# A Picture of Health



North Shore/Coast Garibaldi Results of the 2008 British Columbia Adolescent Health Survey



## A Picture of Health

#### North Shore/Coast Garibaldi

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: 978-1-895438-00-0

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.

#### **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

#### **Tamar Peled**

Graphic Designer

#### Suggested citation:

Stewart, D., Peled, M., Poon, C., Smith, A., Saewyc, E. and the McCreary Centre Society (2009). A Picture of Health: North Shore/Coast Garibaldi. Results of the 2008 British Columbia Adolescent Health Survey.

Vancouver, BC: McCreary Centre Society.

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. Photography by Sylvia Eskoy.

# Table of Contents

Introduction	4
Provincial Key Findings	5
North Shore /Coast Garibaldi Key Findings	7
About the Survey	8
North Shore/Coast Garibaldi Youth: Their Home and Family	11
Physical Health	15
Injuries	16
Nutrition	18
Weight and Body Image	20
Mental and Emotional Health	23
Smoking	29
Substance Use	30
Sexual Behaviour	34
Abuse and Violence	36
School and Work	39
Sports and Leisure Activities	41
Protective Factors	44
Acknowledgements	48
McCreary Resources	50

### 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.

North Shore/Coast Garibaldi 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 North Shore/Coast Garibaldi area is located in the Vancouver Coastal Health Authority region.

School Districts included in the North Shore/Coast Garibaldi area are:

North Vancouver (#44), West Vancouver (#45), Sunshine Coast (#46), Powell River (#47), Howe Sound (#48), and Central Coast (#49).

Of these, one school district, Central Coast, chose not to participate in the survey, and reported results may not be representative of this non-participating district.

#### North Shore Coast Garibaldi Health Service Delivery Area



# **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 harmed (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.

# North Shore/Coast Garibaldi 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**

- As in 2003, 88% of local youth reported their health as good or excellent. This was higher than the provincial rate of 84%, largely due to the higher percentage of females who reported their health as excellent (30% locally vs. 23% provincially).
- In the past year, 32% of students in this area were injured seriously enough to need medical attention. Although this was higher than the 29% injury rate in the province, this figure represented a local decrease from 39% in 2003.
- Among students in this area who cycled in the past year, 32% always wore a bike helmet (compared to the provincial rate of 24%) and 23% never wore one (compared to the provincial rate of 35%).

- Ten percent of students reported seriously considering suicide in the past year, which was lower than the provincial rate of 12%, and a decrease from 14% in this area in 2003.
- Among sexually active youth across the province, the use of birth control pills rose from 42% to 46%. In this area there was no significant increase from 2003 but it remained above the provincial rate at 55%.
- Twenty percent of students had been exposed to second hand smoke inside their home or vehicle, compared to the provincial rate of 28%. Six percent of local youth were exposed to smoke in their home or car almost every day.
- Among students who had tried alcohol, 5% had first done so before the age of 9 (compared to 7% provincially), and 48% waited until they were 13 or 14 years old (compared to 42% provincially).
- Thirty-two percent of local students had tried marijuana. This was a decrease from 43% in 2003, and mirrored the decrease seen in the province as a whole.

# 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. Additional analyses of key findings for this area were conducted to assess if the change in consent procedures had affected the results. All trends were found to hold despite the consent procedure changes.

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.
- <sup>†</sup> 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

#### 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

64 Gulf Islands 23 Central Okanagan

27 Cariboo-Chilcotin 67 Okanagan Skaha 35 Langley 68 Nanaimo-Ladysmith

69 Qualicum 36 Surrey 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-PittMeadows 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-Shus-

wap 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

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

# North Shore/Coast Garibaldi Youth: Their Home & Family

#### **Background**

Students in this area (the North Shore/Coast Garibaldi HSDA) identified with a broad range of ethnic and cultural backgrounds. The majority indicated being of European heritage (63%). This was above the provincial rate of 54% but was similar to the local rate in 2003. The second most common cultural identity in this area was East Asian (16%, up from 11% in 2003).

If students did not feel the categories represented their background they could choose to write in their own identity, and 3% wrote "Canadian."

Ethnic or cultural backgrou	ınd
European	63%
East Asian	16%
Aboriginal/First Nations	6%
South Asian	3%
Southeast Asian	3%
Latin/South/Central American	4%
African	3%
West Asian	6%
Australian/Pacific Islander	3%
Other (excluding Canadian)	2%
Don't know	8%
Note: Youth could choose more than	one response.

