

Adolescent Health Survey 2008



The Adolescent Health Survey (AHS) is a questionnaire used to gather information about youth health in BC. The fourth provincial survey will be conducted in early 2008 and contains questions about physical and emotional health, and about factors that can influence health during adolescence or in later life.

The AHS is conducted by the McCreary Centre Society in collaboration with the provincial government and public health system, and with the cooperation of BC's school districts. (For more about McCreary, see page 8.) To date, over 73,000 students have participated in the survey in 1992, 1998, and 2003.

The AHS is the single best source for reliable, accurate and BC-based information about youth health. Survey results are used extensively by schools, communities, government agencies, health professionals and by young people themselves in planning youth programs and services. Because the survey has been in use since 1992, it gives policy makers, governments and agencies the ability to track trends over more than a decade.

What the Survey Can Tell Us

The 2008 survey will provide current, accurate information about what BC youth know, think, and do about their own health. The information collected in the 2008 AHS will give more detail to identify important issues facing youth today and will be used to promote better health in this age group.

McCreary's AHS surveys ask students about their connections to family, school and the community to assess the impact of these environments on youth well-being, risk taking, and academic expectations.

Survey questions cover factors that promote healthy adolescent development and behaviours that may compromise health. Question topics include: school achievement; common health problems, chronic illness and disabilities; body image and weight; drugs, alcohol and tobacco use; sexual behaviour; injuries and injury prevention, such as seat belt use; emotional health; experiences of violence or discrimination; help seeking behaviour; use of technology; and exercise, sports and leisure activities.

These topics aim to address important questions about the physical and emotional well-being of young people: Do young people feel that their schools and communities are safe? How do family relationships affect the choices teens make about their lives? How often are youth bullied through the Internet? Are prevention and education programs identifying emerging issues in youth health? How has obesity changed over the past 5 years? What more can be done to promote health in this age group?

How is the Survey Conducted?

McCreary works with Statistics Canada to select a representative sample of students from throughout the province. Trained public health nurses will conduct the survey in classrooms. Most students com-

plete the confidential pencil and paper questionnaire in 30-45 minutes. Not every student will be asked to complete the questionnaire and participation in the survey is completely voluntary and confidential. No student is required to fill out the questionnaire, and parents or guardians have the right to refuse to allow a student to participate. Formal approval for research ethics has been submitted to the University of British Columbia. In previous surveys, the majority of BC school districts and individuals have chosen to participate in the project.

Funding for the survey is provided by the BC Ministry of Children and Family Development and the BC Ministry of Health, and informed and supported by Ministry of Education and other key Ministries. There is no cost to students, schools, or districts.

AHS Facts

- Pencil & paper questionnaire
- Confidential, anonymous and voluntary
- Takes 30-45 minutes to complete
- Conducted by trained public health nurses
- No cost to School Districts, schools or students
- Parents or guardians can refuse to allow a student to participate

- Question topics include both health promoting and health compromising behaviours

	AHS I	AHS II	AHS III
	1992	1998	2003
# of participating students	16,000	26,000	31,000
# of participating school districts	48/75 (64%)	43/59 (72%)	45/59 (76%)



Trends in the Health of BC Youth

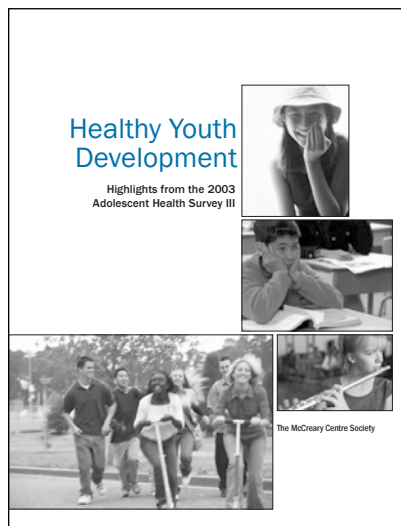
The last Adolescent Health Survey in 2003 showed that the health of BC's youth had gradually improved over the past decade. The 2003 survey confirmed that protective factors promote healthy youth development and that family and school connections count. Youth who felt connected and safe at home, at school and in the community had consistently better health, took fewer risks, and had higher educational aspirations.

