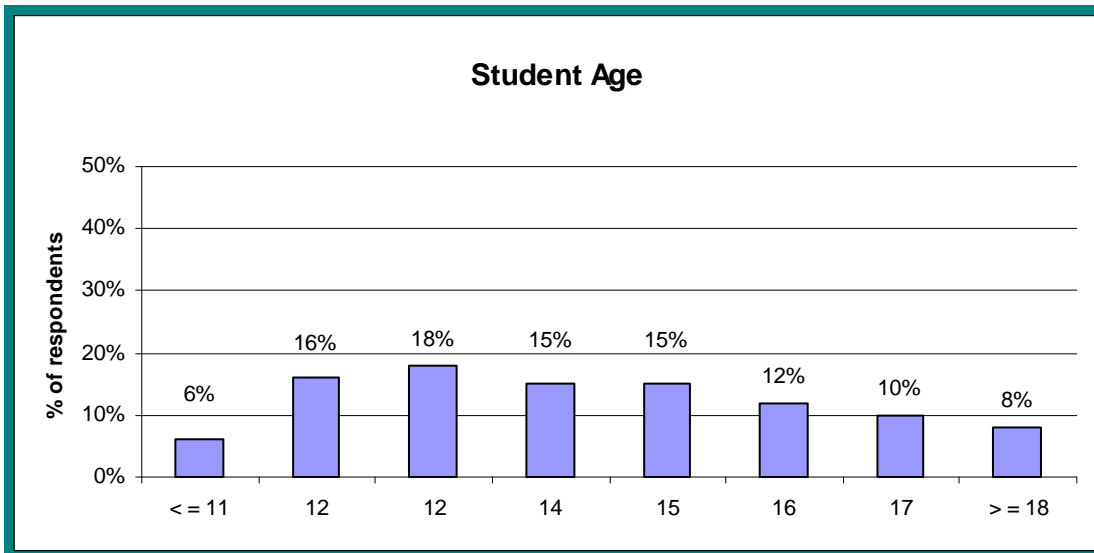
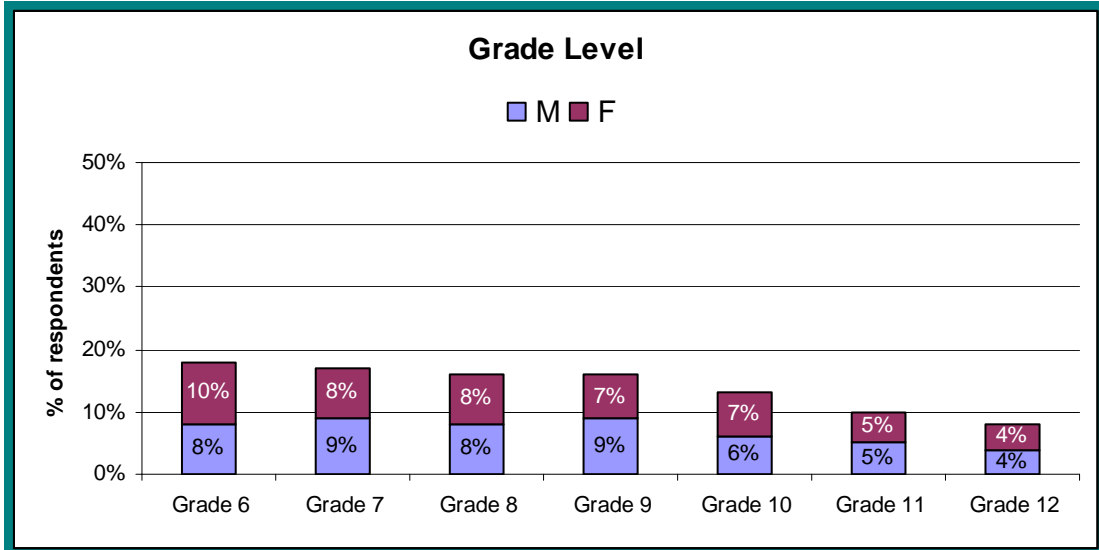
623-9650 in The Pas

or

687-1340 in Flin Flon.

Overall, in the NOR-MAN Region, 80% of students in grades 6 to 12 completed this survey.

The students who responded were 49% female and 50% male. 1% did not state their gender.



Report Highlights

- 51% of female students and 63% of male students participate in the recommended amount of physical activity daily.
- Students are most active after school followed by at lunch.
- Students prefer to participate in recreation activities on weekends and on weekdays after 5 pm.
- Only 7% of students eat 5 or more fruits and vegetables in a day.
- 61% of boys and 69% of girls fall within the recommended healthy weight category.
- 34% of boys and 41% of girls in grades 9-12 are currently smoking.
- 79% of students think that all public spaces should be smoke free.
- 67% of students indicated that their school had a clear set of rules about smoking for students.
- 63% of female smokers and 58% of male smokers have plans to quit smoking sometime in the future.
- 41% of students had at least 1 drink of alcohol in the last 30 days.
- 66% of students strongly agree or agree that they feel close to people in the school.
- 69% of students strongly agree or agree that they feel part of the school.
- 65% of students strongly agree or agree that they are happy to be at the school.
- 66% of students strongly agree or agree that they feel safe in their school.
- 45% of students report that they had felt hopeless in the past 12 months.
- 22% of students reported using any illegal drugs in the last 30 days.



Physical Activity

NOR-MAN
RHA

Why We Study Youth Physical Activity

Physical Inactivity in Youth is a Public Health Epidemic

- Behaviors started in childhood and adolescence tend to carry over to adulthood.
- In 2005, 28% of Canadian youth and 31% of Manitoba youth were considered physically inactive.¹⁰
- Fewer than 10% of Manitoba children aged 5 to 12 years meet Canada's Physical Activity Guide (PAG) recommendations of 60 minutes of moderate plus 30 minutes of vigorous activity daily.¹¹ Boys are more likely than girls to meet the PAG goals.
- Approximately 8% of Manitoba youth from ages 13 to 17 meet the PAG recommended amount of daily physical activity.¹²

Benefits of physical activity:

- *promotes normal growth and bone development;*
- *fosters psychological well being, self-esteem and social development;*
- *helps maintain healthy weight in children and teens;*
- *reduces the risk of several chronic diseases – including diabetes, high blood pressure, heart disease and cancer.*¹³

Moving toward action:

Recent research from Nova Scotia, Ontario and British Columbia demonstrates the benefits of comprehensive school health programs that employ community engagement practices in increasing physical activity and other healthy behaviours in schools.¹⁴

School / community programming is effective when a combination of approaches is used including:

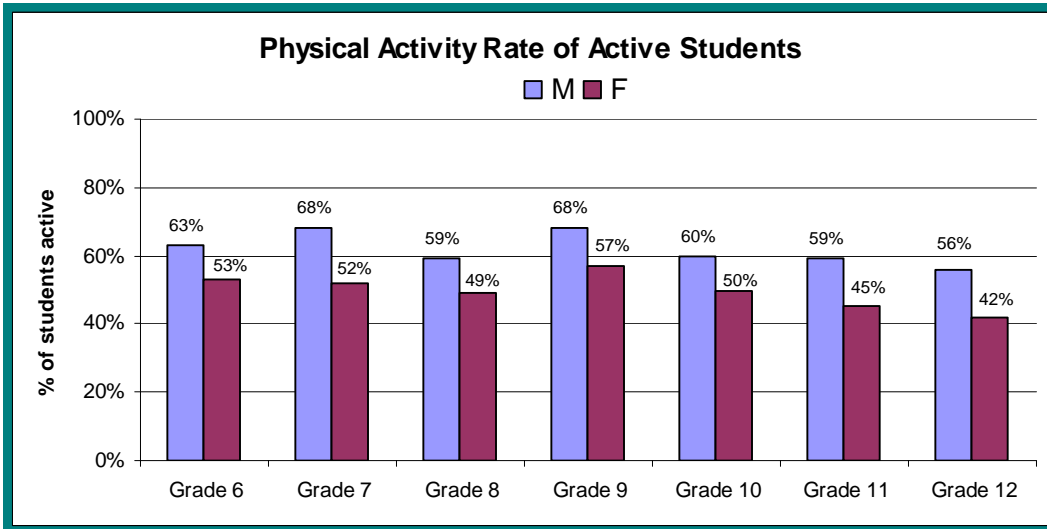
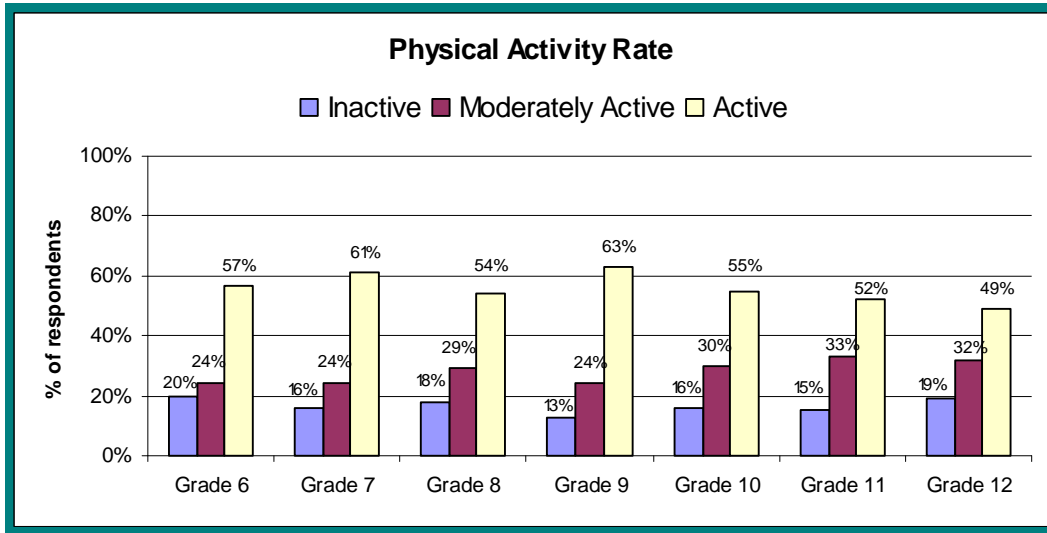
- Education
- Accessible facilities
- Physical activity programming (intramurals, intervarsity and a variety of sports / activities)

By working together through coordinated efforts between school and community we can achieve greater impact on the health of young people.

