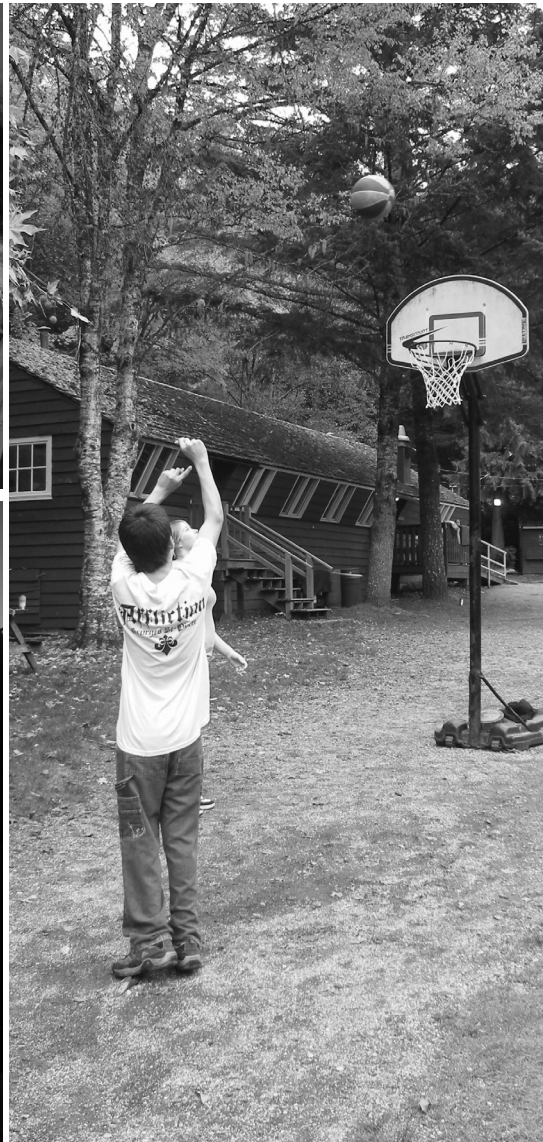


A Picture of Health



Central Vancouver Island
Results of the 2008 British Columbia Adolescent Health Survey

A Picture of Health

Central Vancouver Island

Results of the 2008 British Columbia Adolescent Health Survey

The McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research, education and community based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

Copyright: McCreary Centre Society, 2009
ISBN: 978-1-895438-98-7

McCreary Centre Society
3552 Hastings Street East
Vancouver, BC V5K 2A7
www.mcs.bc.ca

For enquiries or to order copies of the report, please email:
mccreary@mcs.bc.ca

Funding for the Adolescent Health Survey was provided by the Province of British Columbia, Ministry of Children and Family Development; Child Health BC; Northern Health Authority; and Centre for Addictions Research BC, University of Victoria.

The McCreary Centre Society thanks the Inter-Ministerial Advisory Committee, participants in the AHS Institute advisory meetings, Public Health Nurses who administered the survey and participating school districts, principals and teachers.

Special thanks are also due to the youth who completed the survey, and whose participation, honesty and thoughtful insights are greatly appreciated.

Suggested citation:

Poon, C., Smith, A., Stewart, D., Peled, M., Saewyc, E. and the McCreary Centre Society (2009). *A Picture of Health: Central Vancouver Island. Results of the 2008 British Columbia Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society.

Project Team

Annie Smith

Executive Director

Elizabeth Saewyc

Research Director

Duncan Stewart

Research Associate

Maya Peled

Research Associate

Colleen Poon

Research Associate

Stephanie Martin

Youth Participation Coordinator

Sherry Simon

Aboriginal Next Steps Coordinator

Alison Murray

Administrative Assistant

Carly Hoogeveen

Research Assistant

Tamar Peled

Graphic Designer

Additional assistance for the project was provided by Kathy Powelson, Minda Chittenden, Laura MacKay, Sally Podmore, Alison Liebel, Rita Green (Statistics Canada) and Langara Nursing Students – Vicky Bingham, Mike Dowler, Kristine Fera, Nichole McMillan, Dana Marquis and Kim Robertson.

Table of Contents

<i>Introduction</i>	4
<i>Provincial Key Findings</i>	5
<i>Central Vancouver Island Key Findings</i>	7
<i>About the Survey</i>	9
<i>Central Vancouver Island Youth: Their Home and Family</i>	12
<i>Physical Health</i>	16
<i>Injuries</i>	18
<i>Nutrition</i>	20
<i>Weight and Body Image</i>	21
<i>Mental and Emotional Health</i>	23
<i>Smoking</i>	28
<i>Substance Use</i>	29
<i>Sexual Behaviour</i>	32
<i>Abuse and Violence</i>	34
<i>School and Work</i>	36
<i>Sports and Leisure Activities</i>	38
<i>Protective Factors</i>	41
<i>Acknowledgements</i>	45
<i>McCreary Resources</i>	47

Introduction

This report is part of a series of reports from the 2008 Adolescent Health Survey (AHS IV), conducted by the McCreary Centre Society. The Adolescent Health Survey is the largest survey of its kind in Canada and provides the most comprehensive picture of the physical and emotional health of BC youth, including risk and protective factors. The results are used by government, schools, health professionals and community organizations to assist in the planning and evaluation of services, policies and programs for youth.

Central Vancouver Island is one of 16 regional administrative areas, called Health Service Delivery Areas (HSDAs), to participate in the survey. Data collection was sufficient across the province to allow 14 AHS IV area reports to be published. A provincial report (*A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*) is also available at www.mcs.bc.ca.

The Central Vancouver Island area is located in the Vancouver Island Health Authority region.

School Districts included in the Central Vancouver Island area are:

Nanaimo-Ladysmith (SD 68), Qualicum (SD 69), Alberni (SD 70), Cowichan Valley (SD 79). All school districts in this area participated in the survey.

Central Vancouver Island Health Service Delivery Area



■ Central Vancouver Island

Provincial Key Findings

The provincial report of the fourth Adolescent Health Survey (AHS) conducted since 1992 offers us key information about the current health picture of BC youth. It also offers a provincial picture of youth health trends and the effect of programs and policies implemented over the past 15 years.

The 2008 AHS has again shown us that the majority of BC youth are in good health, feeling connected to their family, school and community; and are engaging in health promoting behaviours, which will assist them to transition into a healthy adulthood.

However, the results also show that there are some youth in our province who are more vulnerable than others. These youth are engaging in risky behaviours which are not only negatively affecting their lives now but are likely to do so for years to come unless we develop interventions to assist them.

Key Findings

- The majority of students (84%) reported that their health was good or excellent, and the number who reported a debilitating health condition or disability continued to decline, from 13% in 1998 to 11% in 2003 to 9% in 2008.
- The percentage of students who were injured to the point of requiring medical attention declined from 39% to 29% in a decade. The majority of those who were seriously injured were injured playing or training for sports or recreational activities (55%).
- There was an increase in the number of students who always wore a seatbelt when they were riding in a vehicle (66% in 2008 vs. 54% in 2003).
- 18% of female students and 7% of male students across the province reported that they had not accessed mental health services when they felt they needed them; and 15% of females and 11% of males did not get medical help when they needed it.
- Half of BC youth fell short of the recommended daily portions of fruit and vegetables. However, more youth reported eating fruit in 2008 compared to a decade earlier (81% vs. 72% in 1998).
- As in 2003, only 25% of males and 11% of females exercised daily, while 7% of males and 10% of females did not exercise at all.
- For the first time since 1992, the percentage of youth who seriously considered suicide dropped, from 16% to 12% in 2008. The percentage who actually attempted suicide also decreased from 7% to 5%.
- More than one in five females and one in ten males reported that they had deliberately self

harmful (cut or injured themselves) without the intention of committing suicide.

- Fewer youth in BC smoked cigarettes than in 2003, and those who did waited longer to start smoking. Three quarters of students (76%) had never tried even a puff of a cigarette, compared to 66% in 2003. However, those who had tried smoking were smoking more regularly than their peers in 2003.
- Alcohol and marijuana use declined over the past decade, as did the use of some drugs such as cocaine, amphetamines and mushrooms. However, the use of other drugs, including hallucinogens, rose.
- Relationship violence has not decreased since 2003. The survey also found that some youth were particularly vulnerable to being physically assaulted by their boyfriend or girlfriend, including youth who had been sexually abused, students with a disability or chronic illness, and gay, lesbian and bisexual students.
- Pregnancy rates have remained stable with fewer than 2% of students reporting pregnancy involvement. However, 6% of sexually active youth reported using withdrawal as their only method to prevent pregnancy the last time they had sex, a slight rise from 5% in 2003.
- In 2008, there was an increase in youth who had experienced physical abuse

(from 15% in 2003 to 17%). The percentage of youth reporting sexual abuse (8%) and both physical and sexual abuse (5%) did not improve between 2003 and 2008.

- The AHS showed that building protective factors such as family, school and cultural connectedness can assist even the most vulnerable youth to overcome negative experiences, can assist young people to make healthier choices and can contribute to more positive health outcomes for all youth in BC.

Central Vancouver Island

Key Findings

The purpose of the 14 HSDA reports is to assist those who work with youth to have information specific to their local area. It is intended that the information will be used to recognize health promotion and prevention efforts that are working well and to identify issues which may need further attention. The reports are not intended to be compared with each other.

Key Findings

- Eighty-five percent of youth in this area reported that their health was good or excellent, which was consistent with both provincial results and results for this area in 2003.
- Thirty five percent of students were injured seriously enough to need medical attention. This is above the provincial rate of 29% but similar to the local rate in 2003.
- Exercise rates in this area were comparable to those seen in the province as a whole. However the percentage of local youth who rode a bicycle in the past year was higher (76% vs. 71%)
- The percentage of Central Vancouver Island youth who always wore a seat belt when riding in a motor vehicle rose from 51% in 2003 to 67% in 2008.
- The percentage of youth who seriously considered suicide in the past year was higher in this area than in the province as a whole (14% vs. 12%), and was unchanged locally from 2003.
- Youth in this area were more likely than those across the province as a whole to have ever tried smoking, alcohol or marijuana, although among those who smoked, they tended to start smoking at a later age than in 2003.
- Youth in Central Vancouver Island were also more likely than those in the province as a whole to have drunk alcohol (30% vs. 26%) or used marijuana (17% vs. 12%) on the Saturday prior to completing the survey.
- Among students who reported using drugs and alcohol, over half experienced a variety of negative consequences as a result.
- The majority of youth reported never having had sexual intercourse (72%), which was comparable to the rate in this area in 2003. However, youth in this area were more likely to have had sexual intercourse and oral sex compared to youth in the province as a whole.
- The percentage of students who reported physical abuse has risen to 18%, from 14% in 2003. Nine percent had been sexually abused. Both rates were similar to the provincial rates.
- The percentage of youth who experienced racial discrimination was below the 2008 provincial rate (9% vs. 12%). The percent-

age of youth who experienced discrimination based on their sexual orientation was similar to that of youth across the province but represented a local increase from 4% to 6%.

- Almost half of students (49%) worked at a paid job during the school year, which was higher than the 2003 rate in this area (41%) and the 2008 provincial rate (41%). Among students who worked 52% worked 5-19 hours, and 21% worked 20 or more hours a week.
- Having friends with healthy attitudes to risky behaviours is a protective factor for youth. Compared to 2003, youth in 2008 were more likely to say their friends would be upset with them if they got arrested (62% vs. 54%) or used marijuana (50% vs. 44%).
- Results from provincial data depict the value of promoting protective factors as they are generally associated with lower rates of poor/fair health, binge drinking, suicidal ideation, and fighting involvement. Similar associations were evident in the Central Vancouver Island area.

About the Survey

This is the fourth BC Adolescent Health Survey conducted by the McCreary Centre Society. Over 29,000 BC public school students in grades 7-12 completed the survey between February and June 2008. Previous surveys were conducted in 1992, 1998 and 2003. With each survey, there has been increased participation from school districts and this year 50 of the 59 participated, up from 45 in 2003.