Spoke a language other than English at home	
Never	59%
Sometimes	24%
Most of the time	17%

#### **New Canadians**

As in 2003, 22% of students in this area were born outside of Canada. Seven percent had lived in Canada between 2 and 5 years and another 5% had lived here for less than two years, which was above the provincial rate of 3%.

#### **First Nations**

Similar to 2003, 6% of students reported Aboriginal heritage (compared to 10% for the province). Among these students, 31% had First Nations status, 30% were Aboriginal but did not have First Nations status, 23% were Métis, and 4% were Inuit.

Seventeen percent of Aboriginal students currently lived on a reserve, and 27% had lived on a reserve at some point in their life (6% for less than a year, 8% for a few years, and 13% for most of their life).

#### **Sexual Orientation**

Eighty-five percent of students identified as heterosexual, 8% as mostly heterosexual, 2% as bisexual, 1% as gay/lesbian, and 4% were unsure.

#### Spirituality

Over half of students reported that they were not at all religious or spiritual (57%). The remainder were either somewhat (34%) 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 (91%) and/or father (69%) most of the time; 17% lived with both parents but at different times.

Who youth lived with <u>most</u> of the time (Youth could mark all that apply)		
Mother	91%	
Father	69%	
Other adults related to me	5%	
Stepfather	5%	
Stepmother	3%	
Other adults not related to me	3%	
Do not live with any adults	1%	

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 (75%) and went to bed at night (85%). However, 6% did not have a parent at home when they woke up in the morning and 3% did not have a parent at home when they went to sleep at night on any of the past five school days.

#### Unstable Home Life

A total of 2% 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.

One percent of youth were in care in the last year, unchanged from 2003.

Eight percent of male and female youth ran away from home in the past year. These students were more likely than those who had not run away to have experienced extreme stress and despair and to have attempted suicide in the last 12 months.

Frequently moving house can negatively impact young people's health. Seventeen percent of youth moved once in the past year, 5% moved twice, and 5% moved three or more times. Students who moved in the past year were more likely to experience extreme stress (19% vs. 13% who did not move) and despair (8% vs. 4%) 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.

Connectedness to mother and father figures was higher among younger than older students. 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. There were no differences in levels of connectedness between males and females. 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 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

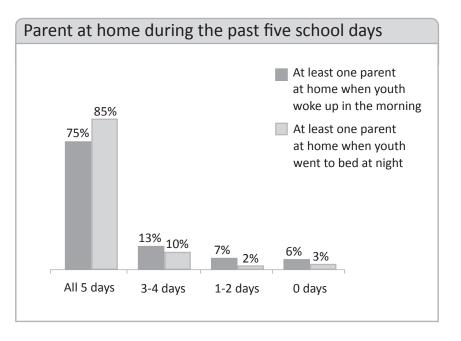
questions that have been used in international studies to learn about family resources: whether youth went to bed hungry because there was not enough food at home, the number of computers their family owned, whether they shared a bedroom, and if they took family holidays.

The vast majority of students in this area reported that they never went to bed hungry (91%), did not share a bedroom (91%), had travelled on holiday with their family in the past year (84%), and that their family currently owned a computer (99%).

Less than 1% of youth reported all four indicators of poverty (i.e., they always went to bed hungry, they shared a bedroom, their family did not own a computer, and they had not had a family holiday in the past year).

Seven percent of youth experienced hunger some of the time and 2% 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 (28% vs. 10%) and to have considered suicide in the past year (24% vs. 8%).

Family poverty affected youths' ability to participate in extra-curricular activities. For example, youth who experienced hunger or those 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

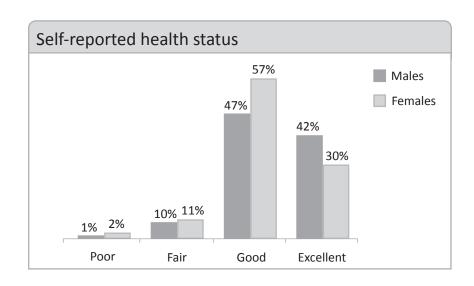
Eighty-eight percent of youth in this area reported that their health was good or excellent, consistent with results from 2003 and higher than the provincial rate of 84%. More males than females rated their health as excellent (42% vs. 30%), though more females in this area rated themselves to be in excellent health compared to the province as a whole (30% vs. 23%). Males were less likely than females to report having 'a lot' of physical complaints, such as headaches (12% vs. 22%), stomachaches (7% vs. 15%) or dizziness (8% vs. 13%) in the past six months.