Physical Activity Levels

We asked the students of **NOR-MAN RHA** to report how much physical activity they do each day of the week. The graphs below show the percentage of students who are inactive, the percentage of students who are moderately active and the percentage who are active enough for optimal growth and development.

Based on student reports, 56% of students at **NOR-MAN RHA** are active and another 27% are considered moderately active. However, 16% of students are physically inactive.



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

It is recommended that youth expend at least 6 to 8 KKD for optimal growth and development¹⁵.

This could mean 60 minutes of biking, raking leaves, dancing, or brisk walking, combined with 30 minutes of aerobics, hockey, basketball or jogging.

How to take action:

There is *strong evidence* showing that school-based interventions are effective in increasing physical activity and physical fitness among children and youth. Effective interventions use approaches that include one or more of the following:

1. Modified Physical Education (PE) Programs:
 - increased length of PE class
 - alternative activities to increase students' interest in PE class
 - increased moderate and vigorous physical activity engaged in during PE class
2. Additional classroom physical activity breaks led by classroom teachers as a complement to the PE class
3. Self-management programs including goal setting, self-monitoring and problem solving
4. Family-involvement programs

(From the Knowledge Exchange Network package *Effective School-based Interventions in Physical Activity*. Further information can be found at www.mb.cancer.ca. Follow the Knowledge Exchange Network Link.)

We also asked the students how many of their closest friends are physically active. 62% of the active students reported that 4 or 5 of their closest friends were physically active. Students who are active and moderately active are more likely than inactive students to have 4 or 5 of their closest friends who are active.

| # friends who are physically active | Active Students | Moderately Active Students | Inactive Students |
|--|------------------------|-----------------------------------|--------------------------|
| 0 | 3% | 4% | 10% |
| 1 | 3% | 7% | 11% |
| 2 | 9% | 17% | 17% |
| 3 | 21% | 24% | 21% |
| 4 or 5 | 62% | 46% | 36% |

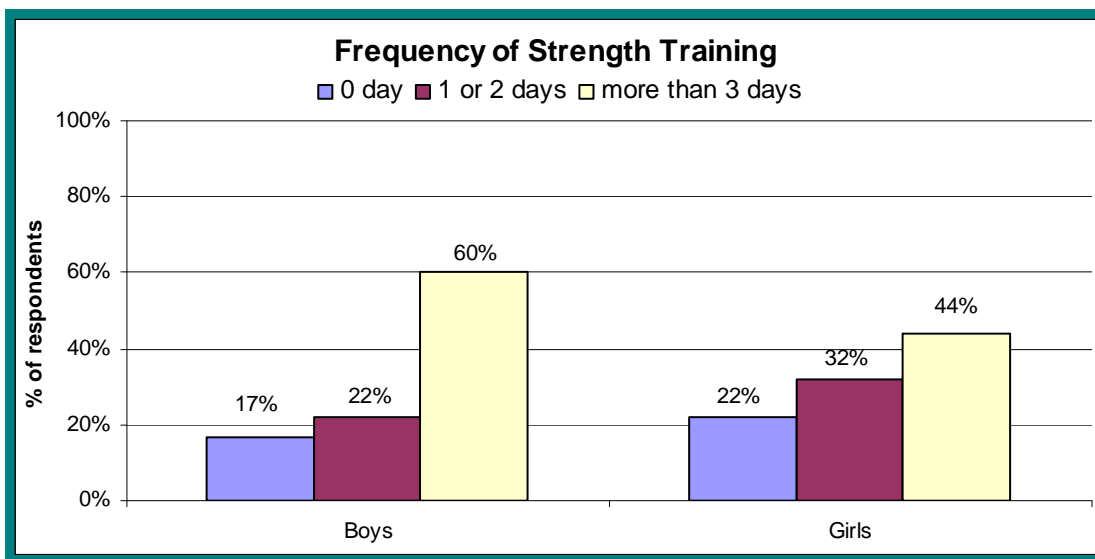
Strength Training in Youth

Strength training helps develop and maintain strong muscles, healthy bones, healthy body weight and can enhance body image.

It is recommended that youth strength-train 2-3 days per week as part of a physical activity program. All students should be taught how to strength-train properly so that they do not over train and hurt themselves.

In **NOR-MAN RHA**, 79% of students reported doing strength training activities such as push-ups, sit-ups and weight lifting at least once a week.

60% of the boys and 44% of the girls reported that they strength train more than 3 days of the week.



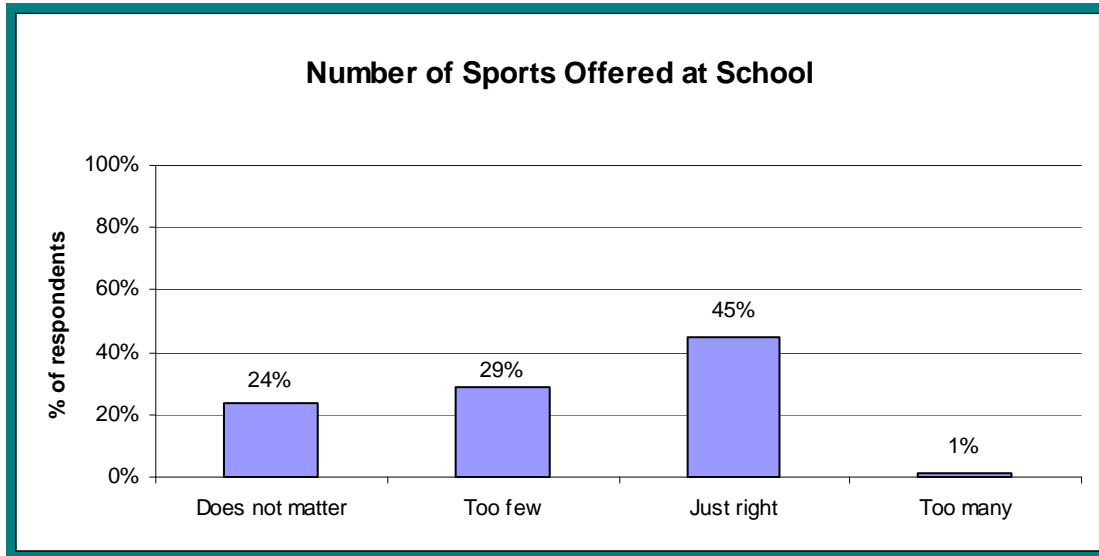
When Students are Active

Students reported the time of day when they are most physically active:

- 10% are active before school
- 64% are active after school
- 24% are active at recess
- 29% are active at lunch

Satisfaction with the Number of School Sports

45% of students in **NOR-MAN RHA** stated they felt that the number of sports offered at their school was just right but 29% felt that there were too few sports offered at school.