Survey Design

The survey is designed to consider emerging youth health issues, and to track trends over time. The majority of questions have been asked since 1992. The 2008 AHS included 147 questions asking youth about their perceptions of their current physical and emotional health, risky behaviours and health promoting practices. Healthy development for youth includes many contributing factors and the survey also asks about broader issues such as family connectedness, school safety and peer relationships.

To ensure the 2008 survey captured current and emerging youth health issues, new questions were added following consultation with a BC government inter-ministerial committee and an advisory institute made up of community agencies, public health personnel

and other leading figures in youth health.

The new questions reflected concerns about health-impacting behaviours such as internet safety, caffeine consumption and oral sex.

The survey includes questions used in similar surveys across Canada to allow for comparisons between provinces, and questions which have been used successfully with youth in grades 7-12 internationally. The pencil and paper survey was pilot tested with a diverse range of youth in grades 7-12 to ensure it was easily understood and could be completed within a single class period.

Survey Administration

Public school classes were randomly chosen from participating school districts to provide a representative sample of youth across the province. Participation was voluntary and parental consent procedures were determined at the school district level. Public Health Nurses, nursing students and other trained personnel administered the confidential and anonymous survey to 29,440 students in 1,760 classrooms.

Survey Analysis

Statistics Canada weighted the data to ensure it was representative of all BC youth in grades 7-12.

Surveys which contained contradictory, incomplete or joking answers were identified and eliminated before analysis began. (These surveys comprised less than 1% of all students surveyed).

All comparisons and associations reported in this study have been tested and are statistically significant (at $p < .05$). This means that there is a 5% likelihood that the area results presented occurred by chance.

Graphs and charts show frequencies that are not necessarily statistically significant at every point. For example, a graph showing differences by age may not necessarily be significantly different at every age point.

Limitations

All surveys have limitations and this is no exception. The survey can only provide information on youth who are in school. For administrative reasons, alternative and independent schools were not included in the 2008 survey. McCreary has recently conducted surveys with youth whose health picture is not captured in this report: youth in alternative education programs, as well as youth who are street involved and marginalized, and youth in custody.

The survey was administered in English. This may have affected those youth who were new immigrants and/or those who did not have the language or literacy skills to complete the questionnaire.

The change in consent procedures from 2003 within one of the participating school districts may have affected the results. For example, in school districts across the province where youth required parental consent to participate, students were less likely to report ever having had sex (19% vs. 25%). However, the impact on the results in this area is minimized by the fact that there is a mixture of consent procedures in place and the change only affected a small percentage of students.

A methodology fact sheet for the survey is available at www.mcs.bc.ca as is a detailed fact sheet discussing the sources and rationale for the questions used in the survey.

References for research cited in this report are also available on the website.

Statistics presented in this report are for students in the local HSDA unless otherwise stated.

Quotes from youth in this area who participated in the survey appear throughout the report.

Symbols used in the report

* Indicates that the percentage shown should be interpreted with caution as it may represent only an approximation due to the sample size.

♦ Indicates that the difference between 2003 and 2008 HSDA estimates was statistically significant.

† Indicates that the difference between 2008 HSDA and provincial estimates was statistically significant.

Aboriginal Youth

Due to historic and current discrimination, Aboriginal youth face additional and unique challenges to achieving healthy development. Following the AHS in 1998 and 2003, additional analysis of the data provided by Aboriginal students was conducted by an Aboriginal research team. The results were published in *Raven's Children* (2000) and *Raven's Children II* (2004). McCreary is committed to producing an Aboriginal specific report, with the 2008 survey results, when funding has been secured.

Next Steps Workshops

As with previous McCreary Adolescent Health Surveys, the results of the 2008 survey will be used by government agencies, schools and communities to plan and assess youth programs and services.

Through its 'Next Steps' workshop series, McCreary will also ensure that youth who participated in the survey get the opportunity to learn about the results, comment on them and use them to develop community projects to improve young people's health in their local area.

To discuss youth and adult workshops in your community contact mccreary@mcs.bc.ca

Participating School Districts

05 Southeast Kootenay	53 Okanagan-Similkameen
06 Rocky Mountain	54 Bulkley Valley
08 Kootenay Lake	57 Prince George
10 Arrow Lakes	58 Nicola-Similkameen
19 Revelstoke	61 Greater Victoria
20 Kootenay-Columbia	62 Sooke
22 Vernon	63 Saanich
23 Central Okanagan	64 Gulf Islands
27 Cariboo-Chilcotin	67 Okanagan Skaha
35 Langley	68 Nanaimo-Ladysmith
36 Surrey	69 Qualicum
37 Delta	70 Alberni
38 Richmond	71 Comox Valley
39 Vancouver	72 Campbell River
40 New Westminster	73 Kamloops/Thompson
41 Burnaby	74 Gold Trail
42 Maple Ridge-Pitt Meadows	75 Mission
43 Coquitlam	78 Fraser Cascades
44 North Vancouver	79 Cowichan Valley
45 West Vancouver	82 Coast Mountains
46 Sunshine Coast	83 North Okanagan-Shuswap
47 Powell River	84 Vancouver Island West
48 Howe Sound	85 Vancouver Island North
51 Boundary	91 Nechako Lakes
52 Prince Rupert	92 Nisga`a

Central Vancouver Island Youth: Their Home & Family

Background

Students in this area (the Central Vancouver Island HSDA) identified with a broad range of ethnic and cultural backgrounds. The majority of students were of European heritage (67%), which was above the provincial rate of 54%, but represented a local decrease from 2003 (76%).

If students did not feel the categories above represented their background they could choose to write in their own identity, and 2% wrote “Canadian.”

Eighteen percent of students reported that they did not know their ethnic or cultural background, which was above the provincial rate of 10%.

New Canadians

Seven percent of students in this area were born outside of Canada, which was less than the percentage across the province as a whole (18%) but consistent with this area in 2003. Two percent of students had lived in Canada between 2 and 5 years and another 3% had lived here for less than two years.

First Nations

Fourteen percent of students reported Aboriginal heritage. Among these students, 40%

Ethnic or cultural background

European	67%
Aboriginal/First Nations	14%
East Asian	4%
Latin/South/Central American	4%
South Asian	3%
Australian/Pacific Islander	3%
Southeast Asian	2%
African	2%
West Asian	1%
Other (excluding Canadian)	2%
Don't know	18%

Note: Youth could choose more than one response.

Spoke a language other than English at home

Never	70%
Sometimes	25%
Most of the time	5%

had First Nations status, 26% were Aboriginal but did not have First Nations status, and 23% were Metis.

Fifteen percent of Aboriginal students currently lived on a reserve, and 25% had lived on a reserve at some point in their life (4% for less than a year, 7% for a few years, and 14% for most of their life).

Sexual Orientation

Eighty-six percent of students identified as heterosexual, 7% as mostly heterosexual, 3% as bisexual, 1% as gay/lesbian and 4% were unsure.

Spirituality

Fifty-nine percent of students reported that they were not at all religious or spiritual. The remainder were either somewhat (31%) or very much (10%) religious or spiritual.

Home

Living Situation

Students in this area reported a number of different living situations. However, the majority of youth lived with their mother (87%) and/or father (62%) most of the time; 18% lived with both parents but at different times.

For most students, at least one parent was at home with them every day during the past five school days when they woke up in the morning (79%) and went to bed at night (82%). However, 6% did not have a parent at home when they woke up in the morning and 4% did not have a parent at home when they went to sleep at night on any of the past five school days.

Who youth lived with most of the time (Youth could mark all that apply)

Mother	87%
Father	62%
Stepfather	8%
Other adults related to me	5%
Stepmother	4%
Other adults not related to me	3%
Do not live with any adults	1%

Unstable Home Life

Similar to the rate across the province, a total of 4% of students had lived in government care at some point in their lives, meaning they had lived in a foster home or group home, or had been on a youth agreement. Two percent of youth were in care in the last year, which was unchanged from 2003.

Twelve percent of students (14% of females, 10% of males) ran away from home in the past year, which was higher than the provincial rate of 9%. These students were more likely than those who had not run away to have experienced extreme stress (38% vs. 12%) and despair (23% vs. 5%) and to have attempted suicide in the last 12 months (25% vs. 4%).

Frequently moving house can negatively impact young people's health. Sixteen percent of youth moved once in the past year, 4% moved twice, and 7% moved three or more times. Students who moved in the past year were more likely than students who did not move to experience extreme stress (20% vs. 13%), to attempt suicide in the past 12 months (10% vs. 5%), and to feel less connected to school.

Family

Family Connectedness

Family relationships can have an important effect on youth health and development. The survey asked questions about students' relationships with their caregivers, including feelings of closeness, how much they felt their caregivers were warm and loving toward them, and their satisfaction with these relationships.

Levels of connectedness to mother and father figures were generally not related to age, unlike in the province as a whole where connectedness was higher for students aged 12-13 than for those aged 14-18.

Youth who ran away from home in the past year or who had lived in government care reported lower connectedness than youth who did not have these experiences. Females

were less connected than males to their father figures but as connected as males to their mother figures. Both males and females felt more connected to their mothers than to their fathers.

Students who had one caregiver at home when they woke up in the morning, when they ate their evening meal, or when they went to bed at night on most of the past five school days reported higher connectedness with their mother and father figures compared to students whose caregiver was absent on all five school days.

Also, students who felt their family members understood them and paid attention to them and felt they and their family had fun together reported higher connectedness with their mother and father figures compared to students who did not have these positive feelings about their family.

Family Poverty

BC has the highest child poverty rate in Canada yet asking youth about their family's economic status can be challenging. Young people often do not know about their family's income, parent's occupation or other conventional measures that can indicate poverty. In an attempt to address this, the AHS asked youth four questions that have been used in international studies to learn about

family resources: whether youth went to bed hungry because there was not enough food at home, the number of computers their family owned, whether they shared a bedroom, and if they took family holidays.

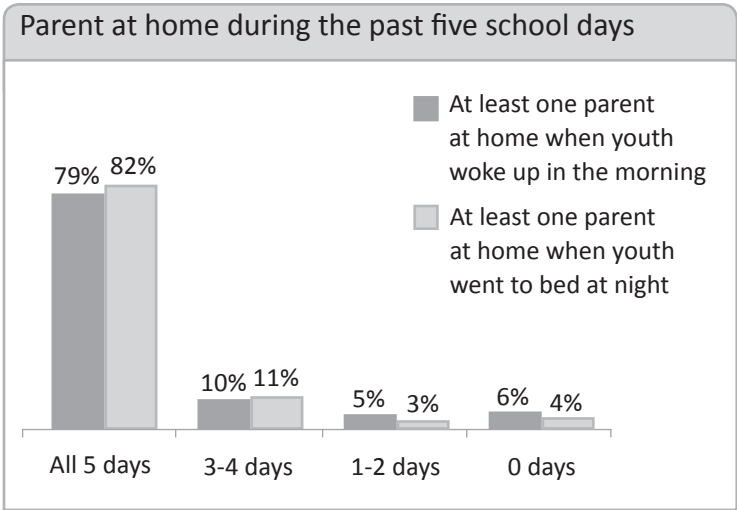
The majority of students in this area reported that they never went to bed hungry (87%), did not share a bedroom (92%), had travelled on holiday with their family in the past year (73%), and that their family currently owned a computer (98%).

Virtually no youth in this area reported all four indicators of poverty (i.e., always going to bed hungry, sharing a bedroom, their family not owning a computer, and not having a family holiday in the past year).

Ten percent of youth experienced hunger some of the time and 3% went to bed hungry

often or always. Hunger can affect health in many ways. For example, youth who indicated going to bed hungry were more likely than their peers who did not go to bed hungry to report poor/fair health (34% vs. 12%), to have considered suicide in the past year (28% vs. 12%) and to have attempted suicide in the past 12 months (18% vs. 4%).

Family poverty affected youths' ability to participate in extra-curricular activities. For example, youth who went to bed hungry or who did not go on a family vacation in the past year were less likely than their peers to engage in sports with a coach other than gym class (such as playing on school teams or taking swimming lessons).



Physical Health

Eighty-five percent of youth in this area reported that their health was good or excellent, which was consistent with both provincial results and results for this area in 2003. More males than females rated their health as excellent (39% vs. 25%). Males were less likely than females to report that they had physical complaints 'a lot' such as headaches (13% vs. 23%), stomach-aches (9% vs. 17%) or backaches (17% vs. 24%) in the past six months.