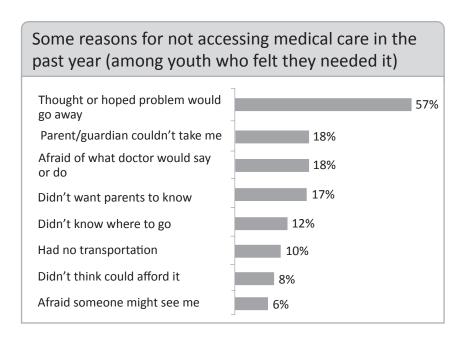
Eight percent of students in this area reported a debilitating health condition or disability. The most common conditions were a long-term illness (such as diabetes or asthma) experienced by 4% of youth and a mental or emotional condition (such as depression or eating disorder) reported by 3% of youth. Among youth with a health condition or disability, 31% took daily medication and 7% missed a lot of school due to their condition.

#### **Accessing Medical Care**

In the past year, 13% of youth did not get medical help when they felt they needed it, which was comparable with 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 (67% females vs. 46% males)



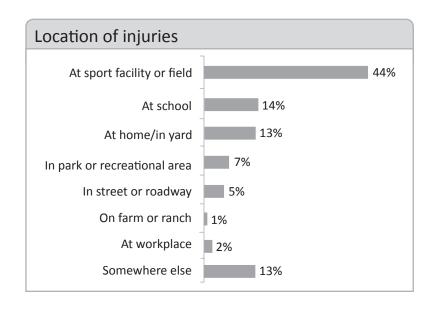


## Injuries

Injuries are one of the most common health hazards facing BC youth. In the past year, 32% of students in this area were injured seriously enough to need medical attention. This was a decrease from 39% in 2003, but was higher than the provincial rate of 29%. Males were more likely than females to have been seriously injured (36% vs. 29%).

There were no gender differences in the location where youth got seriously injured. The most common location for getting injured was at a sports facility or field (44%). Fourteen percent of injuries were at school, and 13% were at home.

Most injuries occurred while students were playing or training for sports or doing other recreational activities (59%). Nine percent occurred when students were snowboarding or skiing (above the 6% provincial rate), and 7% took place during relatively low-risk behaviours (such as walking or cooking). Only 2% of students in this area were injured in a motor vehicle (below the 4% provincial rate). Males were more likely to have been cycling (10% vs. 2% of females) but females were more likely to have been playing or training for sports (66% vs. 53%) when they were injured.



#### **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 seatbelt use or helmet use.

Sixty-seven percent of students in this area always wore a seatbelt when riding in a motor vehicle, similar to the provincial rate. This was an increase from 2003 when only 56% of local students always wore a seatbelt.

Seventy-three percent of students rode a bicycle in the past year, similar to the rate in 2003. Among these students, 32% always wore a bike helmet (compared to the provincial rate of 24%) and 23% never wore one (compared to the provincial rate of 35%).

The frequency of helmet use among students who cycled has not changed since 2003. However, as students got older they were less likely to wear a helmet.

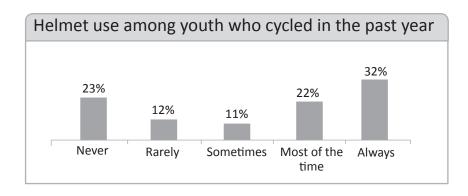
#### **Driving and Substance Use**

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.

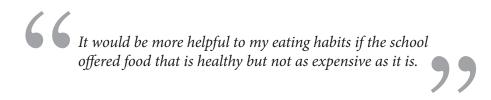
Similar to the provincial rate, 8% of students had ever driven after using alcohol, 4% had done so in the past month and 1% had done so on four or more occasions in the past month. There was no gender difference in drinking and driving.

As in 2003, in the past month 20% of students had been a passenger in a vehicle with a driver who had been drinking (23% of females and 16% of males).





### Nutrition



The majority of youth reported consuming water, dairy, and fruits and vegetables on the day before they took the survey, but also sweets. Males were more likely than females to have had pop (11% vs. 5%), dairy (61% vs. 50%), energy drinks (3% vs. 1%), and fast food such as pizza, hot dogs, chips and fries (11% vs. 6%) 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, 21% of youth reported eating one or no portions of fruits or vegetables on the day before they completed the survey. At least 43% of youth fell short of the recommended daily portions of fruits and vegetables (compared to 50% provincially).