How to Take Action: Promoting school sports

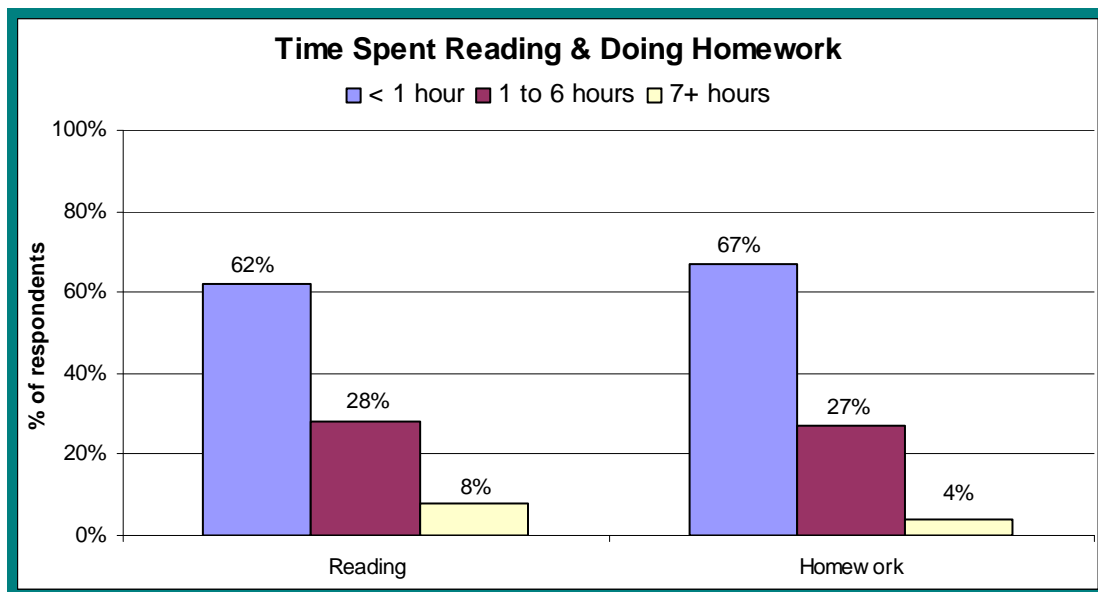
- Focus on promoting participation in varsity and intramural sports by offering a balance of both in a variety of sports and activity programs
- Even varsity teams can include lots of students:
 - Individual events, like track & field, can include everyone interested in some meets, while using rotating or performance-based criteria for other meets
 - Practice squads can expand participation in team-based events and develop skilled players for subsequent years
- Have students create their own intramural leagues for credit. Organizing and running an intramural program can be a great project for a senior student looking for experience in sport management
- Increasing participation is likely easiest through intramural activities since everyone at school is eligible to participate
- Offering other non-traditional sports such as kickboxing, dancing and golf

Exposing children to a wide variety of physical activities and sports at school, and seeking their input on activities they would like to try, are excellent ways to encourage participation. Schools can do this through daily physical education programming, structured physical activity programs at lunch periods, intramural and inter-school sport program and other extra-curriculum physical activities.¹⁶

Time Spent Reading and Doing Homework

Sedentary activities include things such as watching television, using the computer, reading and homework. To promote overall health, students should decrease the total amount of time they are inactive while maintaining homework and reading time. This can be done by decreasing “screen time” which is time spent in front of the television, video games or on the internet and also decreasing inactive time spent on the telephone.

This graph shows how much time **NOR-MAN RHA** students spend reading or doing homework per week.



How to Take Action:

While the Youth Health Survey was completed by students from Grades 6 to 12, the Knowledge Exchange Network has identified programs that can be successful for lower grades as well.

The Student Media Awareness to Reduce Television (SMART) program has been effective in decreasing physical inactivity. It includes three main components:

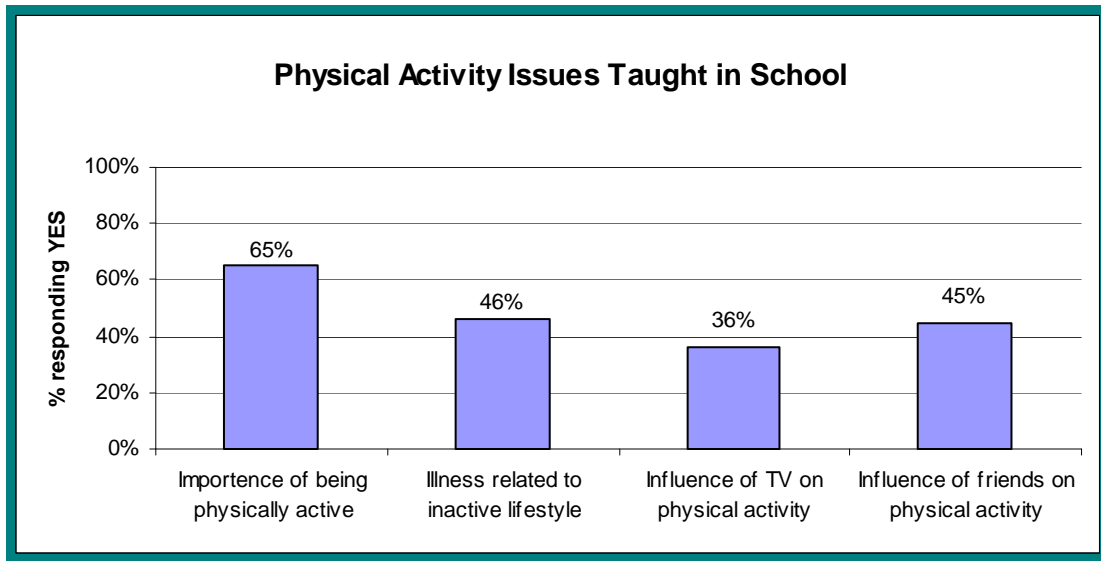
- (1) students learn to self-monitor,
- (2) a TV turn-off challenge, and
- (3) students develop a budget for television, videos and video game use.

The students participating in this program showed a 5.5 hour/week decrease in TV, a 2.5 hour/week decrease in video game use, and significant changes in body weight.

(From the Knowledge Exchange Network package *Effective School-based Interventions in Physical Activity*. Further information can be found at www.mb.cancer.ca. Follow the Knowledge Exchange Network Link.)

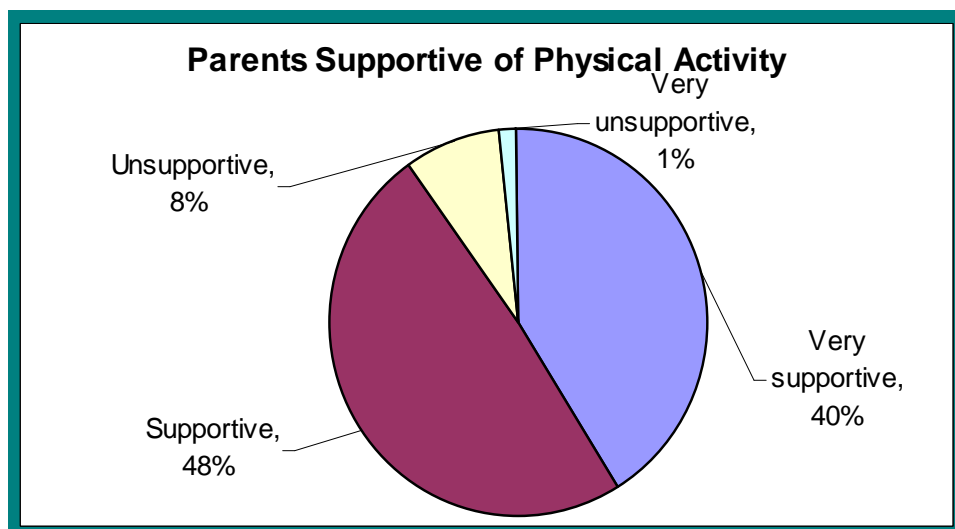
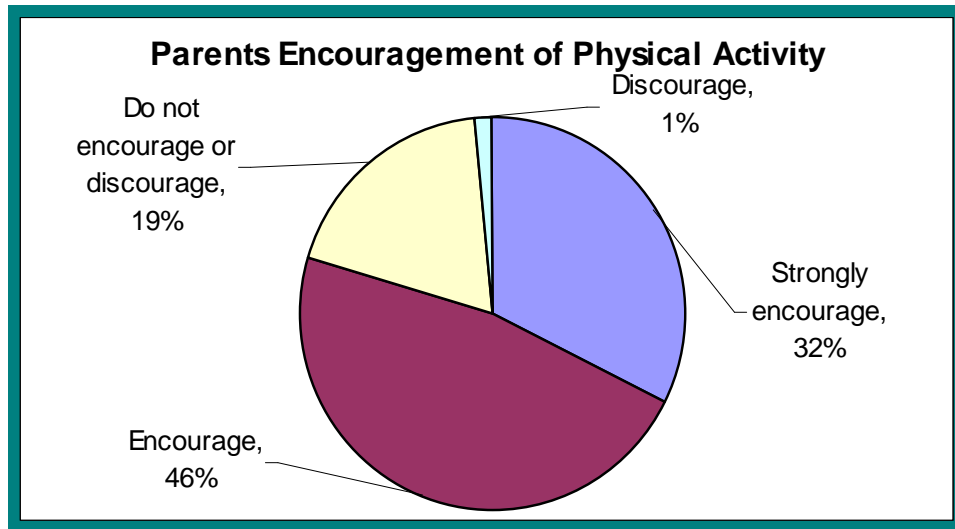
Students Perceptions of Physical Activity