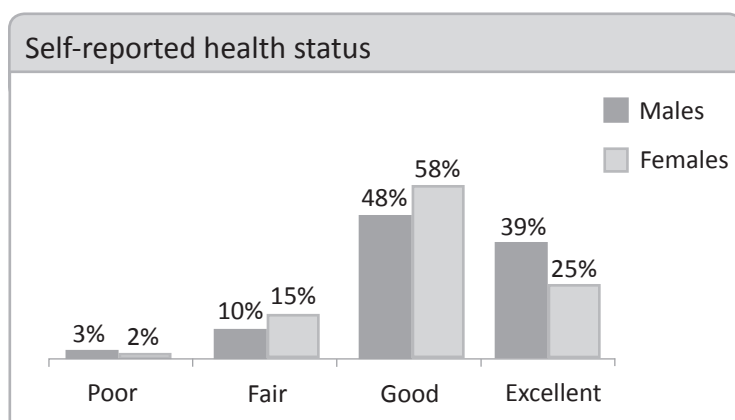
Eleven percent of students in this area reported a debilitating health condition or disability. The most common conditions were a long-term illness (such as diabetes or asthma) experienced by 5% of youth and a mental or emotional condition (such as depression or eating disorder) reported by 4%

“*My health is fine, I am very physically active During 10 years of kickboxing.*”

of youth. Among youth with a health condition or disability, 33% took daily medication and 11% missed a lot of school due to their condition.

Accessing Medical Care

In the past year, 15% of students did not get medical help when they felt they needed it; this was comparable to the provincial rate. Among those youth who did not access needed medical care, the most common reason was because they thought or hoped the

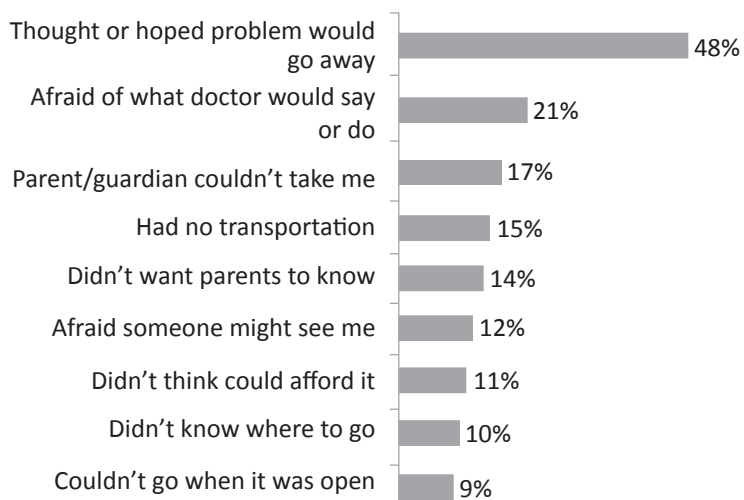


problem would go away (48%). This reason was less prevalent among youth in this area compared to the province as a whole, where 56% cited it as a reason for not seeking care.

Furthermore, males in this area were more likely than those in the entire province to cite having no transportation as a reason for not seeking medical care (19% locally vs. 10% provincially).

“ I am getting really bad back pains, and when I went to the doctor he said it was because I’m growing and it should be better soon. ”

Some reasons for not accessing medical care in the past year (among youth who felt they needed it)



Injuries

“

*I have had an injury to my knee
and I have not been able to be
active for the last 3 months.
Usually I am very active.*

”

Injuries are one of the most common health hazards facing BC youth. In the past year, 35% of students were injured seriously enough to need medical attention. This is above the provincial rate of 29% but similar to the local rate in 2003. Males were more likely than females to have been seriously injured (40% vs. 29%).

Thirty-six percent of injuries occurred at a sports facility or field, which was the most common location for getting hurt. Eighteen percent of injuries were at home and 15% were at school. Male and female youth were equally likely to get injured at any of these locations.

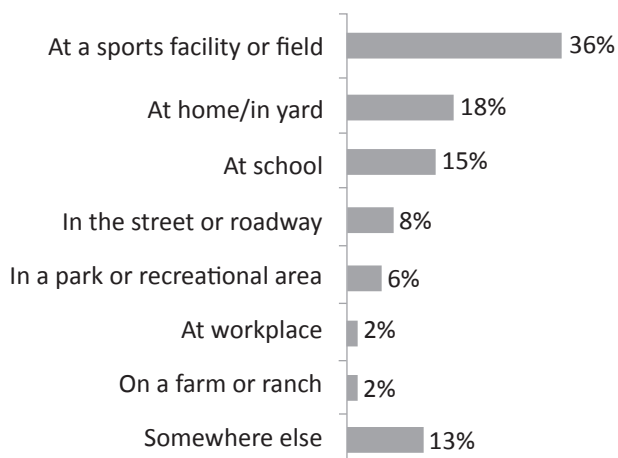
Half of all injuries occurred while students were playing or training for sports or doing other recreational activities (50%). Six percent

occurred when students were snowboarding or skiing, 6% occurred when students were riding a bike, and 4% took place roller blading or skateboarding (down from 8% in 2003). Six percent occurred during relatively low-risk behaviours (such as walking or cooking). Similar to the provincial rate, 5% of students were injured in a motor vehicle.

Injury Prevention

Many injuries are preventable. The use of motor vehicle seat belts and bicycle helmets are two key ways in which youth injuries can be prevented. There were no gender differences in helmet use, but males were more likely than females to never wear a seatbelt (4% vs. 2%).

Location of injuries



Similar to youth across the province, 67% of students always wore a seatbelt when riding in a motor vehicle. This was a local increase from 51% in 2003.

Seventy-six percent of students rode a bicycle in the past year, which was above the provincial rate of 71%. Males were more likely than females to have ridden a bicycle in the past year (85% vs. 66%). Among these students, 26% always wore a bike helmet and 32% never wore one (both similar to the provincial rates). As students got older, they were less likely to wear a helmet.

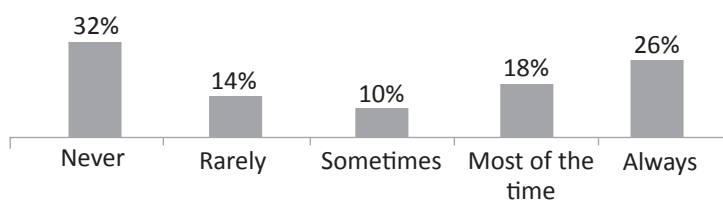
Driving and Substance Use

Motor vehicle accidents are the leading cause of death among BC youth. In this area, 12% of youth had driven after using alcohol or marijuana (15% of males, 9% of females), which was above the provincial rate (10%).

Similar to youth across the province, 8% of students had ever driven after using alcohol. In the past month, as in 2003, 4% of students had driven after consuming alcohol and 20% of students had been a passenger in a vehicle with a driver who had been drinking. Males were more likely to have driven a car after using alcohol in the past month (6% vs. 3%), but there were no gender differences among those who had been a passenger with a driver who had been drinking.



Helmet use among youth who cycled in the past year



Nutrition

“ *I am a vegetarian and i am concerned to be very healthy.* ”

The majority of youth reported consuming water, dairy, and fruits and vegetables on the day before they took the survey, but also sweets (cookies, cake, etc.). Males were more likely than females to have had dairy (58% vs. 49%), fast food such as pizza, hot dogs, chips and fries (14% vs. 7%), pop (15% vs. 6%) and energy drinks (5% vs. 2%) twice or more yesterday.

Despite increased awareness about the importance of consuming fruits and vegetables daily and the increased availability of healthier foods in schools, 8% of youth in this area reported eating no fruits or vegetables on the day before they completed the survey and 21% had had only one serving. At least 53% of youth fell short of the recommended daily

portions of fruits and vegetables, comparable to the provincial rate.

Similar to youth in the entire province, 54% of males and 46% of females in this area always ate breakfast on school days, while 17% never ate breakfast. The percentage of youth who reported eating breakfast was comparable to that seen in 2003.

Youth who reported that they went to bed hungry because there was not enough food at home were more likely than their peers who did not report hunger to miss breakfast every day and less likely to have had water, fruit, vegetables or dairy yesterday, but more likely to have consumed fast food, energy drinks and coffee.

What youth ate and drank yesterday

	No	Yes (once)	Yes (twice or more)
Water	7%	22%	72%
Milk, cheese, yogurt	10%	37%	53%
Fruit	18%	42%	40%
Green salad or vegetables	24%	49%	27%
Cookies, cake, donuts, chocolate bars	36%	48%	16%
Pizza, hot dogs, potato chips, French fries	53%	37%	10%
Pop/soda	57%	33%	10%
Hot or cold coffee or coffee-based drinks	70%	21%	10%
Energy drinks	87%	9%	4%

Note: Percentages do not always total 100% due to rounding.

Canada's Food Guide recommends female youth ages 14-18 have 7 servings of fruit and vegetables daily and male youth have 8.

Weight & Body Image

Weight

Although it has been criticized for not measuring body fat or fitness levels, and is not the ideal measure for all ethnic groups, youths' body mass index (BMI) still helps track rates of obesity. The BMI was calculated from the height and weight measurements youth provided on the survey. Based on this measure, 77% of students were considered to be a healthy weight for their age and gender, while 4% were underweight, 15% overweight and 4% obese. This distribution was comparable to that seen in the province as a whole.

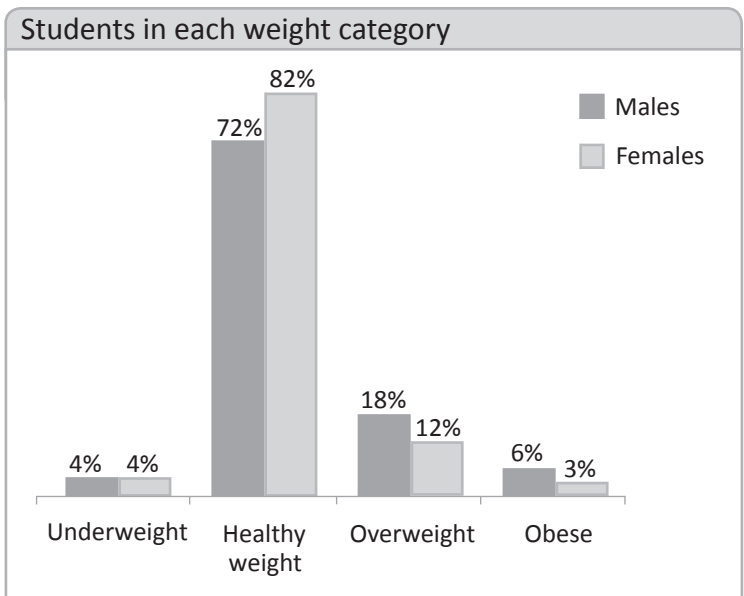
Males were more likely than females to be overweight. The percentage of students falling into each of the BMI weight categories was similar in 2003 and 2008.

Obesity is linked to health challenges at all ages. Compared to youth who were a healthy weight, overweight and obese youth were less likely to rate their health as excellent (21% vs. 36%). In addition, obese youth were more likely than healthy weight youth to have spent three or more hours of an average school day playing video games (24%* vs. 12%).

Body Image

Similar to 2003 local rates and 2008 provincial rates, 20% of males in this area rated themselves as very satisfied with their body image, compared to only 10% of females. The majority of youth (68%) felt they were about the right weight.

When asked to rate how satisfied they were with their body, on a scale from 1 to 5, with 1 being not at all satisfied and 5 being very satisfied, male youth scored an average of 3.7 and females 3.3.