	No	Yes (once)	Yes (twice or more
Water	5%	20%	75%
Milk, cheese, yogurt	9%	35%	55%
Fruit	13%	39%	48%
Green salad or vegetables	18%	47%	35%
Cookies, cake, donuts, chocolate bars	34%	49%	17%
Pizza, hot dogs, potato chips, French fries	57%	34%	8%
Pop/soda	64%	29%	8%
Hot or cold coffee or coffee-based drinks	75%	18%	7%
Energy drinks	92%	6%	2%

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

Compared to 2003, more youth in 2008 reported always eating breakfast on school days (52% vs. 58%). The percentage of local youth who always ate breakfast was also higher than the provincial rate. However, 12% of youth never ate breakfast.

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



#### Always ate breakfast on school days North Shore/ North Shore/ Coast Garibaldi Coast Garibaldi 2003 2008 BC 2008 Males 55% 61% \* 57% 49% † Females 49% 56% \*

<sup>\*</sup>Difference between 2003 and 2008 HSDA estimates was statistically significant.

<sup>&</sup>lt;sup>†</sup> Difference between 2008 HSDA and provincial estimates was statistically significant.

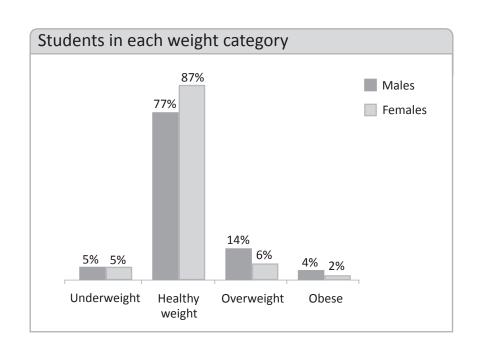
# Weight & Body Image

#### 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, 82% of students were considered to be a healthy weight for their age and gender, while 5% were underweight, 10% overweight, and 3% obese.

Males were more likely than females to be overweight. A smaller percentage of females in this area were overweight compared to the province as a whole. Since 2003, the only significant change in BMI weight categories occurred for overweight females where the proportion dropped from 9% to 6%

Obesity is linked to health challenges at all ages. Students whose BMI indicated they were obese were less likely than healthy weight youth to rate their health as excellent (17% vs. 39%). Obese youth were more likely than healthy weight youth to have spent three or more hours on an average school day watching television (35%\* vs. 18%) or playing video games (24%\* vs. 11%).



BMI weight categories - Females			
	North Shore/ Coast Garibaldi 2003	North Shore/ Coast Garibaldi 2008	BC 2008
Underweight	4%	5%	5%
Healthy Weight	86%	87%	83% †
Overweight	9%	6% <b>*</b>	9% †
Obese	1%	2%	3%

Difference between 2003 and 2008 HSDA estimates was statistically significant.

<sup>&</sup>lt;sup>†</sup> Difference between 2008 HSDA and provincial estimates was statistically significant.



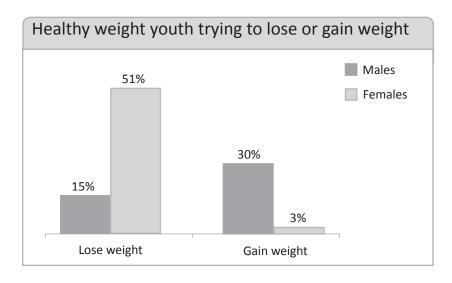
I often feel bad about the way I look because of all of the magazine ads. I'm definitely not fat but I'm definitely not as skinny as the people in the ads are. I hate how they all always look so perfect and really skinny so it makes people look at them and envy them.

#### **Body Image**

One in five males (20%) rated themselves as very satisfied with their body image, compared to only 12% of females. This was an increase from 2003 where 14% of males and 8% of females rated themselves as very satisfied. The majority of males (72%) and females (65%) felt they were about the right weight.

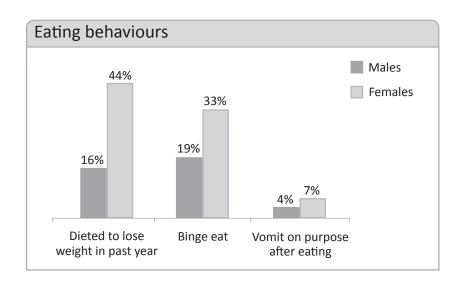
Looking at youth whose BMI indicated they were a healthy weight, 30% stated they were not trying to do anything about their weight and 20% were trying to stay the same weight. However, 51% of healthy weight females were trying to lose weight and 30% of healthy weight males were trying to gain weight.