What's New for 2008

The fourth Adolescent Health Survey will provide more information on:

- Nutrition and eating habits
- How connected youth feel to cultural identity
- Family status
- Accessing services for physical or mental health issues
- Use of crystal meth
- How youth feel about themselves, their strengths, and abilities
- The impact of the 2010 Olympics
- Use of technologies like cellphones and the Internet
- Bullying over the Internet
- Meaningful, extra-curricular activities

For complete results, visit McCreary's website:
www.mcs.bc.ca



Encouraging Trends from 2003

Key findings from the 2003 survey included:

- 18% drop in smoking among BC youth since 1998
- Almost nine out of ten reported good or excellent physical health
- Majority of students participated in physical exercise
- Youth were waiting longer to have sex and were practising safer sex
- Youth were waiting longer to try alcohol
- Injuries from motor vehicle accidents declined and drinking and driving decreased significantly among licensed drivers

Priority Areas

Some of the key challenges facing youth, their families, educators and communities in BC included:

- Less than half of students in 2003 always felt safe at school
- More youth were overweight and obese
- Internet safety was an emerging issue, especially for girls
- Many girls were concerned about their weight
- The number of youth who considered or attempted suicide had not declined in the past ten years
- Frequent use of alcohol and marijuana among youth was still a concern

Research Makes a Difference

How AHS data are used to improve the health of BC youth

McCreary's aim is to create new knowledge and to use that knowledge to improve the health of youth in BC. We do this through providing evidence that can be incorporated into the practice of health professions, educators, policy makers and community agencies, and in the creative dissemination of new insights into trends, emerging issues, and awareness of healthy youth development. The following is a summary of how the AHS contributes to improving in the lives of BC youth.

Guiding Government Action

Over the past decade, the federal and provincial governments have increasingly taken an evidence-based approach to addressing social issues. This approach involves establishing and using objective criteria as the basis for policy and action. The AHS provides a comprehensive data source that contributes to the evidence base for government response to youth issues. The BC Ministry of Children and Family Development (MCFD) has developed an evaluation process to assess its performance, using AHS data to monitor success in meeting specific objectives. For example, the Ministry relies on AHS data on cigarette smoking and alcohol use to track progress towards achievement of its goals of reducing substance abuse by children and youth.

The AHS provides representative, population-based data at the regional and provincial level. Data from previous AHSs have helped develop regional youth health profiles and identify important variations in youth health across the province. As the education, health and social service systems increasingly move toward an evidence-based approach at the local level, the regional AHS data will become even more valuable in effective planning of youth services.

McCreary has the capacity to conduct special analyses of the survey data, responding to government's need for specific information. For example, a report using AHS data, entitled *Promoting healthy bodies: Physical activity, weight, and tobacco use among BC youth* (2006) was commissioned by the BC Ministry of Health. This report presents an in-depth analysis of indicators related to physical activity, weight, and tobacco use among BC youth. It explores risk factors associated with being inactive, underweight, overweight, obese or a smoker and protective factors connected to reducing the risk of these poor health outcomes.

Adolescent Health Survey in BC Schools

START



AHS
1992: 16,000 students
1998: 26,000 students
2003: 31,000 students

Provincial highlights report
Detailed regional reports

Next Steps Workshops:
Community workshops that engage youth in dialogue around youth health issues using the AHS data as a spring board for action.

AHS adapted for special populations of youth
Survey of youth in BC Custody Centres (2004)
Survey of street-involved and marginalized youth in BC (2006)
Survey of youth in alternate education programs (2007)

“The McCreary Centre provides an invaluable resource for those of us in the health field who are interested in knowing, from an evidence base, what is happening in the lives of children and youth in this province. The Centre’s ongoing school based survey is one of the very few consistent data sources available for providing an evidentiary base for program and policy decision making. As an alternative (and let it be said an antidote) to anecdotes, sensationalized media stories or moral panic, the McCreary Centre reports are unparalleled and unreplaceable in British Columbia.”