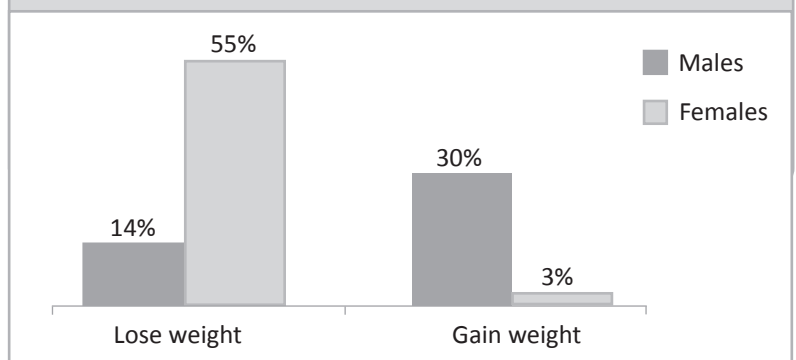


“
*There is a boy I've always wanted
 to look good for so I stop eating and
 work out a lot.*
 ”

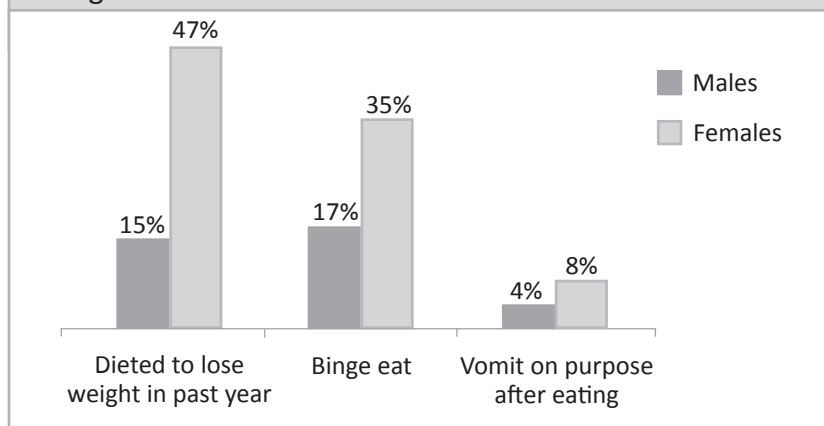
Looking at youth whose BMI indicated they were a healthy weight, 28% stated they were not trying to do anything about their weight and 21% were trying to stay the same weight. However, 55% of healthy weight females were trying to lose weight and 30% of healthy weight males were trying to gain weight.

Females were more likely than males to report dieting to lose weight in the past year as well as binge eating and vomiting on purpose after eating. The rates of dieting, binge eating and purging did not differ between 2003 and 2008, and also did not differ between this area and the province as a whole.

Healthy weight youth trying to lose or gain weight



Eating behaviours



Mental & Emotional Health

“*I am happy with my life.*”

Adolescence is an important time for mental and emotional development. As they mature, youth have increased abilities to think about abstract ideas and are more aware of their emotions. However, it can also be a time when mental health problems first emerge.

Self Esteem

Measuring self-esteem can tell us about how youth view themselves. The majority of youth in this area reported high self-esteem; they agreed or mostly agreed that they felt good about themselves (85%) and their abilities (90%), they had much to be proud of (78%) and felt that their life was useful (85%). Around 57% agreed or mostly agreed with all seven of the self-esteem questions on the survey, which was comparable to the provincial rate (58%).

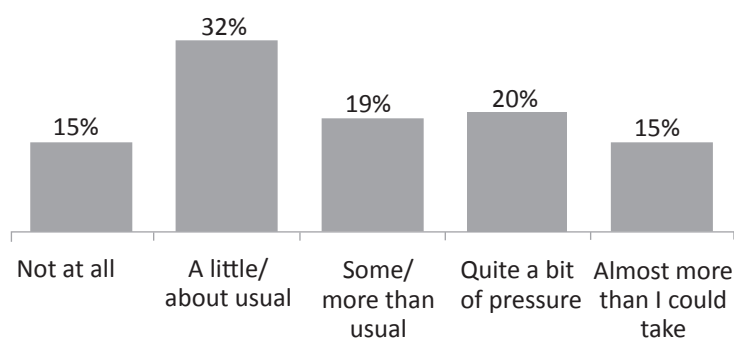
Stress

Eighty-five percent of youth reported feeling some stress or pressure in the past 30 days, and 15% of students indicated that the stress in their lives was almost more than they could take.

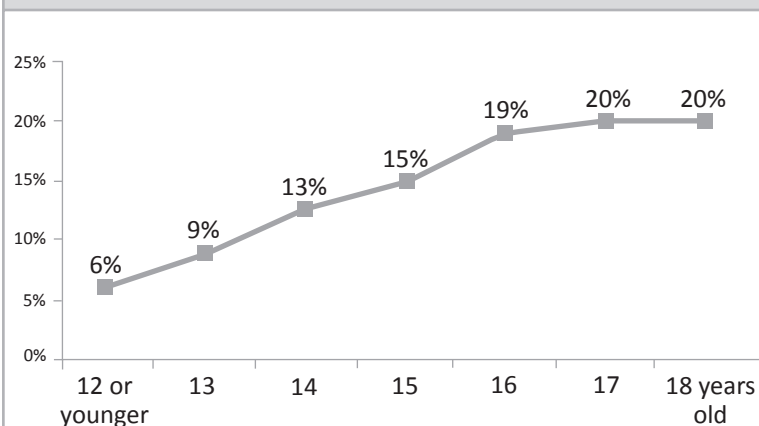
Females were more likely than males to report extreme levels of stress in the past

month to the point that they could not work or function effectively (19% vs. 11%). Also, older students were more likely than younger students to report extreme stress, which was consistent with the provincial findings.

During the past 30 days, have you felt you were under any strain, stress or pressure?



Extreme stress by age



“*In my experience with cutting it is not suicidal. it's a release of emotional pain into physical pain. It's not the best way of dealing with it but it is the best way for me.*”

Despair

Seven percent of students indicated feeling so much despair (feeling sad, discouraged or hopeless) that they wondered if anything was worthwhile and had difficulty functioning properly. Females were more likely than males to report this level of extreme despair in the past month (9% vs. 5%). These results were all consistent with the provincial findings.

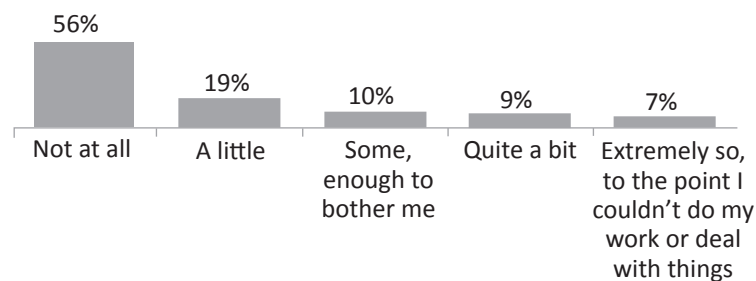
“*This was a good survey. It helped me release emotions that were bottled up inside me- like the immense amount of stress I have.*”

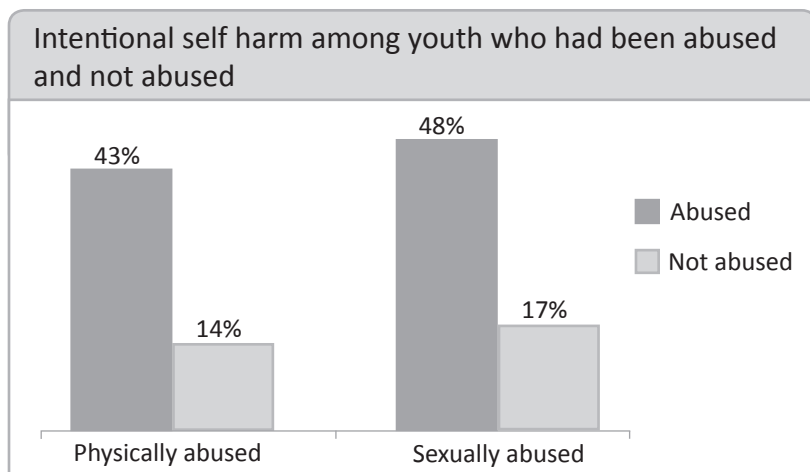
Self Harm

Sometimes youth will hurt themselves as a way of coping with stress and pain in their lives. In this area, 24% of female students and 14% of males indicated cutting or injuring themselves on purpose without trying to kill themselves at some point in their lifetime, with 11% doing so once or twice, and 8% doing so three or more times.

Students who had been physically abused or sexually abused were more likely to self-harm than students with no abuse history. Also, youth who had ever used alcohol or marijuana were more likely to self-harm compared to youth who never used these substances.

During the past 30 days, have you felt so sad, discouraged, hopeless or had so many problems that you wondered if anything was worthwhile?





Suicide

Suicide is the second leading cause of death among youth aged 12-18 in British Columbia. In this area, 14% of students reported seriously considering suicide in the past year, which was higher than the provincial rate (12%) and not significantly different from the rate in this area in 2003.

Six percent of students attempted suicide in the past year, which was comparable to the provincial rate and to the 2003 rate in this area. Females and males were equally likely to attempt suicide, unlike in the province as a whole where females were more likely to do so.

Among youth who attempted suicide in the past year, 30% reported that their attempt was serious enough to require treatment by a doctor or nurse.

Risk factors for suicide

One of the known risk factors for attempting suicide is having a family history of suicidal behaviour. In this area, 18% of youth reported that a family member had tried to commit suicide, with 6% doing so in the past year. Also, 25% of youth had a close friend who attempted suicide (14% in the past year). Students with a family member or close friend who had attempted or committed suicide in the past year were over six times more likely to attempt suicide themselves, compared to students without these risk factors (19% vs. 3%).

Suicide attempts in the past year were also more likely among students who had ever been physically abused (15% vs. 4%) or sexually abused (21% vs. 5%) compared to students who had never been abused. Lesbian, gay and

“*I think local youth support groups need more funding.*”

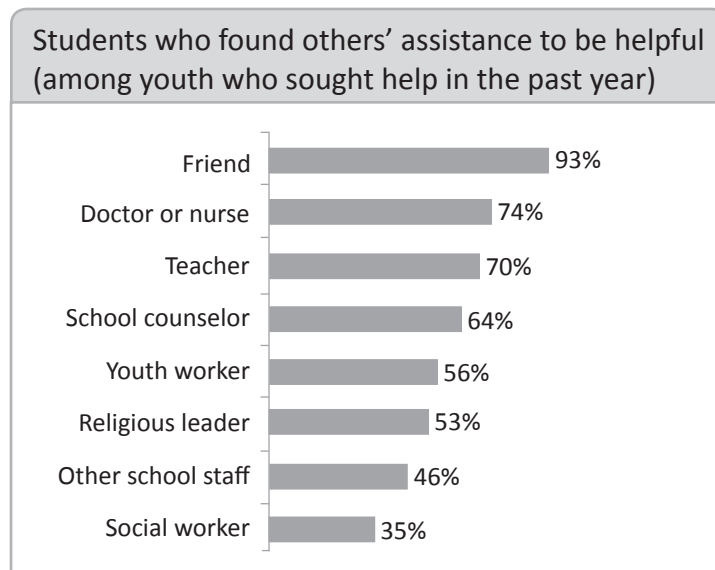
bisexual youth* and youth with a health condition or disability were also at greater risk for attempting suicide.

Also, youth who had ever used alcohol or marijuana were more likely to have attempted suicide compared to students who had never used these substances.

Help Seeking

The majority of students felt they could seek support from adults in their family (78%) or from adults outside their family (61%) if they were faced with a serious problem.

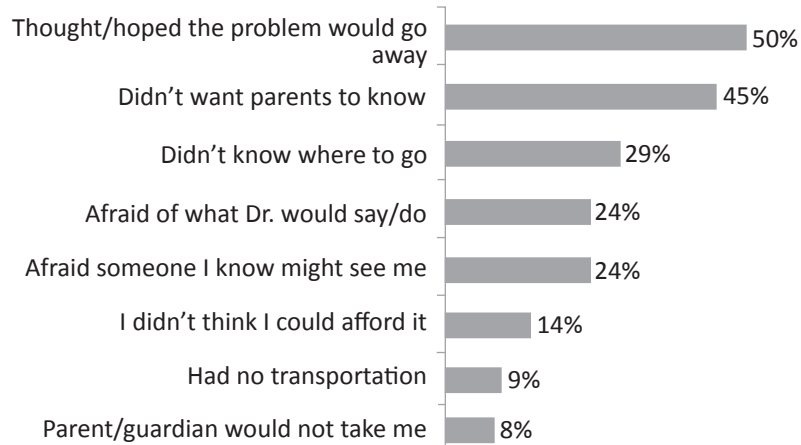
Students reported approaching a variety of professionals for help in the past year, including teachers (43%), doctors or nurses (31%), school counselors (28%), other school staff (21%), youth workers (19%), religious leaders (18%), and social workers (14%). In addition to turning to adults for help, most students (79%) asked their friends for assistance. Students who sought support in the past year generally reported finding the assistance of both friends and professionals helpful.