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 3.4.



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. Dieting among females dropped from 50% in 2003 to 44% in 2008. Rates of binge eating and vomiting on purpose after eating did not change from 2003 to 2008 for either males or females.





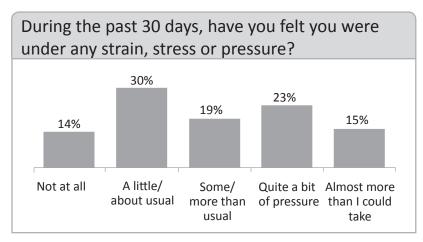
# Mental & Emotional Health

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 (88%) and their abilities (92%), they had much to be proud of (81%) and felt that their life was useful (88%). Around 62% agreed or mostly agreed with all seven of the self-esteem questions on the survey, which was higher than the provincial percentage (58%).





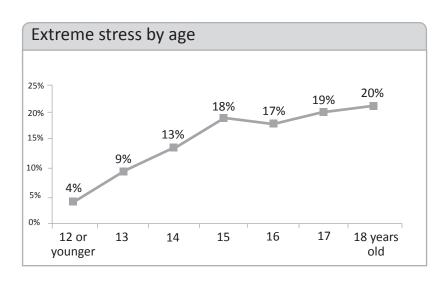


[I am] generally quite healthy and happy though I suppose I am typical in experimentation and the occasional sufferage of "teen angst"

#### **Stress**

Most youth (86%) reported feeling some stress or pressure in the past 30 days. A total of 15% of students indicated that the stress in their lives was almost more than they could take.

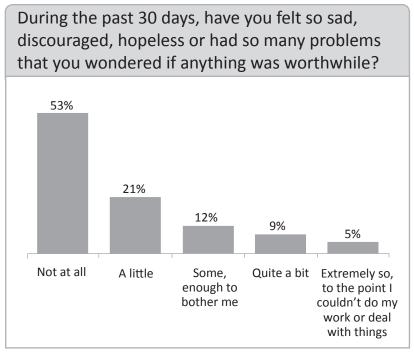
Female youth were more likely than males to report extreme levels of stress in the past month to the point that they could not work or function effectively (18% vs. 11%). Older youth were more likely than younger youth to report extreme levels of stress.



#### Despair

Five 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 (7% vs. 4%). The results in this section were all consistent with the provincial findings.



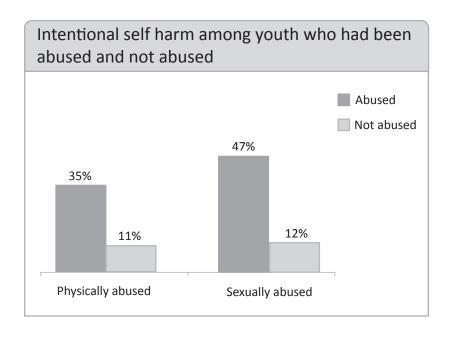


"

#### Self Harm

Sometimes youth will hurt themselves as a way of coping with stress and pain in their lives. Eighteen percent of female students and 11% of males indicated cutting or injuring themselves on purpose without trying to kill themselves at some point in their lifetime, with over 9% doing so once or twice, and 5% 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, marijuana or hard drugs were more likely to self-harm compared to youth who never used these substances.



#### Suicide

Suicide is the second leading cause of death among youth aged 12-18 in British Columbia. In this area, 10% of students reported seriously considering suicide in the past year, which was lower than the provincial rate of 12%, and a decrease from 14% in this area in 2003.

Four percent of students attempted suicide in the past year, which was similar to the provincial rate and not significantly different from the rate in 2003. There was no gender difference in suicide attempts. Among youth who attempted suicide in the past year, 27% 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. Thirteen percent of youth reported that a family member had tried to commit suicide, with 3% doing so in the past year. Also, 21% of youth had a close friend who attempted suicide (9% in the past year). Students with a family member or close friend who had attempted or committed suicide in the past year were eight times

more likely to attempt suicide themselves, compared to students without these risk factors (16% vs. 2%).

Suicide attempts in the past year were also more likely among students who had ever been physically abused (14% vs. 2%) or sexually abused (22% vs. 3%) compared to students who had never been abused.

Aboriginal youth were over twice as likely as non-Aboriginal youth to have attempted suicide in the past year (9% vs. 4%). Obese youth were also over twice as likely as youth of a healthy weight to attempt suicide (10% vs. 4%). Lesbian, gay and 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, marijuana or other drugs were more likely to have attempted suicide compared to students who had never used these substances.