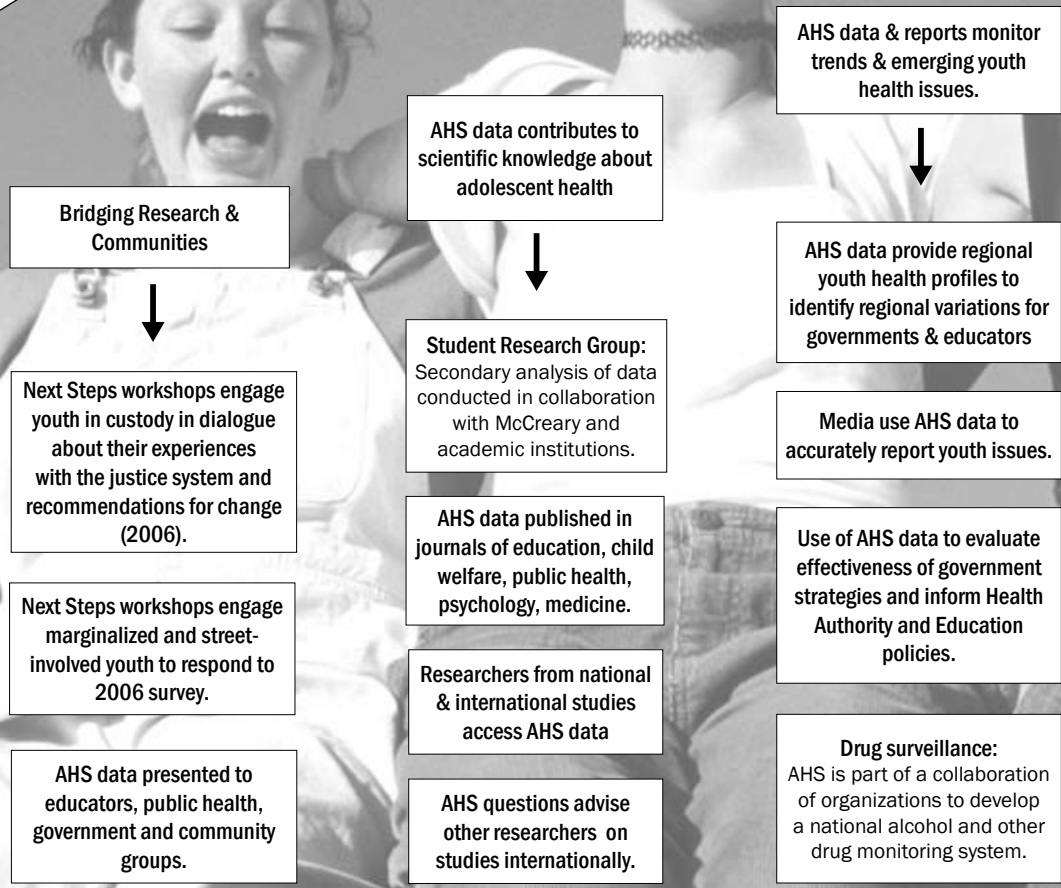