Accessing Mental Health Services

When asked specifically about accessing mental health services in the past year, 20% of females and 8% of males reported that they had not accessed services when they felt they needed them. The most common reasons for not accessing mental health services included hoping the problem would go away (50%) and students not wanting their parents to know (45%).

Most common reasons for not accessing mental health services (among youth who felt they needed them)



Smoking

“ *I quit smoking.* ”

Above the provincial rate of 26%, and similar to the rate for youth in this area in 2003, 30% of students had ever tried smoking. Males and females were equally likely to have tried smoking.

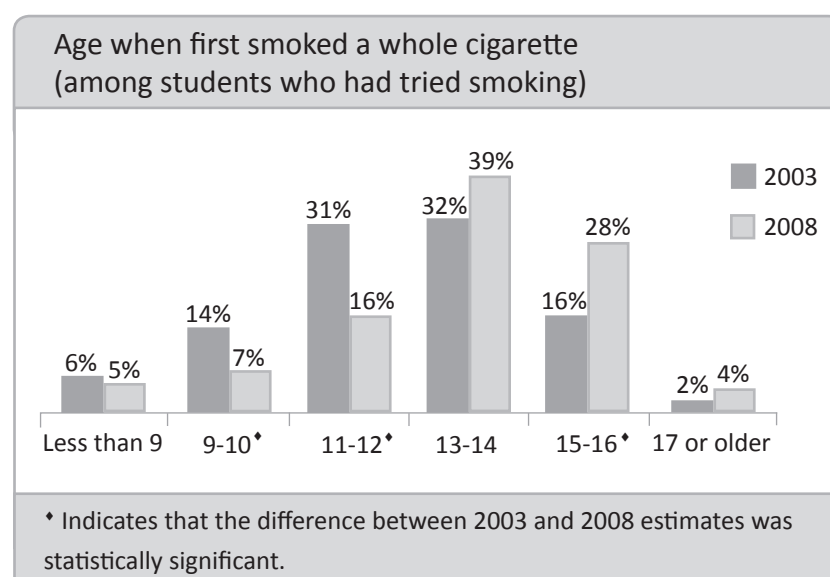
Among students who smoked, they tended to start smoking at a later age than in 2003. In 2008, 16% had their first cigarette when they were 11 or 12, compared to 31% in 2003. Twenty-eight percent of students waited until they were 15 or 16 years old, compared to 16% in 2003.

Half (50%) of students who had tried smoking had smoked in the past month. Those who did smoke, most commonly smoked 2 to 5 cigarettes a day (16% of students who had ever tried smoking).

Similar to youth across the province, 5% of Central Vancouver Island young people had used chewing tobacco in the past month (7% of males vs. 2% of females).

Second-hand Smoke

Thirty-two percent of students in this area had been exposed to smoke inside their home or vehicle, which was above the provincial rate (28%). Thirteen percent of youth were exposed to smoke in their home or car almost every day.



Substance Use

Alcohol

Sixty-four percent of youth had tried more than just a few sips of alcohol. This was higher than the 2008 provincial rate of 54%, but similar to the local rate in 2003. Males and females were equally likely to have tried alcohol.

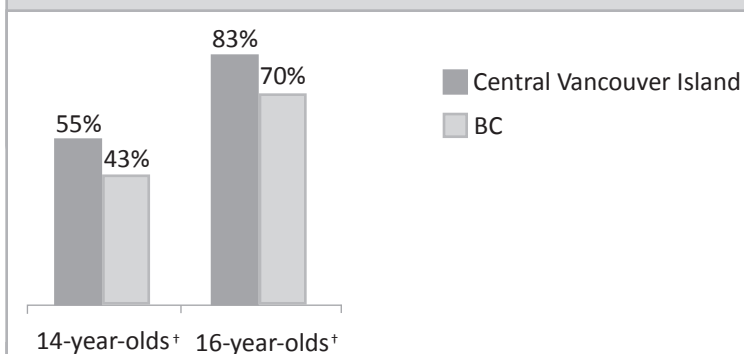
The age at which students first drank was similar to both the 2003 local and 2008 provincial rates. Fourteen percent of local students who had tried alcohol first drank when they were 10 years old or younger, while 40% waited until they were 13 or 14 years old.

Among students who drank in the past year, 9% had only had a sip, 41% drank once a month or less, and 24% drank two or three times a month, while 2% drank every day of the week. Students in this area who had tried alcohol were equally likely as those across the province as a whole to have been drinking in the past month (70%).

Binge Drinking

Binge drinking is defined in the AHS as having five or more drinks within a couple of hours. Forty-eight percent of local students who had tried alcohol binge drank in the past month, similar to both the 2008 provincial rate and the local 2003 rate.

Students who ever drank alcohol (other than a few sips)



Males and females were equally likely to binge drink in the past month. Four percent of students who had tried alcohol binge drank on ten or more days in the previous month.

Last Saturday Use

The AHS IV included new questions asking about substance use “last Saturday.” Students were instructed to specifically think of the Saturday that had just passed, even if it was not a typical Saturday for them.

Thirty percent of students in this area drank alcohol last Saturday, which was above the provincial rate (26%). There were no gender differences among those who consumed wine or liquor, but females were more likely to have drunk coolers last Saturday (21% vs. 12%), and

“ I have only smoked marijuana once. I did not like it. ”

males were more likely to have drunk beer (24% vs. 16%).

Marijuana

As in 2003, 40% of local male and female students had tried marijuana, which was above the provincial rate (30%).

Among students who had tried marijuana, 8% had first used it when they were 10 years old or younger, which was similar to youth across the province. The most common age for first trying marijuana was 13 or 14 years old (44%).

Sixty percent of those who had tried marijuana used it in the past month and 16% used it on 20 or more days in the past month (7% of all students).

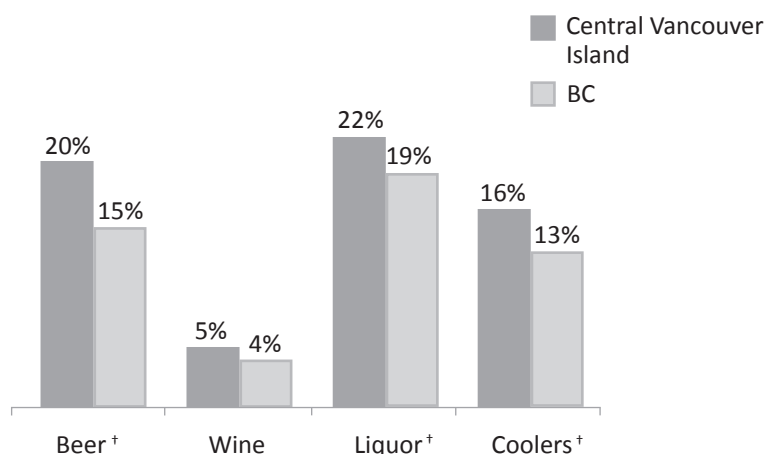
Last Saturday use

Seventeen percent of students in this area used marijuana last Saturday, which was above the provincial rate of 12%. Males were more likely than females to have used marijuana last Saturday (20% vs. 13%).

Other Drugs

Reflecting the picture across the province, this area saw a rise from 2003 in the use of prescription pills without a doctor's consent. There were also increases in ever using hallucinogens, heroin and injecting illegal drugs,

Rates of different types of alcohol consumed last Saturday



† Indicates that the difference between Central Vancouver Island and provincial estimates was statistically significant.

Ever used other drugs

	2003	2008
Prescription pills	8%	16% [♦]
Hallucinogens (including ecstasy)	7%	10% [♦]
Mushrooms	11%	10% [†]
Cocaine	5%	5%
Inhalants	3%	5%
Amphetamines (including crystal meth)	3%	4%
Steroids	1%	2%
Heroin	1%	2% [♦]
Injected an illegal drug	<1%	2% [♦]

† Difference between 2008 Central Vancouver Island and provincial estimates was statistically significant.

♦ Difference between 2003 and 2008 Central Vancouver Island estimates was statistically significant.

but both are still a small percentage. There was also a rise in the use of mushrooms and mushroom use was higher in this area than the province as a whole (10% vs. 8%).

For the first time, students were specifically asked about their use of ecstasy and crystal meth. Seven percent of students in this area had used ecstasy, and 2% had used crystal meth, which were similar to the provincial rates.

Consequences of Substance Use

In the past year, 2% of students felt they needed help for their alcohol use and 2% felt they needed help for their drug use.

Fifty-nine percent of students reported using alcohol or drugs in the previous year, above the provincial rate of 48%. Among these students, over half experienced a variety of negative consequences as a result. The most common included being told they had done something they could not remember, passing out, and arguing with family members.

Males were more likely than females to report having been in a physical fight or damaged property in the past year as a result of their substance use. They were also more likely to report having been in trouble with the police.

Consequences of substance use among those who used alcohol or drugs in the past year

Was told that I did something that I couldn't remember	45%
I used alcohol or drugs but none of these things happened	38%
Passed out	35%
Argued with family members	20%
School work, marks, or behaviour at school changed	16%
Damaged property	15%
Got injured	14%
Got in trouble with the police	12%
Got into a physical fight	12%
Lost friends or broke up with a girlfriend or boyfriend	9%
Had sex when I didn't want to	9%
I overdosed	3%
Got into a car accident	2%
Had to get treatment for alcohol or drug use	1%

Sexual Behaviour

“*I feel like having sex, but my partner doesn't feel like it.*”

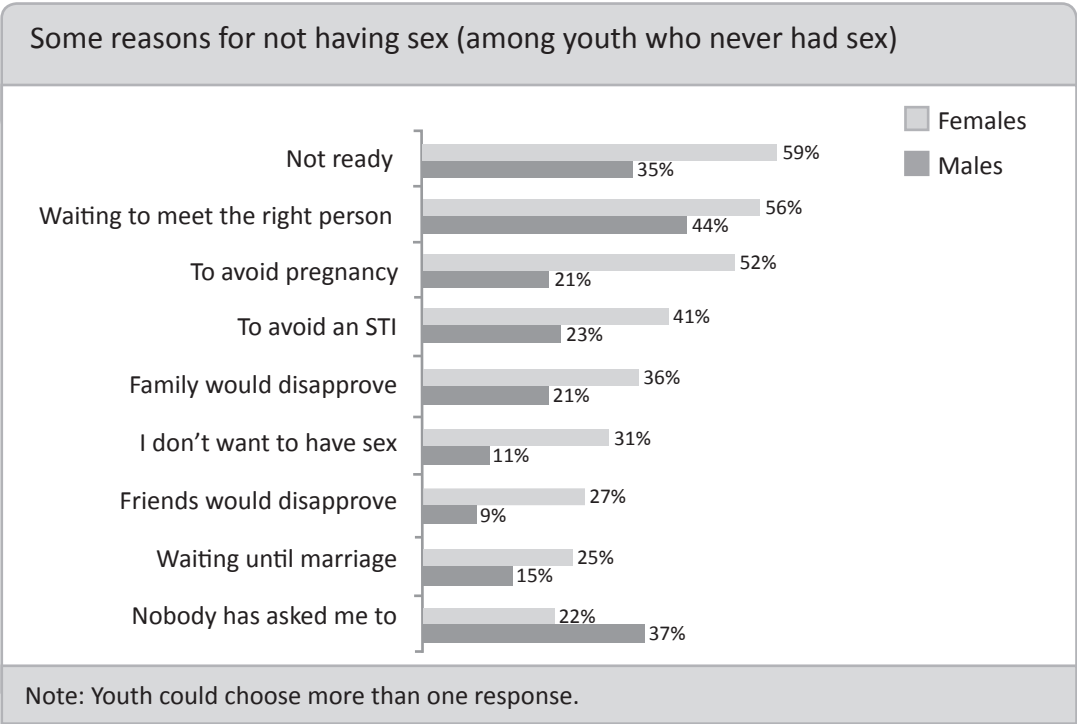
The majority of youth reported never having had sexual intercourse (72%), which was comparable to the rate in this area in 2003. However this rate was lower than the provincial percentage (78%), meaning that youth in this area were more likely to have had sexual intercourse compared to youth in the province as a whole.