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



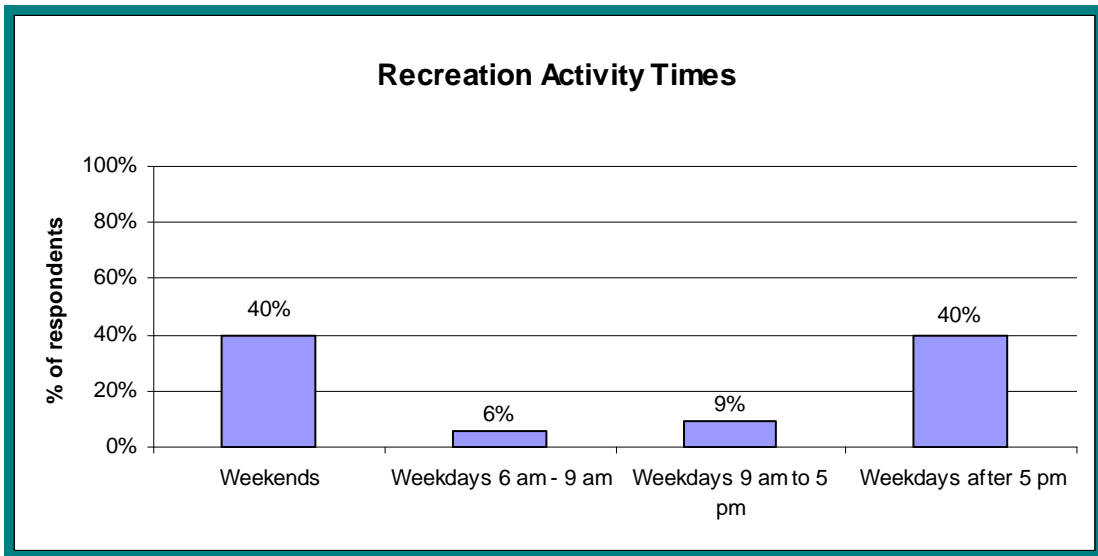
Parental Support of Physical Activity

We asked **NOR-MAN RHA** students how their parents encouraged and supported them (such as driving to team games and buying sport equipment) in their physical activities. 78% of the students said that their parents encouraged/strongly encouraged them to be physically active and 89% of the students said that their parents were supportive/very supportive of their participation in physical activities.



Recreation Activities in their Communities

Students were asked when they would like to participate in recreation activities. 40% of students indicated that they would like to participate in physical activities on weekends and 40% on weekdays after 5 pm.



B

Healthy
Eating

NOR-MAN RHA

Why We Study Healthy Eating

*Good health and nutrition are needed to achieve one's full educational potential because nutrition affects intellectual development and learning ability. Schools offer more effective, efficient and equal opportunities than any other setting to promote health and healthy eating. They reach young people at a critical age of development in which lifestyles are developed, tested and adapted.*¹⁷

- Lower grade levels provide excellent opportunities to influence healthy eating because eating habits are formed early in life.¹⁸
- The number of servings of fruits and vegetables provides a way to measure “healthy eating”. Only 39 % of Canadians residents over the age of 12 eat at least 5 servings of fruits and vegetables every day¹⁹.

Benefits of healthy eating include:

- better performance at school, work and play
- better behaviour
- more able to cope emotionally
- less anxiety, depression and hyperactivity
- more ready to learn
- lower incidence of disease
- healthy weights

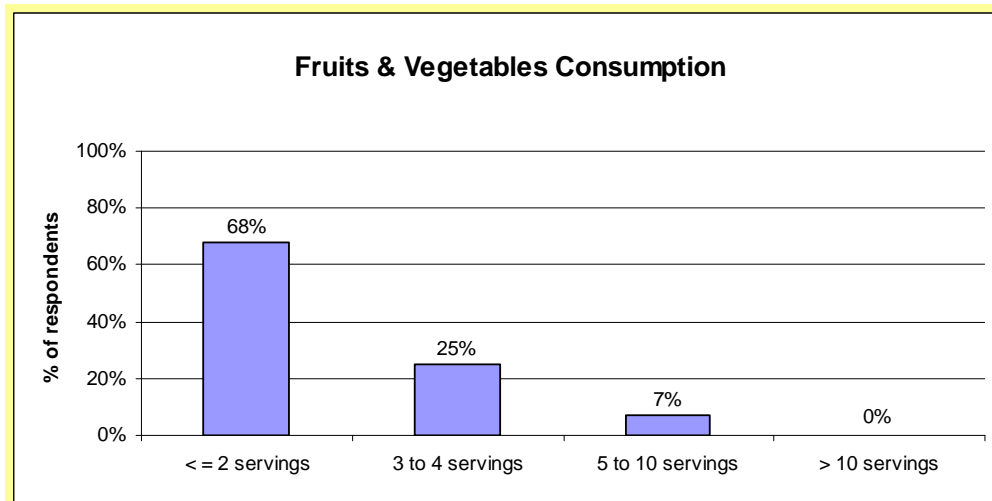
Healthy eating contributes to the prevention of:

- *Obesity*
- *Hypertension, heart disease and stroke*
- *Diabetes*
- *Respiratory diseases*
- *Orthopedic conditions such as arthritis, joint and back problems*
- *Certain mental health issues*

Eating Habits of Students

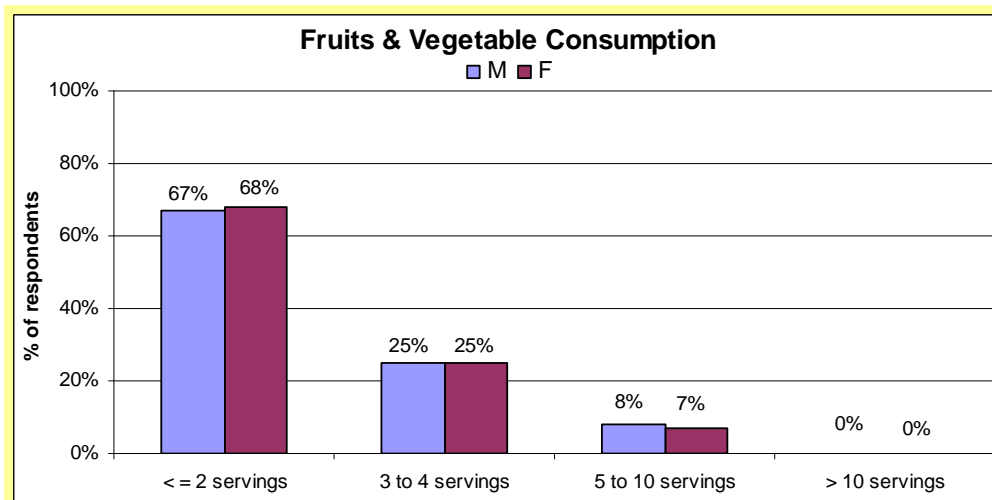
Canada's Food Guide to Healthy Eating recommends that children 9 to 18 years of age consume between 6 and 8 servings of fruit and vegetables on a daily basis. Students were asked to indicate the number of servings of fruits and vegetables they consumed on a regular basis.

Only 7% of students at **NOR-MAN RHA** consumed fruits and vegetables 5 or more times per day.



Significant trends contributing to unhealthy eating:

- *Supersizing*
- *Junk food*
- *Fast food*
- *Eating out*



How to Take Action:

There is *strong evidence* showing that school-based interventions are effective in increasing fruit and vegetable intake, and decreasing the amount of fat intake in children and youth. Effective strategies include:

- Using clear messages about specific behaviour changes
 - Incorporating multiple strategies to reinforce messages
- Incorporating family involvement
- Running programs for an extended period of time (> 16 weeks)
- Treating fruits and vegetables separately in the intervention (separate programs / curricula)
- Encouraging children to accept or like the taste of fruits and vegetables (e.g. offering veggie packs in the canteen)
- Minimizing emphasis on benefits for future health
- Beginning interventions prior to the sixth grade before behaviour patterns become resistant to change

Effective school-based nutrition interventions use approaches that include one or more of the following:

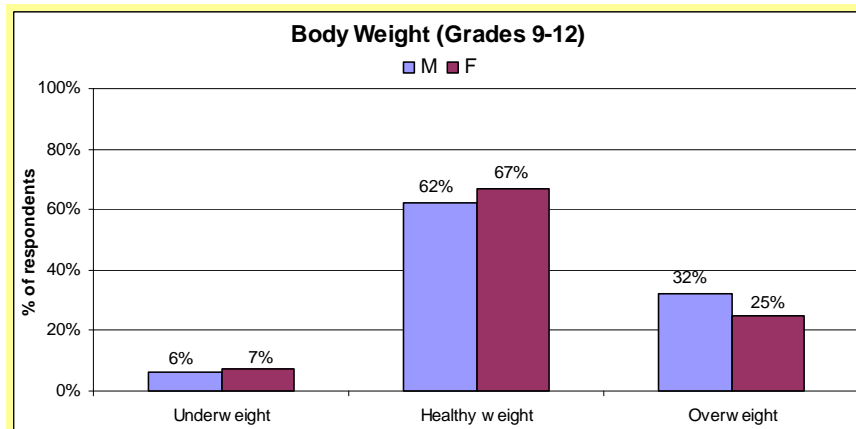
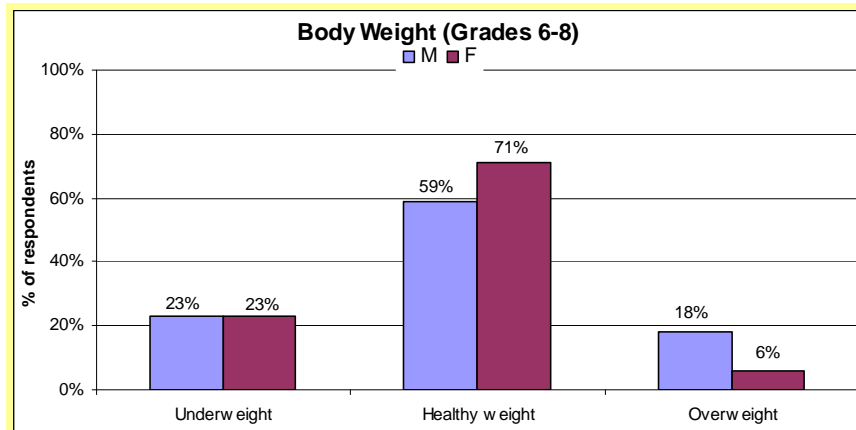
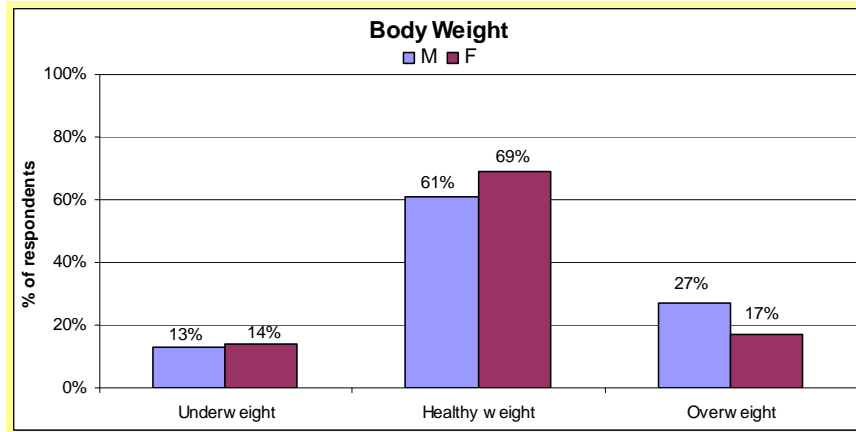
- Classroom (lessons and activities)
- School meal modification
- Parental involvement
- Point-of-purchase education
- Media marketing