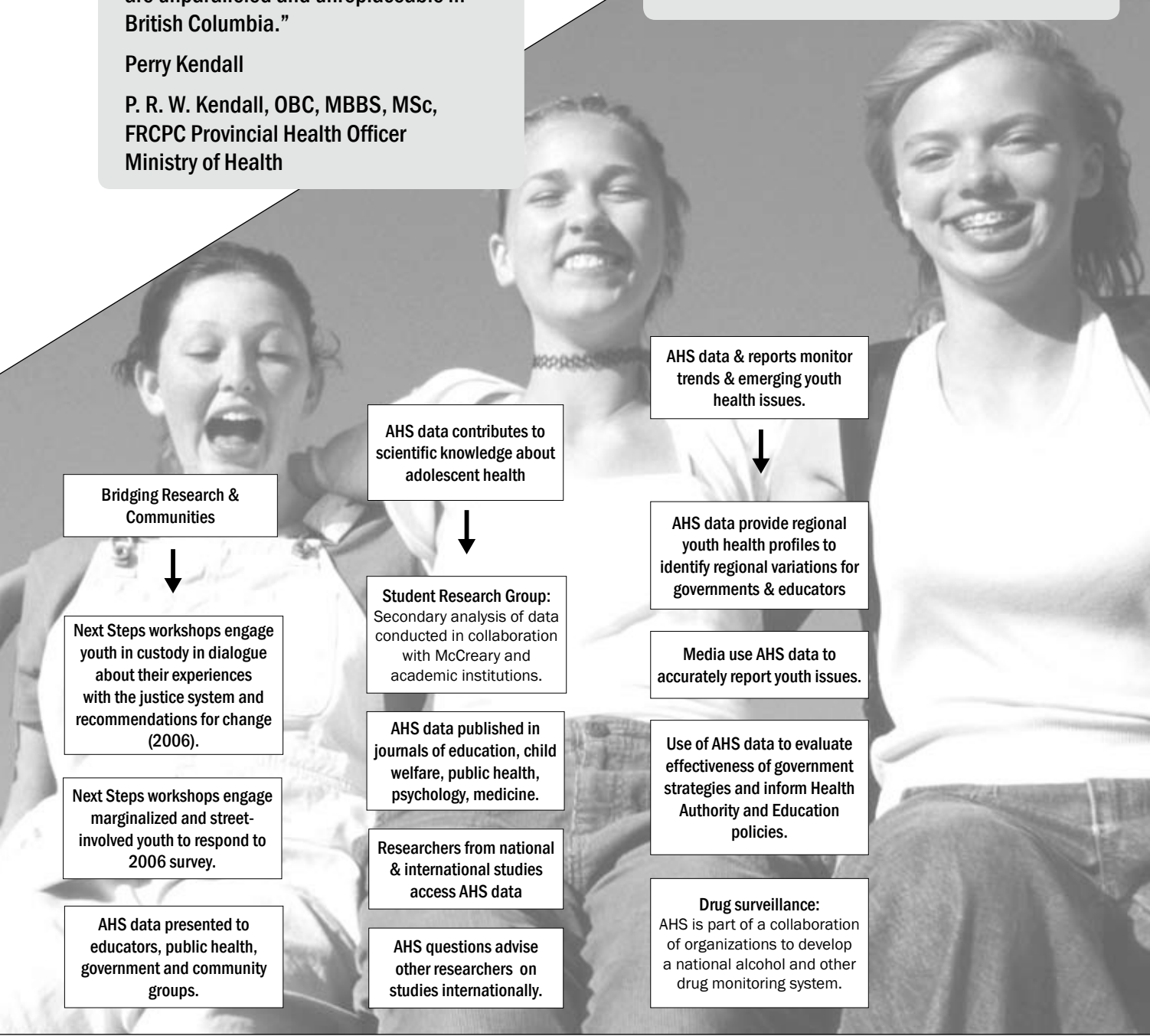
Perry Kendall