Students who never had sexual intercourse provided a number of reasons for not having sex (they could choose more than one reason). The most common were wanting to wait until they met the right person (50%), not being ready to have sex (48%) and not wanting to get pregnant or cause a pregnancy (37%).

When there were gender differences in rates of responding, females were more likely than males to endorse the reason, with the exception that males were more likely to indicate that they had not had sex because nobody had asked them to (37% vs. 22%).

The percentage of youth that reported ever having sexual intercourse was comparable for males and females and increased with age. Among sexually active youth, the most common age for first having sex was 15 years, and 18% reported first having sex before age 14.

Among sexually active students, 55% had sexual intercourse with one person in the past year, and 9% had sex with six or more people.



Oral Sex

In this area, 33% of male and female students reported ever having oral sex, which was higher than the provincial rate of 26%. Rates of oral sex went up with age.

Sexually Transmitted Infections

Overall, 2% of students had been told by a doctor or nurse that they had a sexually transmitted infection (STI). The rate was 5% among sexually active students.

Birth Control and Pregnancy

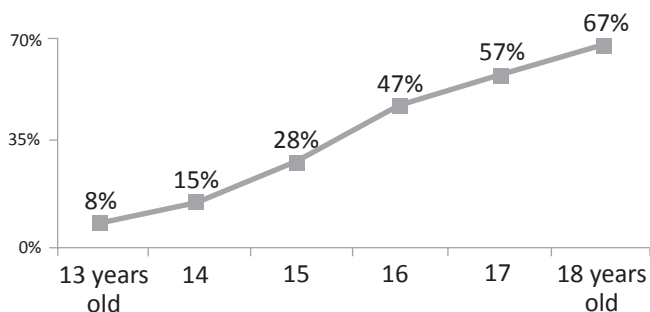
Sixty-nine percent of sexually active youth (76% of males and 61% of females) reported using a condom the last time they had sex, and 65% indicated that they had done so to prevent pregnancy.

Among sexually active youth, 50% used birth control pills to prevent pregnancy the last time they had sex. Twenty percent used withdrawal which is an unreliable method of contraception, and 5% used only withdrawal. Five percent of students used no method to prevent pregnancy the last time they had sex and 5% used emergency contraception (“morning after pill”).

Nine percent of sexually active students reported that they have been pregnant or caused a pregnancy, which was comparable to the provincial rate of 7%.

Among youth who ever had sexual intercourse, 8% of males and 9% of females reported having had sex with a same-sex partner.

Students who had oral sex



“I’ve had 12 or so sexual partners and never had a pap test.”

Among students who have had sexual intercourse, a third (33%) reported that they drank alcohol or used drugs before having sex the last time.

Abuse & Violence

“Well you never asked if I got sexually harassed at a work place. And the Answer is yes.”

Physical and Sexual Abuse

The percentage of students who reported that they had experienced physical abuse rose in this area from 14% in 2003 to 18% in 2008. As in 2003, 9% had been sexually abused. Both rates were similar to the 2008 provincial rates. In total, 22% of students had experienced either form of abuse and 5% had experienced both types of abuse.

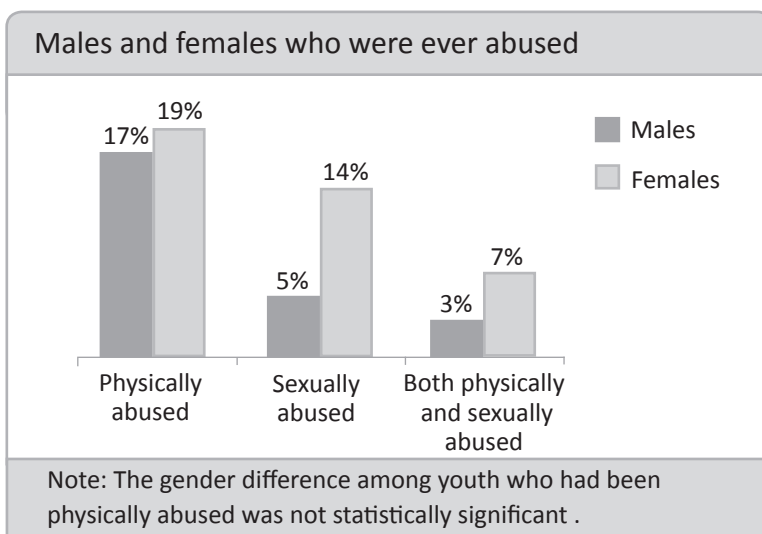
Comparable with the province as a whole in 2008 and with the local 2003 rates, 5% of students had been forced to have sex when they did not want to; 1% by an adult and 4% by another youth. Females were more likely than males to have been forced to have sex by another youth (5% vs. 2%).

Sexual Harassment

The percentage of youth who experienced verbal or physical sexual harassment was similar to the 2008 provincial rates and the rates from this area in 2003. Forty-eight percent of students were verbally sexually harassed in the past year, and 28% were physically harassed. Female students were more likely to experience either form of harassment. In the past year, 59% of females and 38% of males had been verbally sexually harassed while 41% of females and 15% of males had been physically sexually harassed.

Internet Safety

Comparable to the experience of youth across the province in 2008 and to lo-



“*I have autism. Often discriminated against, because of my disability.*”

cal youth in 2003, 13% of students (20% of females and 7% of males) had been in contact with someone on the Internet who made them feel unsafe. In the past year, 10% of youth gave personal information to someone that they met on the internet.

Students in this area were more likely than those in the province as a whole to have been cyber-bullied in the previous year (20% vs. 17%). Females were more likely to have had this experience than males (25% vs. 14%).

Physical Fights

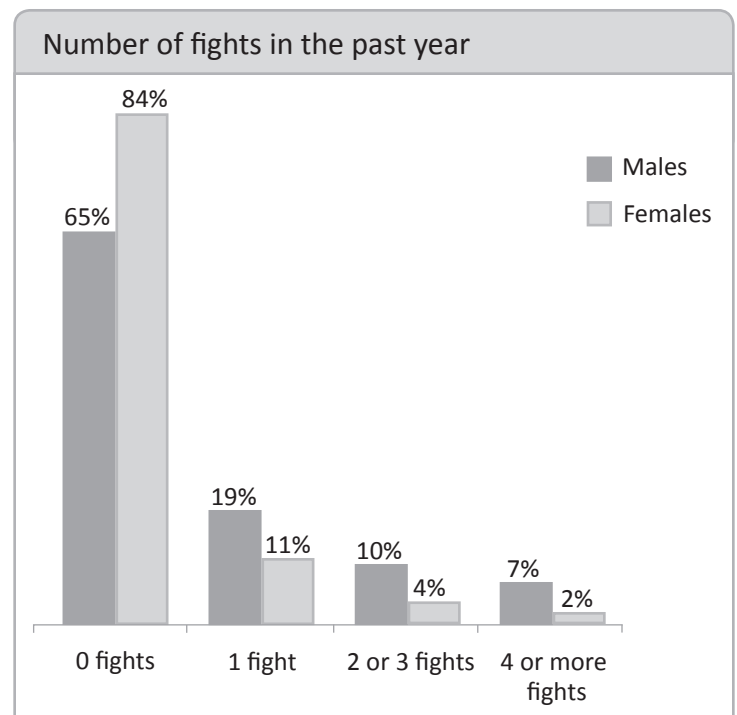
Consistent with youth across the province and with local youth in 2003, 26% of students were involved in a physical fight in the past year. Males were more likely than females to have been in a fight (35% vs. 16%). Four percent of students who fought were injured seriously enough to need medical attention.

Relationship Violence

Eight percent of students (11% of males and 5% of females) who were in a relationship reported that their boyfriend or girlfriend hit, slapped or hurt them in the past month.

Discrimination

Consistent with the experience of youth across the province in 2008 and with local



youth in 2003, 18% of students had been discriminated against because of their physical appearance in the past year.

As in 2003, 9% of youth experienced racial discrimination, which is below the 2008 provincial rate of 12%.

Six percent of students reported they had experienced discrimination because of their sexual orientation. This is similar to the provincial rate, but a local increase from 4% in 2003.

School & Work

“*I have trouble with making friends and get ignored a lot.*”

School Connectedness

Feeling connected to school is linked to better physical and emotional health and to reduced risk taking. In this area and consistent with the AHS provincial results, the majority of students reported liking school somewhat (62%). Females were more likely than males to like school very much (24% vs. 14%) and to feel more connected to school.

Feelings of connectedness to school were higher for students in Grade 7 than for students in Grades 10 or 11.

Thirty-four percent of students skipped at least one full day of school in the past month. Students in higher grades were more likely than students in younger grades to skip school.

Youth who skipped school in the past month felt less connected to school and had more

trouble getting along with teachers and peers compared to students who did not skip school.

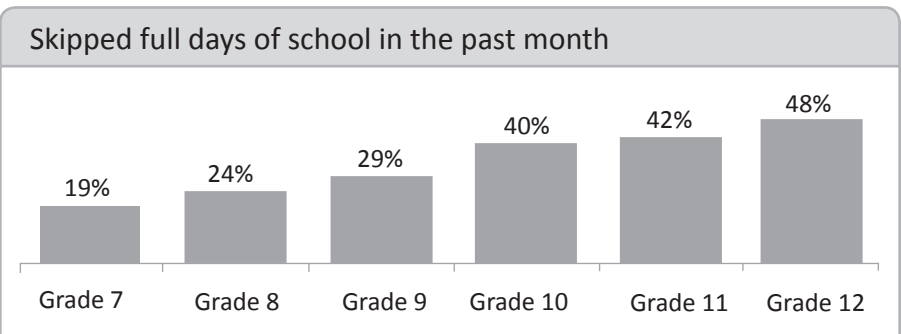
Feeling Safe at School

Forty-one percent of students reported always feeling safe at school, which was comparable to the rate in this area in 2003 and to the 2008 provincial rate.

The sense of always feeling safe was lower for students in Grades 8 and 10 (34%) than for those in Grades 11 and 12 (46%-49%).

Students most commonly reported “always or usually” feeling safe in the library (85%) or classroom (83%). They were least likely to report “always or usually” feeling safe outside on school property during school hours (59%).

Ten percent of students had been physically attacked or assaulted while at school or



travelling to or from school in the past year. Males were more likely than females to be physically attacked (14% vs. 5%), but females were more likely to be victims of relational aggression (i.e., excluded from social groups or ignored; 36% vs. 25%). Rates of verbal harassment (e.g., teasing) were comparable among males and females (33%).

The rates of school-based physical, relational and verbal aggression were comparable to the provincial percentages and to the rates in this area in 2003.

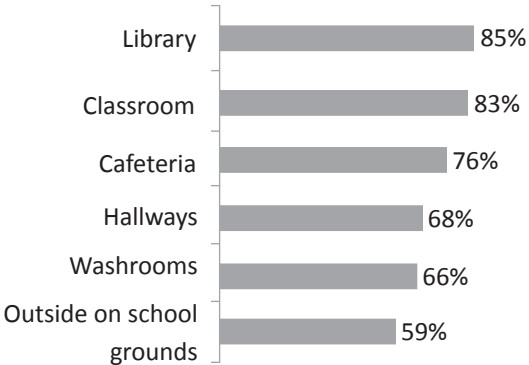
Weapon Carrying

Nine percent of students carried a weapon to school in the past month (15% of males and 4% of females). Among those who carried a weapon, the majority (78%) carried a knife or razor.