(From the Knowledge Exchange Network package *Effective School-based Interventions in Nutrition*. Further information can be found at www.mb.cancer.ca. Follow the Knowledge Exchange Network Link)

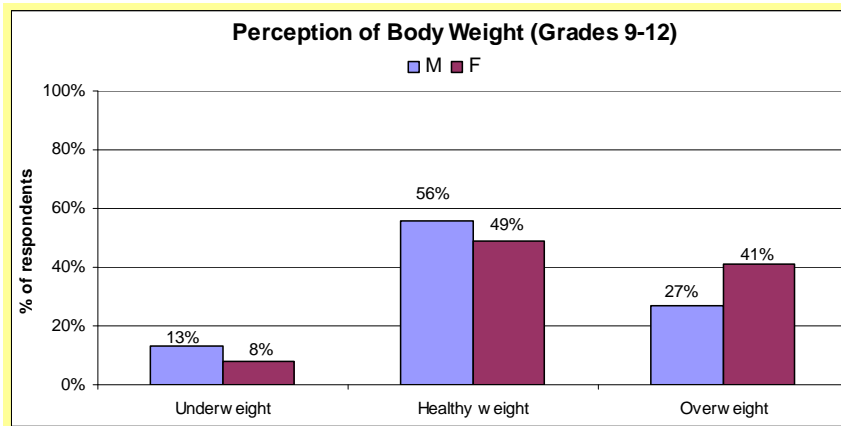
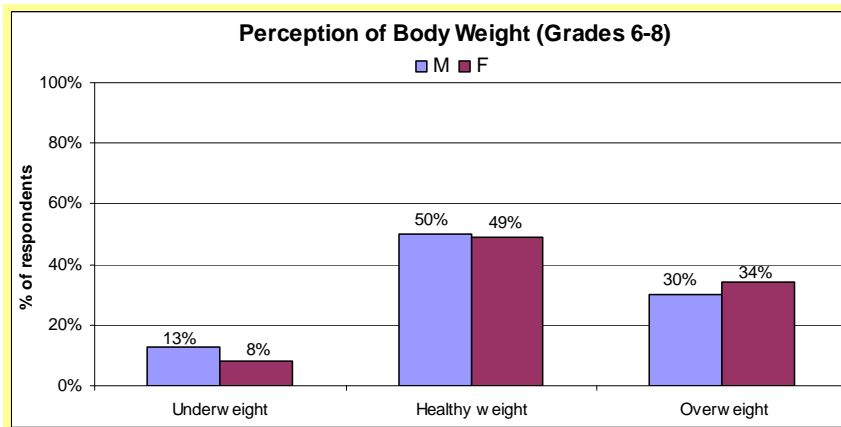
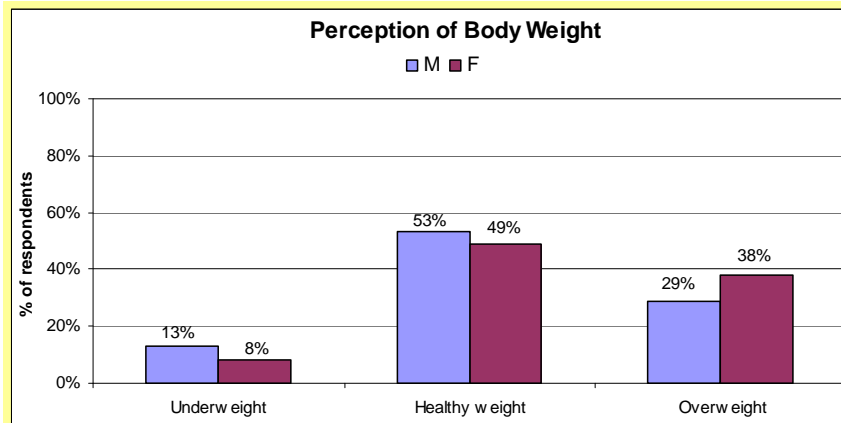
Healthy Body Weight

48% of Canadians were overweight or obese in 2003.²⁰ Being overweight during childhood can lead to increased illness and risk of chronic diseases such as heart disease, cancer and type-2 diabetes.²² Overweight and obese youth are often stigmatized by peers and adults.^{23, 24} These youth may experience psychological stress, have a poor body image as well as poor self-esteem.²⁵

Healthy body weight can be measured by body mass index (BMI). BMI is a measure of a person's weight in comparison to their height. Of the students with a valid BMI, 61% of the boys and 69% of the girls at **NOR-MAN RHA** fall within the recommended healthy weight category for their age.



Having a healthy body weight is necessary for health & well-being. However, an accurate and realistic perception of one's weight can provide motivation to gain or lose weight as necessary. 53% of the boys and 49% of the girls at **NOR-MAN RHA** students perceive their body weight as healthy.



This section has focused on overweight and obesity, but we acknowledge the dangers of being underweight, which are not discussed. Regardless of weight, however, “body image dissatisfaction is a strong precursor to emotional problems, unhealthy nutrition habits and in extreme cases, to eating disorders.”²⁶

A complex web of factors contributes to a healthy body weight. This report has outlined possible actions for **NOR-MAN RHA** for physical activity, inactivity and healthy eating.



Smoking, Alcohol & Drug Use

NOR-MAN RHA

Why We Study Youth Smoking

Smoking is a Public Health Problem

- 22% of Canadians over the age of 12 are smokers.²⁷
- 22% of all deaths in Canada are attributed to smoking.²⁸ Smoking causes 4 times as many deaths as car accidents, suicide, homicide and AIDS combined.²⁹
- Half of all long-term smokers will die or be disabled by a smoking-related illness.³⁰

Smoking is an Adolescent Problem in Canada

- Because 85% of current smokers start smoking by the age of 19,³¹ adolescence is a crucial time in the prevention of smoking
- The average age at which students smoke their first whole cigarette is 11.³²
- What starts as a bid for *independence* quickly becomes *dependence* on tobacco. Only 5% of student smokers think that they will be smoking in 5 years – 5 years later, 80% of them are heavy smokers.³³

Smoking is a Community Problem in Canada

- Smoking is more predictive of dropping out of school than marijuana use or alcohol use.³⁴
- Students who take up smoking show a decrease in academic achievement and motivation.³⁵
- Starting smoking at an early age is predictive of a number of other risk behaviors; these include carrying a gun or other weapon at school, fighting, and drug use.³⁶

Schools Can Make a Difference:

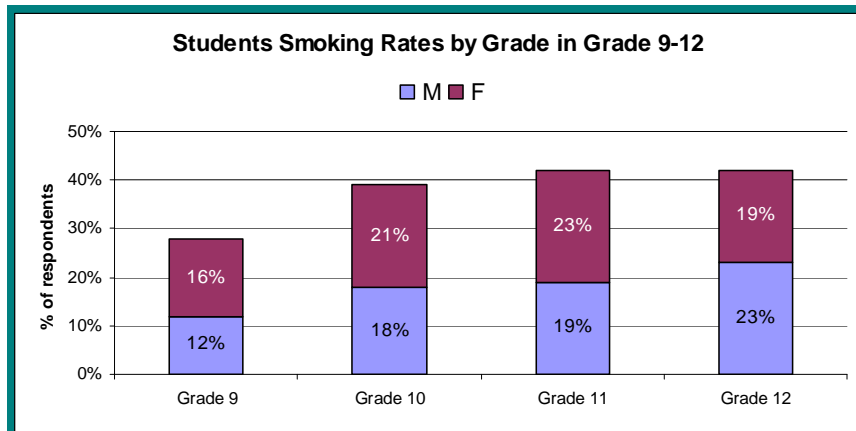
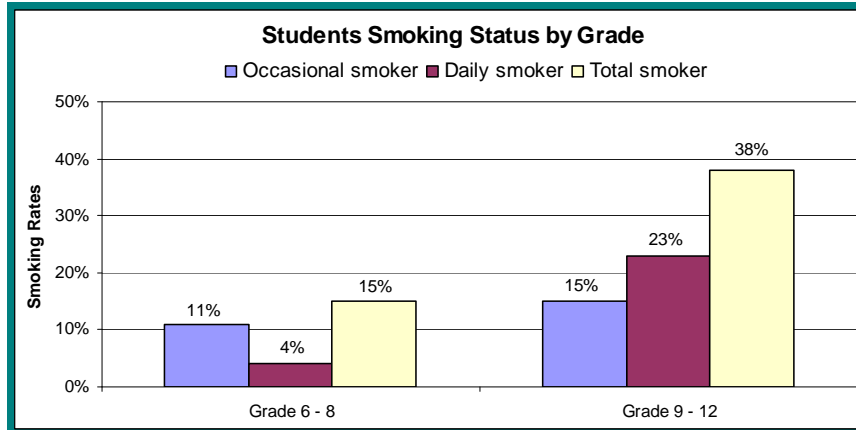
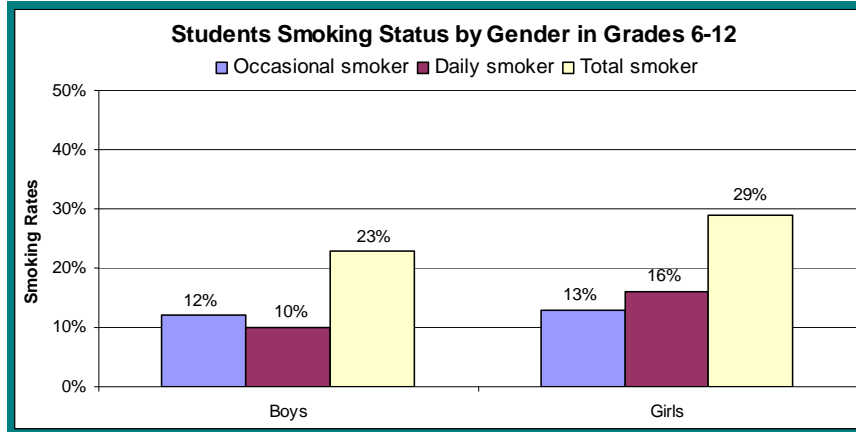
School efforts linked with local public health and community agency efforts can reduce problems related to youth smoking. Research has shown that successful efforts include education (coordinated curriculum), a supportive environment (clear, enforced rules about smoking), services and students who know people care.

(From the Knowledge Exchange Network package *Effective School-based Interventions in Tobacco Prevention*. Further information can be found at www.mb.cancer.ca. Follow the Knowledge Exchange Network Link).

The Manitoba Lung Association reports success with the NOT (Not On Tobacco) youth tobacco cessation program. See www.mb.lung.ca/not.html for more information. A financial incentive is available for schools who run a program in their school.

Who Smokes in NOR-MAN RHA

Overall, 23% of the boys and 29% of the girls we surveyed in **NOR-MAN RHA** reported that they are currently smoking. We see the smoking rates increase from grades 6-8 to grades 9-12.



The Canadian Tobacco Use Monitoring Survey³⁷ indicates that 20% of youth aged 15-19 in Manitoba and 19% of youth aged 15 to 19 in Canada were current smokers in 2005. For grades 9 to 12 in **NOR-MAN RHA**, the boys' smoking rate is 34% and the girls' smoking rate is 41%.

Attitude to Smoke Free Public Spaces

In NOR-MAN RHA, 79% of the students surveyed responded 'probably yes' or 'definitely yes' to the question, "Do you think all public places (e.g. malls, arcades, restaurants, etc.) should be smoke free?" Sharing this information with the students and getting kids involved in advocating for smoke-free public places may reduce the likelihood that they will start to smoke and may help them to feel that it is okay to speak out in favor of non-smoking.

School Smoking Policy

Students were asked a question about their school's smoking policy. 67% of the respondents indicated that their school has a clear set of rules about smoking for students to follow and 20% indicated that they didn't know. 9% of students reported that their school does not have a clear set of rules about smoking.

Moving toward action

The enforcement and perceptions of enforcement are crucial to the success of school smoking bans. A recent study found that school smoking bans that were strictly enforced were related to an 11% decrease in the uptake of smoking.³⁸ To obtain this type of a reduction, it is important that students perceive that most or all students obey the rules. It is important for students to understand that the rules are not arbitrary, but intended to protect the health of students.

Why Students Smoke

Students take up 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 indirect (e.g., modeling). We asked students in **NOR-MAN RHA** a series of questions relating to peers and family.

96% of daily smokers and 89% of occasional smokers report that 1 or more of their 5 closest friends smoke cigarettes. 18% of non-smokers report that 1 or more of their 5 closest friends smoke.

| How many of your 5 closest friends smoke cigarettes? | Percentage of Students Responding | | |
|--|-----------------------------------|--------------------|-------------|
| | Daily Smokers | Occasional Smokers | Non-smokers |
| 0 | 2% | 8% | 8% |
| 1 | 2% | 14% | 5% |
| 2 | 8% | 17% | 5% |
| 3 | 11% | 14% | 4% |
| 4 | 12% | 12% | 1% |
| 5 | 63% | 33% | 2% |

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

| Family Member Smoking Inside the Home | Percentage of Students Responding | | |
|---------------------------------------|-----------------------------------|--------------------|-------------|
| | Daily Smokers | Occasional Smokers | Non-smokers |
| 0 | 31% | 38% | 50% |
| 1 | 16% | 20% | 21% |
| 2 | 18% | 20% | 16% |
| 3 | 14% | 9% | 3% |
| 4 | 6% | 4% | 2% |
| 5 or more | 12% | 7% | 2% |

Not only are students whose parents smoke, more likely to become smokers themselves, it is also a health concern if a family member(s) smokes in the home. 66% of the daily smokers and 60% of occasional smokers at **NOR-MAN RHA** reported that at least one person inside the home smoked on a daily basis.

How to take action:

There is *strong evidence* showing that school/community-based interventions are effective in preventing tobacco use in youth. Effective strategies:

- Include peers in the development and implementation of programs
- Build on elements of existing effective campaigns
- Create interventions that focus on social reinforcement and/or developmental and social norms
- Focus on multiple risk behaviors, not just tobacco use
- Sustain and coordinate interventions to the end of adolescence
- Focus on higher grade levels making sure community activities reach youth
- Create campaigns of sufficient intensity, frequency and duration
- Include multiple activities that address the different factors associated with smoking behavior

Effective school / community-based youth tobacco prevention interventions use approaches that include one or more of the following:

- Classroom education
- Telephone and mail boosters
- Mass media marketing
- Parent and school principal groups, example, refining school policy

(From the Knowledge Exchange Network package *Effective School-based Interventions in Tobacco Prevention*. Further information can be found at www.cancer.ca. Follow the Knowledge Exchange Network Link)

How Students Obtain Cigarettes

Most of the students at **NOR-MAN RHA** 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. In the past month 37% of smokers stated that they were not asked their age when buying cigarettes, another 14% were asked less than half the time. Only 6% were always or almost always asked their age when buying cigarettes.

Student who smoke obtain their cigarettes in the following ways:

| <i>How do you usually get your cigarettes?</i> | % responding |
|--|--------------|
| I buy them | 32% |
| Someone buys them for me | 26% |
| I get them from my friends | 27% |
| I get them from home | 3% |
| Other | 13% |

| <i>If you buy your own cigarettes, where do you buy them?</i> | % responding |
|---|--------------|
| Convenience store | 29% |
| Gas station | 35% |
| Grocery store/supermarket | 16% |
| Bar | 8% |
| Restaurant/diner/cafeteria | 2% |
| Friend or other person | 28% |

*Note: column may exceed 100% as students were asked to select ALL that apply.

Moving toward action

Establishing partnerships between school divisions, schools, local health departments and tobacco retailers is important in reducing the number of youth who access tobacco.