P. R. W. Kendall, OBC, MBBS, MSc,
FRCP(C) Provincial Health Officer
Ministry of Health

“In order to begin addressing the health and lifestyle issues of the current school aged generation, it has become very apparent that we need credible, in depth research into the constantly shifting world of teenage culture, health, beliefs, habits, and trend characteristics. One of the most substantive tools we have at our disposal is the work of the McCreary Centre Society and the reports that they produce in this province every five years.”

Jeff Stewart

Lake Trail Middle School Principal, Courtenay



Aiding Effective Decisions

The AHS has proven to be a valuable resource for schools, government, communities and health professionals working with and creating policy and regulations on behalf of youth. Results of the survey can help keep youth issues on the provincial agenda, determine fiscal priorities and facilitate planning of programs and services that will effectively address youth health needs.

Serving Youth

The AHS identifies new issues of concern to youth in Grades 7-12. Modified versions of the AHS have been used to better understand the experiences and needs of special high-risk populations of youth. These special studies have focused on marginalized and street-involved youth, youth enrolled in alternate education programs and young people in youth custody centres. Comparisons between youth in school and these special populations point to significant differences that signal a need for targeting interventions for high-risk youth.

Promoting Youth Involvement

As a follow-up to the AHS, McCreary developed the “Next Steps” workshop model as a way of bridging the gap between research and youth action. Through workshop activities, the Next Steps makes health research relevant to young people and uses it as a springboard for creating ideas for action. It brings research back to youth in an empowering way - by facilitating a dialogue to explore the research results and assisting youth in generating ideas for action on issues that are important to them.

The key components to the Next Steps are:

1) Bridging Research & Action

Research results are brought back to youth to discuss and critique. Youth then generate plans to address issues in their community and develop deliverable projects that can address youth health issues in their community.

2) Positive Youth Development

The workshop process focuses on positive action and encourages ideas that build the resiliency and strengths of young people.

3) Building Partnerships & Capacity

Workshops build on existing relationships and community strengths to promote the healthy development of youth and to build capacity in communities to be inclusive of all youth.

The Next Steps has also been adapted for use among Aboriginal youth and with populations as diverse as marginalized and street-involved youth and youth in custody centres.

Increasing Knowledge about Adolescence

The AHS is a rich source of information about the determinants of health in adolescence. McCreary has developed partnerships with a number of university-based researchers who are using the AHS to contribute to the scientific knowledge about adolescent health including submissions to peer review journals on topics as diverse as health risk and protective factors for sexual minority youth and health behaviours among immigrant Asian youth.



How Will Results Be Shared?

McCreary will make the results of AHS 2008 widely available in a variety of formats.

Results will be shared in the following ways:

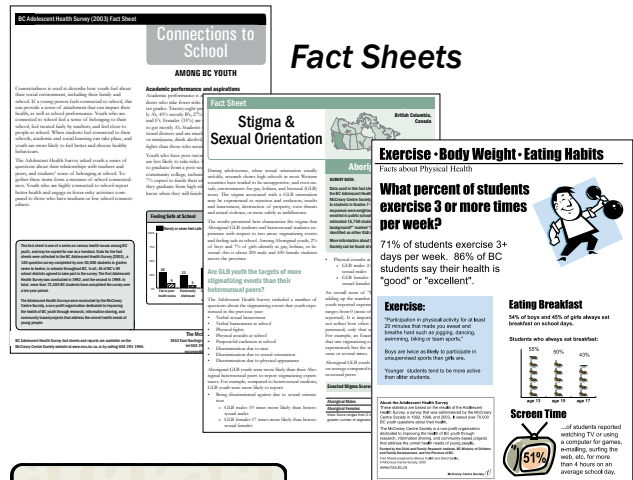
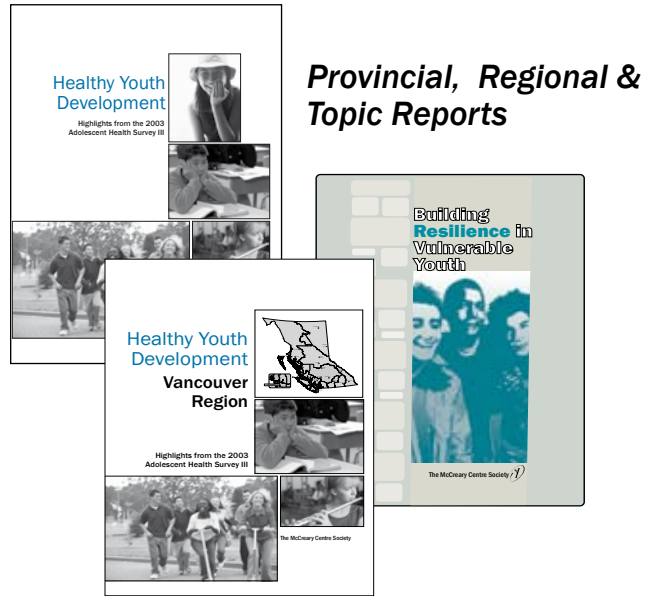
- Printed reports for the province overall, and for each of the 16 Health Service Delivery Areas participating in the survey, including trend data incorporating AHS data from 1992, 1998, 2003 and 2008.
- Topic specific Fact Sheets, which feature informative summaries of the results.
- Youth Fact Sheets developed by and for youth.