Academic Aspirations

The vast majority of students expected to finish high school; only 1% anticipated finishing their education before graduating from high school. A total of 50% expected to complete their education when they graduate from university, medical school, or law school; 21% when they graduate from community

Where students always/usually felt safe at school



college or a technical institute; 10% once they complete high school; and 16% were not sure when they would complete their education.

Work

A total of 49% of students worked at a paid job during the school year, which was higher than the 2003 rate in this area (41%) and the 2008 provincial rate (41%). Among students who worked, 27% worked less than 5 hours a week, 52% worked 5-19 hours, and 21% worked 20 or more hours a week.

Sports & Leisure Activities

“ I am active and play lacrosse for an hour a week and skate 14 hours a week! ”

Exercise

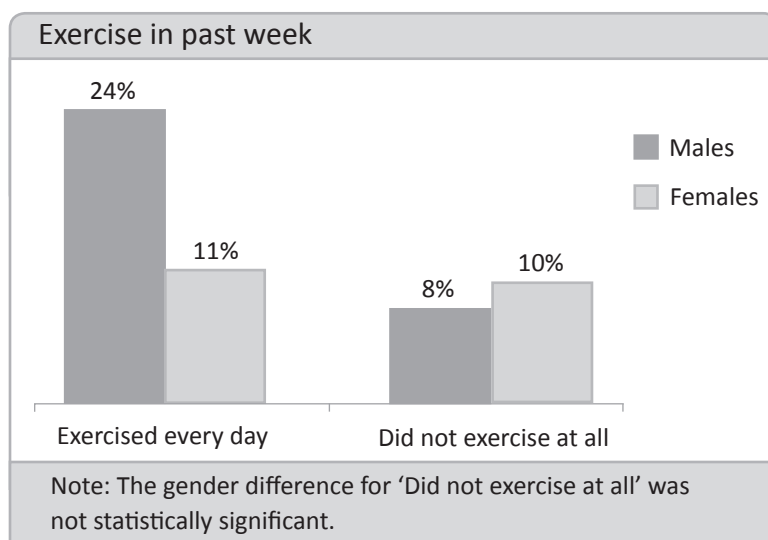
Health Canada recommends that youth participate in a minimum of 90 minutes of physical activity every day. Yet, when asked how often they exercised for at least 20 minutes a day during the past week, only 24% of males and 11% of females exercised every day, while 9% of youth did not exercise at all. Exercise rates in this area were comparable to those seen in the province as a whole.

On average, youth in lower grades exercised more often than those in later grades. Exercise rates for this area were comparable between 2003 and 2008.

Extracurricular Activities

The majority of youth participated in extracurricular sports activities on a weekly basis: 59% of youth took part in sports activities with a coach (e.g., school teams, swimming lessons), and 71% participated in physical activities without a coach (e.g., biking, road hockey). While males and females were equally likely to participate in sports with a coach, males were more likely to participate in non-coached sports activities and females were more likely to take part in dance/aerobic classes.

In addition to participating in sports activities, youth engaged in a range of other ac-



tivities outside of school hours. For example, in the past 12 months, 60% did some form of volunteer work such as babysitting or helping a charity and 26% did this once a week or more. Other leisure activities youth participated in on a weekly basis included hobbies (54%), art/drama/music (24%) and clubs (14%). Females were more likely than males to take part in art, drama and music activities as well as volunteer activities.

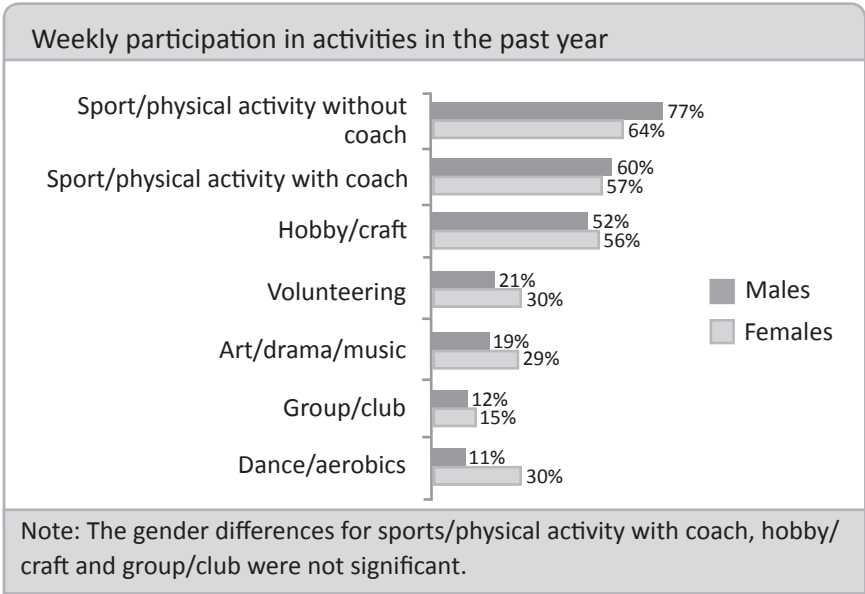
Compared to the province as a whole, youth in this area were equally likely to participate weekly in all extracurricular activities. In addition, weekly participation in extracurricular activities in this area was comparable between 2003 and 2008, with the exception

of hobbies which increased from 41% to 54%, and non-coached sports activities among males which decreased from 83% to 77%.

Screen Time

Similar to the province as a whole, 89% of youth in this area watched TV on a typical school day and 24% did so for three or more hours. There was no gender difference in TV watching. The percentage of youth in this area who watched TV for three or more hours dropped from 37% in 2003 to 24% in 2008.

On a typical school day, the majority of youth spent time on the Internet (excluding doing



“*You should talk about influences of online videogame addiction.*”

homework), talking or texting on the phone, or playing video games. About one-fifth of students (21%) phoned or texted for three or more hours on a typical school day. A quarter (25%) of students used the Internet and 15% played video games for three or more hours a day.

Males were more likely than females to play video games for three or more hours a day (25% vs. 5%), but were less likely to spend this amount of time texting or talking on the phone (13% vs. 29%).

Gambling

Although it is often seen as a fun activity, gambling in BC is illegal for youth under 19 years of age. Some young people turn to gambling as a way to escape from their problems, and it is often linked to risky behaviours such as alcohol use and smoking. Gambling at an early age also increases the risk of developing an adult gambling problem.

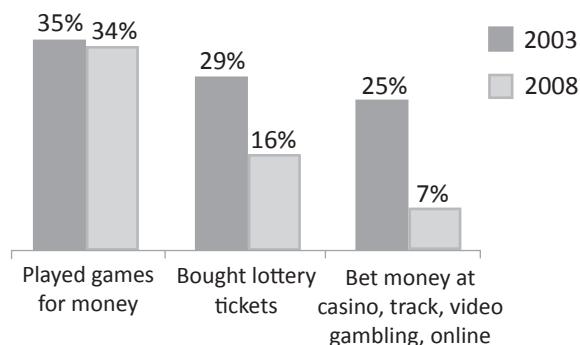
Forty percent of students reported gambling in the past year (comparable to the provincial rate). There was no gender difference in buying lottery tickets, but males were more likely than females to have played games for money (48% vs. 20%) and to have bet money at a casino, racetrack, on video games or online (11% vs. 3%). Participation in all three

2010 Winter Olympics

When asked about the effect of the upcoming 2010 Olympics in BC, 46% of youth said they had not thought about it, 46% said it had not affected them, 8% said they had become more physically active, 5% reported they had more sports opportunities, and 4% felt they had more job prospects.

forms of gambling decreased for both males and females from 2003 to 2008, with the exception of playing games for money where the percentage of males who gambled in this way remained consistent.

Gambling in the past year



Note: The difference was not significant for 'played games for money'.

Protective Factors

“Next time you could ask questions like
“do you feel that you are contributing to
your Community?”

The survey included a number of questions that have been shown to reflect protective factors for youth. By looking at these protective factors we can point to areas of health promotion, education and awareness which can improve the lives of all youth, including the most vulnerable.

Family and School Connectedness

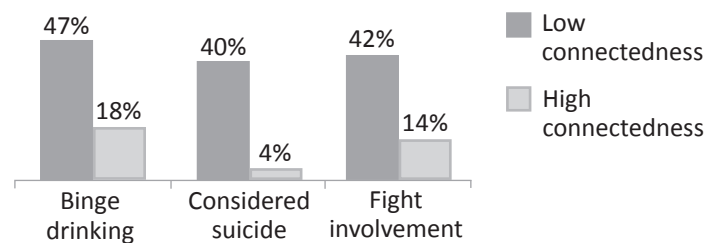
Family connectedness includes youths' feelings of closeness, caring, warmth, satisfaction and understanding toward their parents and family. School connectedness refers to students' relationships with their teachers and their sense of belonging at school.

On average, students indicated moderate to high connectedness to family and school. Males were more connected to family than females but less connected to school. Family connectedness scores for this area were comparable to the province as a whole; however, school connectedness scores for this area were lower than those for the province.

Cultural Connectedness

The 2008 AHS included items on ethnic or cultural connectedness which measured the extent to which youth made efforts to learn about their ethnic/cultural group and how strongly they belonged to or felt attached to their group.

Health by family connectedness

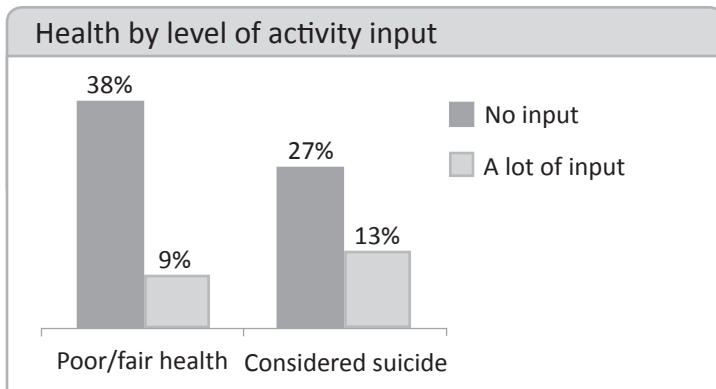


Of the six issues pertaining to cultural connectedness, the one that received the most endorsement from youth was “I understand what my ethnic group means to me”, with 40% agreeing with the statement. Fewer youth agreed with other statements regarding learning about their ethnic group, feeling a strong sense of belonging or attachment to the group or participating in cultural practices. There were no gender differences in level of cultural connectedness.

Compared to the entire province, youth in this area reported lower levels of cultural connectedness. For example, while 29% of youth in this area reported participating in their group's cultural practices, 42% of youth in the entire province did so.

Youth Engagement

In addition to being asked about their involvement in extracurricular activities, youth were asked to rate how meaningful their activities were to them and how much they



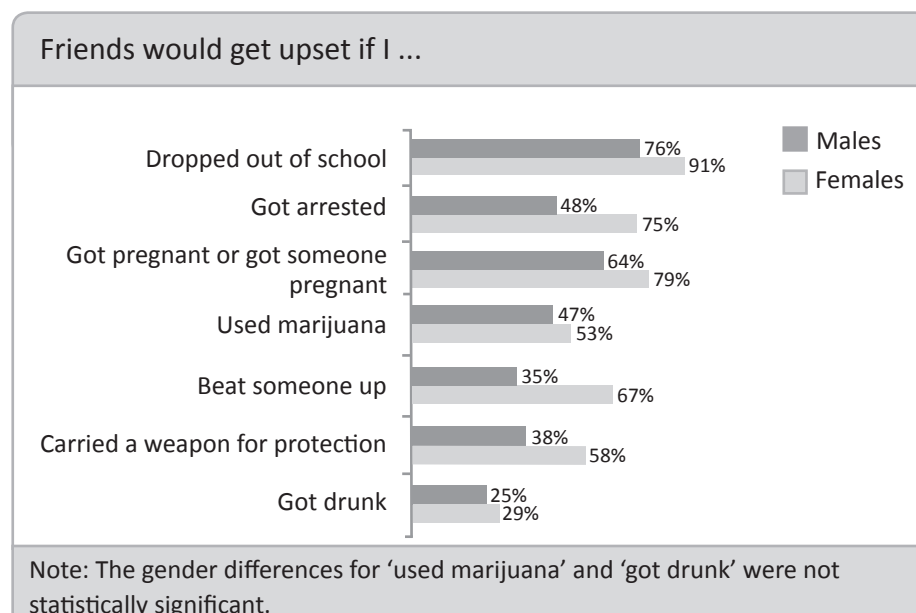
felt their ideas were listened to and acted upon in these activities.