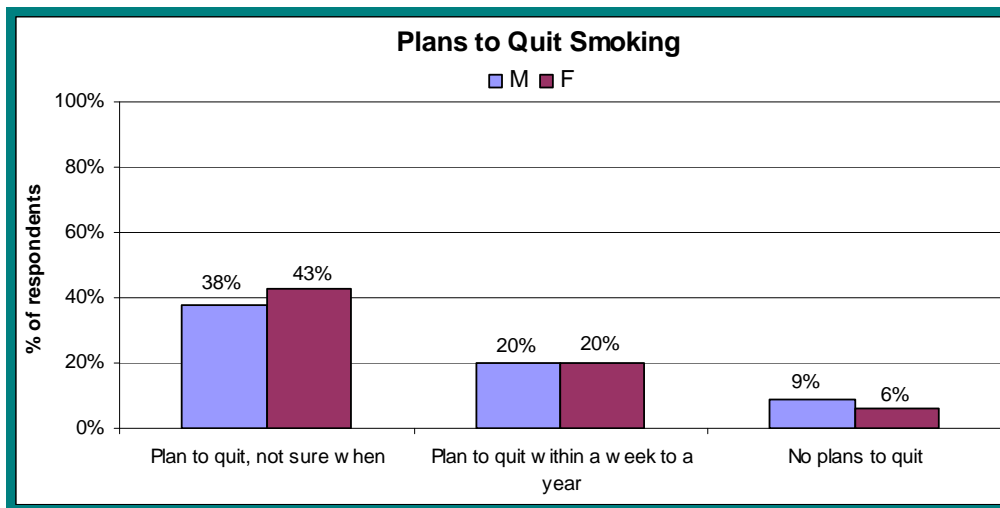
Other community strategies include:

- Enforcing legislation and working with schools on the issue of social supply (students sharing tobacco) on school property can reduce youth access to tobacco.
- Retailer education and increased compliance with laws that prohibit sales to minors can be another way to effectively reduce tobacco use.

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 youth.³⁹ Students can have a very difficult time quitting even when they have strong motivation to do so.

When students were asked about their plans to quit smoking, many students (43% of females and 38% of males) plan to quit, but are not sure when. Another 20% of females and of 20% males plan to quit within a week to a year. Of those who smoke 6% of females and 9% of males have no plans to quit.



Most young smokers attempt to quit within two years of their first cigarette, and most smokers make multiple quit attempts.⁴⁰

According to the Youth Smoking Survey, 1994 (YSS), a high percentage of current smokers aged 10 to 19 years (81%) have at some time seriously thought about quitting; most have made a quit attempt (Y3). Of current smokers who have tried to quit, 19% have made five or more attempts to quit. In the six months prior to the survey, 40% of all current smokers aged 10 to 19 had made at least one quit attempt.

Moving toward action

Smoking often occurs in social situations among peers. Programs that help students to develop skills for resisting social influences are helpful. The most successful programs teach students refusal skills through direct instruction, modeling, reversal, and reinforcement.

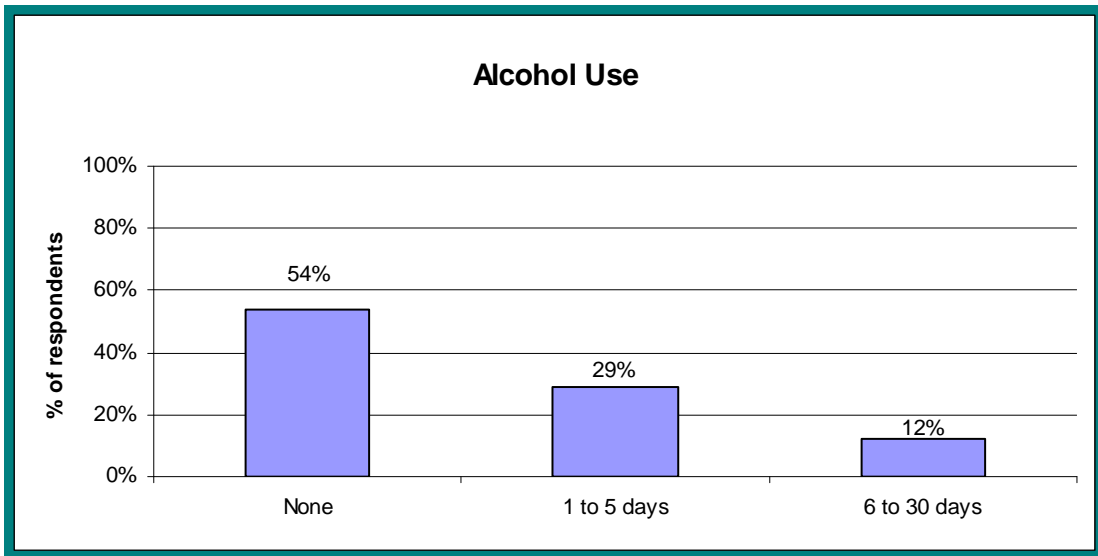
It is also important to increase awareness of the artificial atmosphere created in our society that leads students to see the cigarette as a rite of passage into adulthood and an emblem for rebellion.

The Manitoba Lung Association **Not On Tobacco** program provides strategies to deal with the social pressures to smoke. For more information, visit: www.mb.lung.ca/not.html.

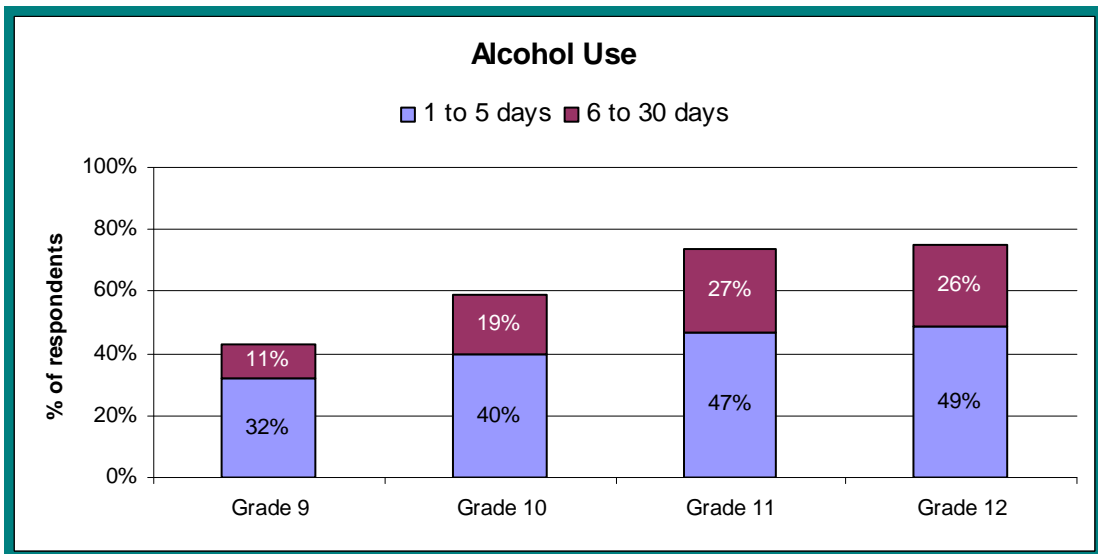
Alcohol & Drug Use

*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 conditions.*⁴¹

Students were asked “During the past 30 days, on how many days did you have at least one drink of alcohol?”, 29% of the students indicated that they had alcohol between 1 and 5 days and 12% had alcohol between 6 and 30 days.

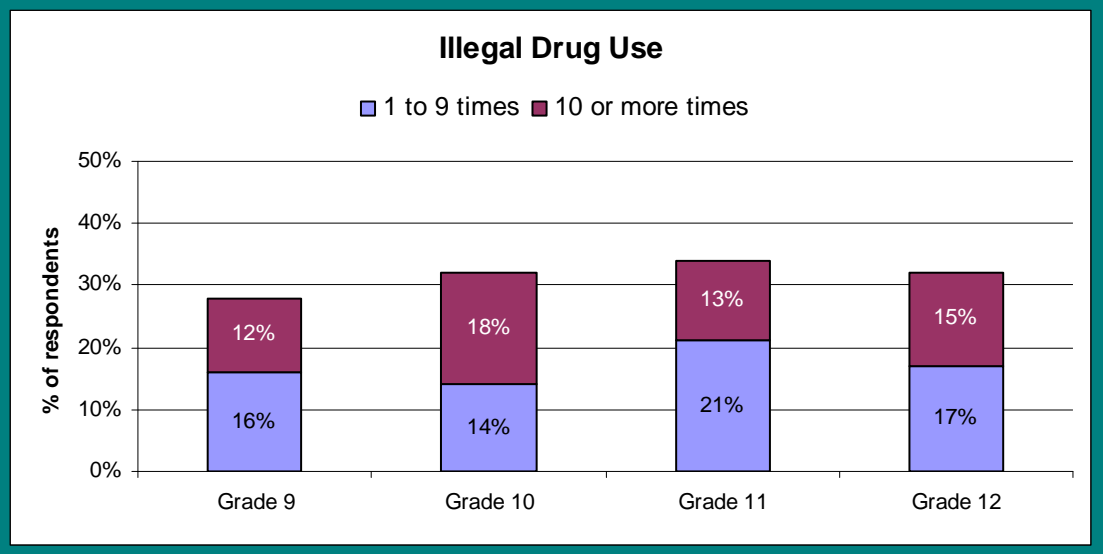


43% of grade 9 students had at least one drink of alcohol in the last 30 days. This increased to 74% of grade 12 students.



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?”, 28% of the students indicated that they had 5 or more drinks of alcohol within a couple hours on at least one of the past 30 days.

22% of the students at **NOR-MAN RHA** 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. The percentage of students that indicated they had used illegal drugs rose from 28% in grade 9 to 32% in grade 12.