Participating school districts will also receive a set of confidential data tables, although no direct comparisons between school districts or individual schools data will be released.

McCreary also intends to:

- Translate the data into action at a community level through the Next Steps workshop model. Youth will have a chance to respond to survey results and discuss how this information can be used to meet health needs in their community.
- Conduct detailed, secondary analysis on emerging issues for youth.
- Invite other researchers to use the data for detailed analyses.
- Present results to educators, health professionals and community stakeholders.

All these reports will be available as downloadable files from the McCreary Centre Society website, www.mcs.bc.ca



About the McCreary Centre Society

The McCreary Centre Society is a non-government, non-profit organization committed to improving the health of BC youth through research, information and community-based participation projects. Founded in 1977 by Dr. Roger Tonkin and a small group of dedicated supporters, McCreary is internationally recognized as a reliable independent source of educational resources and data about adolescent health. McCreary is supported through a variety of grants and contract agreements, primarily with the provincial and federal governments.

McCreary sponsors initiatives to directly involve young people in youth issues and to promote youth leadership, and funds a range of community projects across the province.

McCreary's Board of Directors represents a range of both public and private sector organizations with an interest in youth health. McCreary has an active Youth Advisory Council (YAC) made up of 15 youth volunteers who initiate, plan, and carry out a variety of youth leadership projects. Currently, the YAC are planning the 11th annual Breaking Barriers and Building Bridges youth health conference. A member of the YAC serves on McCreary's Board of Directors. The McCreary staff includes professionals skilled in youth participation and social science research.

For more information about the Adolescent Health Survey methodologies, our staff, our Board of Directors and Youth Advisory Council, or a complete list of reports, please visit our website.

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Current Projects at McCreary

Survey of Alternate Schools in British Columbia

McCreary has conducted a review of educational programs and services available for at-risk and high-risk youth in a selection of BC communities. Results will be available in the Fall, 2007.

Aboriginal Analysis of Street Involved and Marginalized Youth

A new report will look at the responses of Aboriginal youth who participated in the 2006 McCreary survey of street-involved and marginalized youth. Results will be available in the Fall, 2007.

Next Steps with Street-Involved and Marginalized Youth

The Next Steps interactive workshop series has been adapted to give street-involved and marginalized youth opportunities to respond to the results of McCreary's 2006 survey of street-involved and marginalized youth. Feedback given during workshops will be compiled and published in a report in early 2008.

Canadian-Health-Network.ca

McCreary continues to be a partner in the Canadian-Health-Network, a national health information website funded by the Public Health Agency of Canada. McCreary engages youth in online resource selection, writing articles about youth health, and developing a new special youth area on the site.

Community Research Partnership

A new and evolving pilot project links Douglas college students with practical research projects; working under the guidance of McCreary research staff, students use data provided by PLEA Community Services of BC. The project aims to produce academically rigorous and meaningful community research.

High Engagement Grant Making

McCreary Youth Foundation, the grant making arm of the McCreary Centre Society, continues to provide high engagement grants to local community projects across the province, most notably through the Community Collaboration grants program and the Aboriginal Community Collaboration grants, which target projects aimed at sexually exploited youth.