Six to eight percent of youth reported that the activities they were involved in were not at all meaningful to them or that they had no input into these activities. On the

other hand, 37% were involved in activities that were very meaningful to them and 16% felt that they had a lot of input into their activities. Levels of youth engagement in this area were comparable to those seen in the province as a whole.

Positive Peer Relationships

Youth were asked whether their friends would be upset if they engaged in a number of behaviours including getting arrested, beating someone up or dropping out of school. For each situation, with the exceptions of getting drunk and using marijuana, females were more likely than males to think their friends would be upset with them.



Compared to 2003, youth in 2008 were more likely to say their friends would be upset with them if they got arrested (62% vs. 54%) or used marijuana (50% vs. 44%).

The overall level of prosocial peer attitudes was lower in this area compared to the province in general. For example, students in this area were less likely than those in the entire province to think that their friends would be upset with them if they got drunk (27% vs. 35%) or used marijuana (50% vs. 58%).

The Value of Protective Factors

Results from provincial data depict the value of promoting protective factors. The table on the next page indicates that the presence of

protective factors was generally associated with lower rates of poor/fair health, binge drinking, suicidal ideation, and fighting involvement compared to overall provincial rates. Similar associations were evident in the Central Vancouver Island area (see previous graphs on family connectedness and activity input).

Building Resilience in Vulnerable Youth

Protective factors can reduce the likelihood of experiencing negative outcomes even for vulnerable youth. For example, a substantial number of youth in the Central Vancouver Island area reported being victimized or

Protective factors	Central Vancouver Island	BC
Family connectedness	7.7	7.9
School connectedness	6.6	6.8 [†]
Cultural connectedness	4.8	5.5 [†]
Youth engagement		
Meaningfulness of activities	7.2	7.2
Ideas listened to and acted upon	5.9	6.0
Prosocial peer attitudes about risk behaviour	5.6	6.0 [†]
Note: All protective factor scores range from 0 to 10, with a higher score indicating higher levels of the protective factor.		
[†] Difference between Central Vancouver Island and provincial estimate was statistically significant.		

Even a small improvement in a protective factor, such as school or family connectedness, will improve outcomes for youth in many areas.

bullied at school and 20% of these youth had seriously considered suicide in the past year. However, being connected to their family or school, being engaged in their extracurricular activities, and having peers with healthy attitudes about risk behavior were each associated with a lower risk of suicidal ideation.

These findings show us that building protective factors can assist youth, even those who are vulnerable, to overcome negative experiences, can help young people to make healthier choices and can contribute to more positive health outcomes.



Protective factors and reduction of health risk behaviours for BC youth

Protective Factor	Poor/fair health	Binge drinking	Considered suicide in past year	Involved in fight
Highly connected to family	4%	14%	4%	15%
Highly connected to school	5%	11%	5%	12%
Highly connected to cultural/ethnic group	13%	18%	10% ^{N/S}	24% ^{N/S}
Involved in very meaningful activities	9%	23% ^{N/S}	9%	24% ^{N/S}
Have peers with more prosocial attitudes	13%	2%	8%	10%
Overall Provincial Rate	16%	24%	12%	24%

^{N/S} Not significantly different from overall provincial rate.

Acknowledgements

The AHS IV represents a province wide collaboration between government agencies, the health authorities, school districts and service providers. McCreary is indebted to all the school principals and teachers who made it possible for the AHS to be administered in their schools and to the following experts and practitioners in youth health:

AHS IV Inter-Ministerial Advisory Committee

Kelly Acker

Policy Advisor, Ministry of Community Services

Jayne Barker

Ministry of Children and Family Development (MCFD)

Jennifer Donison

Aboriginal Regional Support Services Team, Quality Assurance Analyst, MCFD

Ron Duffell

Executive Director, Act Now BC

Les Foster

University of Victoria/Contractor Ministry of Health

John Green

Youth Services Consultant, MCFD

Jamie Lipp

Community Justice, Ministry of Public Safety and Solicitor General

Alex Mann

Policy and Research Analyst, Ministry of Education

Steve Morgan

Child and Youth Mental Health Consultant, MCFD

Paul Mulholland

Youth Services Consultant, MCFD

Wayne Mitic

A/Manager, Chronic Disease Prevention, Ministry of Health

Phil Schwartz

Director, MCFD

Wayne Wei

Performance Management Analyst, MCFD

Michelle Wong

Contractor, MCFD

AHS IV Institute

Kelly Acker

Senior's and Women's Partnerships, Ministry of Community Services

Tim Agg

McCreary Centre Society Board/PLEA

Marika Albert

McCreary Centre Society

Tanya Bemis

Healthy Living/Chronic Disease Prevention, Ministry of Health

Dr. William Boyce

Faculties of Education and Health Science, Queen's University

Jennifer Cameron

McCreary Centre Society

Anne Carten

Children and Youth Health, Vancouver Coastal Health

Kathy Cassels

Directorate of Agencies for School Health BC

Dr. Susan Clark

Educational Psychology, UBC

Dr. David Cox

Department of Psychology, SFU

Sarah Day

McCreary Centre Society

Jennifer Donison

Aboriginal Regional Support Services Team, Province of BC

Dulcie Fernandes

Child and Youth Officer for BC, Ministry of Attorney General

Annette Glover

BC School Trustees Association

Dr. Rita Green

Statistics Canada

Elaine Jones

Division of STI/HIV Prevention and Control, BC Centre for Disease Control

Pamela Joshi

BC Injury Research and Prevention Unit, Children's and Women's Health Centre of BC

Sherry Kelly

Interior Health

Dr. Marvin Krank

Graduate Studies – UBC Okanagan

Alison Liebel

McCreary Centre Society

Jaimie Lipp

Victim Services and Community Programs Division, Ministry of Public Safety and Solicitor General

Dr. Nadine Loewen

Fraser Health

Dr. Laura McKay

SFU

Dr. Roey Malleson

Division of Adolescent Health, Children's and Women's Health Centre of BC

Sydney Massey

BC Dairy Foundation

Lauranne Matheson

Division of Childhood and Adolescence, Public Health Agency of Canada

Pat Mauch

McCreary Centre Society Board

Megan McLarnon

Department of Psychology, UBC

Bruce Mills

Healthy Schools Network, Ministry of Education

Steve Morgan

Child and Youth Mental Health Team, MCFD

Paul Mulholland

Youth Services Policy Team, MCFD

Melissa Northcott

McCreary Centre Society

Dr. Colleen Poon

McCreary Centre Society

Kathy Powelson

McCreary Centre Society

Maureen Rowlands

Health Promotion, Heart and Stroke Foundation of BC and Yukon

David Sadler

McCreary Centre Society

Dr. Elizabeth Saewyc

McCreary Centre Society/UBC School of Nursing

Annie Smith

McCreary Centre Society

Cathy Still

McCreary Centre Society Board

Dr. Tim Stockwell

Centre for Addictions Research of BC, UVic

Dr. Roger Tonkin

McCreary Centre Society Founder

Wayne Wei

Accountability and Project Management Branch, MCFD

Cathy Whitehead

Vancouver Island Health Authority

Karen Wonders

Northern Interior Health Unit



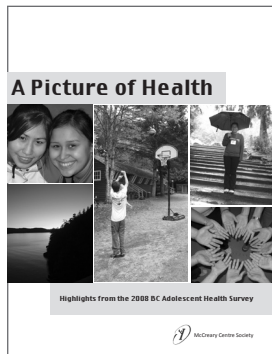
Central Vancouver Island Regional Coordinators and Administrators

Elizabeth Elliot
Twyla Schon
Joel Bailey
Jonene Bryan
Francesca Chiste
Chris Crabtree
Donna Craigon
Kelly Dowling
Helen Eng
Tricia Fothergill
Carol Hadley
Erin Kenning
Jenna Mueksch
Pat Partridge

Tanya Penner
Stacey Robinson
Myles Schroeder
Joy Stott
Andrea Tourney-Kiwaluk
Christine Urquhart
Melanie Williams
Claire Wilson
Joanne Yates

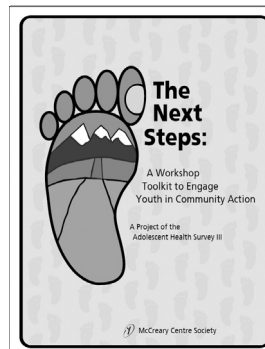
McCreary Resources

For any of these, or other materials by the McCreary Centre Society, visit our website www.mcs.bc.ca.



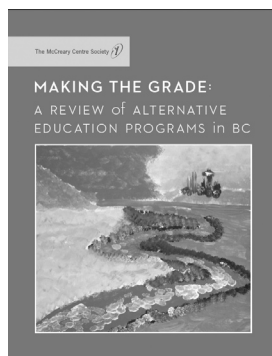
A Picture of Health: Highlights from the 2008 Adolescent Health Survey (2009)

Over 29,000 students in grades 7-12 across the province participated in the Adolescent Health Survey. It is the largest survey of its kind in Canada and provides valuable health status and risk behaviours of BC adolescents.



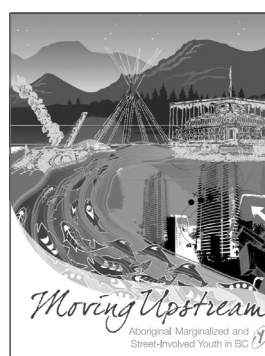
The Next Steps: A workshop toolkit to engage youth in community action (2005)

The Next Steps is a workshop series that provides youth, along with supportive adults, an opportunity to: discuss the results of the Adolescent Health Survey; identify priority issues; and plan projects for improving the health of youth in their communities.



Making the Grade: A review of alternative education programs in BC (2008)

A review of alternative education programs in BC, involving youth attending alternative education programs for "at-risk" and "high risk" youth across the province, and adult stakeholders. The review documents the positive impact of these programs for youth.



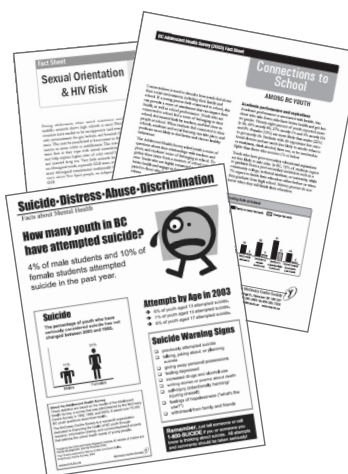
Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)

This report analyzes the experiences in nine BC communities of homeless, inadequately housed, street-involved and marginalized Aboriginal youth. The report is a further analysis of McCreary's Marginalized and Street-Involved Youth Survey.



Against the Odds: A profile of marginalized and street-involved youth in BC (2007)

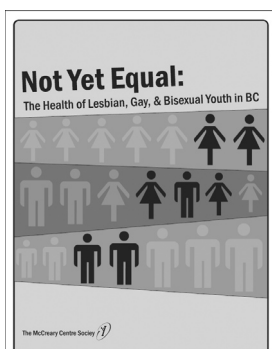
The lives of marginalized and street-involved youth are complex and filled with challenges, dangers and opportunities. This report summarizes the results of surveys with marginalized youth in the North, Interior, Fraser Valley, Vancouver Island and Vancouver.



Fact Sheets

Fact Sheets offer research results on a variety of topics using the most recent Adolescent Health Survey data. Fact Sheets include:

- Sexual behaviour & sexuality
- Connections to school
- Safety and violence
- Harassment & discrimination
- Emotional health
- Injuries



Not Yet Equal: The health of lesbian, gay & bisexual youth in BC (2007)

This report takes a closer look at the health of LGB youth, their life experiences and risk behaviours across the first three AHS surveys. It reveals both hopeful and worrying trends.



McCreary Centre Society

3552 East Hastings St. Vancouver, BC V5K 2A7
www.mcs.bc.ca