How to take action:

A Health Canada publication entitled “Preventing Substance Use Problems Among Young People: A compendium of Best Practices”⁴² includes several principles of effective prevention programs, such as:

- Prevention should enhance protective factors and minimize risk factors
- Prevention should include family, schools and community
- Prevention programs should be developed on a continuum in order to meet age specific and developmental needs in a young persons life
- Programs need to be sustainable and integrated within the community network

A recent comprehensive analysis of evidence-based best practices in school health instruction and policy in substance abuse prevention in Australia⁴³ identified the following characteristics of successful programs:

- Parents and the wider community are involved
- Health is a whole school responsibility
- Instruction should be sequential and developmentally appropriate
- Instruction should have a basis in expressed student needs
- Instruction should begin before the onset of harmful practices
- Interaction vs didactic learning is a best fit for health instruction
- Peer leaders hold promise for health instruction
- Classroom teachers play a central role
- The values and attitudes of the broader community must be considered
- Focus should be on harm minimization as an end goal
- Social skills are superior to factual information alone in achieving improvements

School Connectedness:

There is increasing evidence that the school environment plays an important role in supporting students' abilities to stay smoke-free. Students who feel an attachment to their school and who consider their teachers to be supportive are less likely to smoke or to engage in other unhealthy or risky behaviors. Activities to build a positive school community might be helpful in reducing smoking in **NOR-MAN RHA**. Here is what **NOR-MAN RHA** students said about their school environment:

| How strongly do you agree or disagree with the following statements? | Percentage of Students Responding | |
|---|--|--|
| | Agree/ Strongly Agree | Disagree/ Strongly Disagree |
| I feel close to people at this school | 66% | 27% |
| I feel I am part of this school | 69% | 23% |
| I am happy to be at this school | 65% | 27% |
| I feel safe in my school | 66% | 26% |

“School connectedness is an important predictor of academic performance, positive career trajectory and a clear protective factor against a range of problem behaviours.”⁴⁴

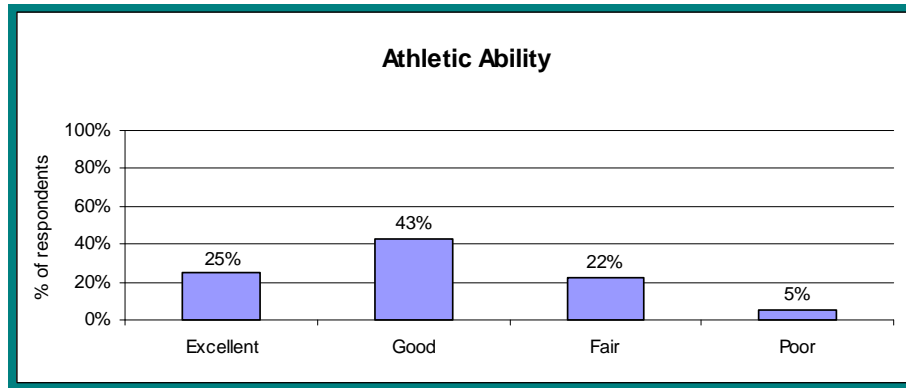
How to take action:

‘What are the creative ways to involve students in your school?’

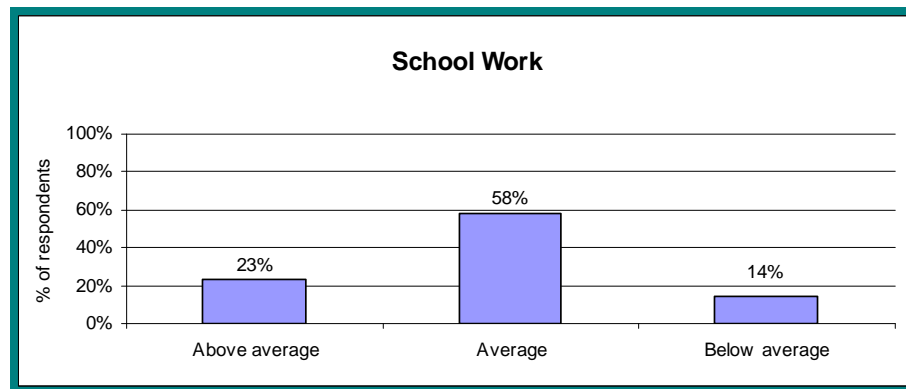
- Involve students in school/community leadership opportunities, Healthy School initiatives, and peer helper programs.
- Partner with local groups that have an interest in health and chronic disease prevention to develop community-wide activities.

Overall Feelings of Well-being

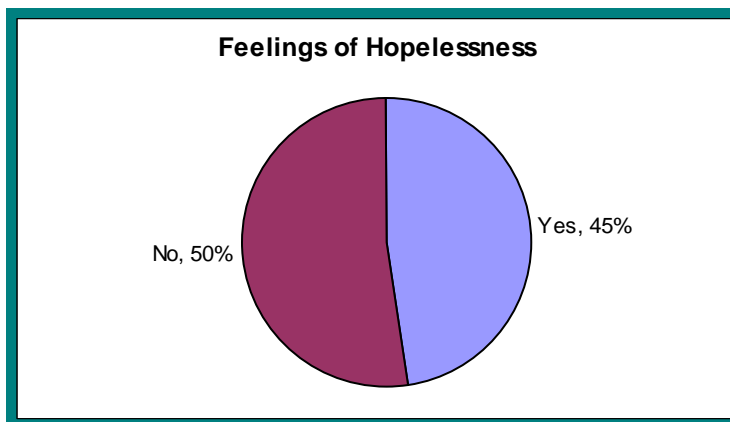
Students were asked a few questions about their accomplishments and overall sense of well-being.



67% of students rated their athletic ability as excellent or good.



81% of students rated their school work as average or above average.



45% 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.

How to take action:

The importance of **listening to children and youth** for parents, teachers and other adults cannot be underestimated. When promoting health in the school or community, it is essential to give children and youth a voice. This can be done in a number of ways, such as interviews, surveys, "bear pit" sessions and student health awareness days.

Where do we start?

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 health.”⁴⁵ There are numerous resources available to assist schools and communities to promote healthy living. Many of these programs can be adapted to fit your situation.

The British Columbia Provincial Health Officer's 2003 Report: *An Ounce of Prevention*,⁴⁶ refers to a large body of evidence collected over the past two decades that identifies the following key factors to successful school health programs:

- Teacher training
- Teacher comfort with the topic
- Administrator support
- Respect for the subject from administrators and teachers
- Room in the day to teach it
- Challenging content
- Focus on both social and cognitive outcomes
- An endurance over years and throughout grades
- Student involvement and engagement
- Challenging, adequate classroom resources

Poor or diminished outcomes were found with:

- ✘ Addressing crises, especially through preaching or scare tactics
- ✘ Little broad school/family/community involvement (classroom only)
- ✘ Programs based on external speakers or assemblies with little involvement of school staff
- ✘ Little or no investment in teacher training or provision of support

Innovation through evaluation

We hope that you will find this report to be a useful resource for informing school health programs and policy, as well as a potential tool for evaluation.

It is only through your cooperation that we may begin to identify promising practices, innovative approaches, and leaders in the promotion of child and youth health within schools in the NOR-MAN Region.

Links to Additional Resources

Youth

- Health Canada – Canada’s Food Guide (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)
- Health Canada – Canada’s Physical Activity Guides for Children and Youth (http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/index.html)
- Visit the Youth Media Campaign – “VERB for Tweens” for ideas on fun activities at home, school or places within your community. (<http://www.verbnow.com/index2.php>)

Teachers

- Canada’s Teacher’s Guide to Physical Activity for Children (www.phac-aspc.gc.ca/guide/pdf/kids_teachguide_e.pdf)
- The Canadian Association for Health, Physical Education, Recreation and Dance (CHAPERD) – Quality Daily Physical Education (QDPE). This site provides guidelines, success stories and resources on implementing QDPE in your school (http://www.cahperd.ca/eng/physicaleducation/about_qdpe.cfm)
- Ontario Physical and Health Education Association (OPHEA) provides information and resources on improving physical health and well-being of children and youth (<http://www.ophea.net/Ophea/Ophea.net/index.cfm>)
- Centers for Disease Control and Prevention (CDC) – adolescent and School Health. Find information on health programs, health topics for adolescents, school health profiles and lessons form implementation (<http://www.cdc.gov/nccdphp/dash/index.htm>)
- Knowledge Exchange Network (KEN), (Canadian Cancer Society website (www.cancer.ca), Manitoba, Knowledge Exchange Network)
- Cancer Control Planet – Links to comprehensive cancer control resources fro public health professionals (<http://cancercontrolplanet.cancer.gov/>)

General

- Coalition for Active Living-Learn about the coalition efforts for physical activity advocacy in Canada, Canadian facts and figures (<http://www.activeliving.ca/English/index.cfm>)
- Centers for Disease Control and Prevention (CDC) – physical activity. This site provides information on the importance of physical activity and how to make it a part of your life. (<http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>)
- *In motion* is an innovative health promotion strategy with its emphasis on increasing physical activity (www.manitobainmotion.ca)
- Dietitians of Canada – Promoting health through food and nutrition (www.dietitians.ca)
- Manitoba Healthy Living Resource Clearinghouse – Provides online access to healthy living resources and expertise (<http://www.lin.ca/mhlrc/index.cfm?fa=links.main>)
- Manitoba Lung Association is the premier source of respiratory health information and initiatives in Manitoba (www.mb.lung.ca)

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