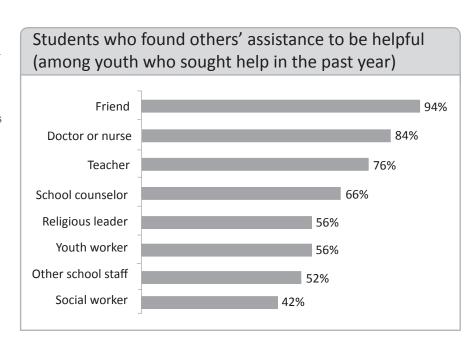
#### Help Seeking

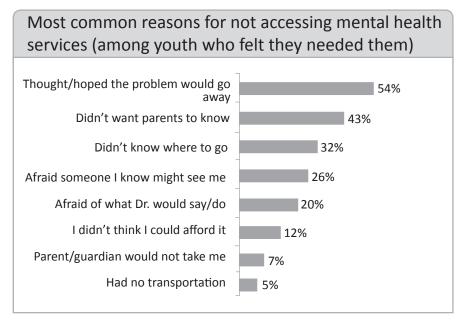
The majority of students felt they could seek support from adults in their family (79%) or from adults outside their family (59%) if they were faced with a serious problem.

Students reported approaching a variety of professionals for help in the past year, including teachers (42%), doctors or nurses (31%), school counselors (27%), other school staff (19%), religious leaders (14%), youth workers (15%), and social workers (11%). In addition to turning to adults for help, most students (82%) 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, 17% 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 (54%), students not wanting their parents to know (43%), and not knowing where to go (32%).





# **Smoking**

Mirroring the situation across the province, there was a decrease in the percentage of youth who had ever tried smoking, from 35% in 2003 to 25% in 2008. Males and females were equally likely to have tried smoking.

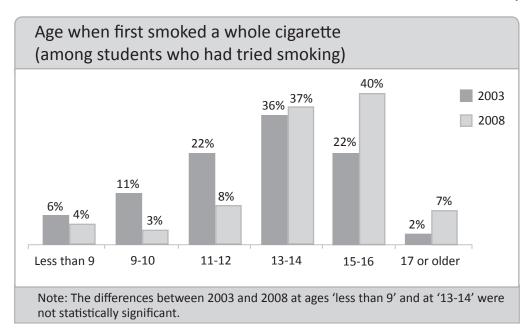
In addition to fewer students smoking, those who did try smoking waited longer to start. Among students who smoked, the percentage who had their first cigarette when they were 11 or 12 years old decreased from 22% in 2003 to 8% in 2008, and the percentage who waited until they were 15 or 16 years old increased from 22% in 2003 to 40% in 2008.

Less than half (48%) of students who had tried smoking had smoked in the past month. Those who did smoke most commonly smoked less than a cigarette a day (17% of all students who had tried smoking).

Similar to the provincial rate, 4% of young people had used chewing tobacco in the past month (6% of males vs. 2% of females).

#### Second-hand Smoke

Twenty percent of students in this area had been exposed to second-hand smoke inside their home or vehicle, compared to the provincial rate of 28%. Six percent of youth were exposed to smoke in their home or car almost every day.



### Substance Use



Not all teens do drugs, lots of us think it's the stupidest thing in the world. I'm one of them, I don't do drugs, I am too scared from what they have done to people I know and love.

#### Alcohol

Similar to 2003, 60% of youth had tried more than just a few sips of alcohol. This was higher than the provincial rate of 54%. Males and females were equally likely to have tried alcohol.

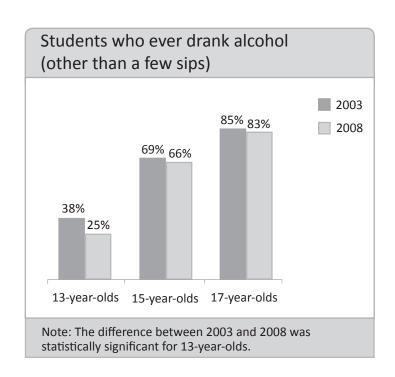
Among students who had tried alcohol, 10% first drank when they were ten years old or younger, with males more likely to start drinking at this young age (13% males vs. 7% females). Compared to the provincial rate, students in this area started drinking later. Among students who had tried alcohol, 5% had first done so before the age of 9 (similar to 6% provincially), and 48% waited until they were 13 or 14 years old (compared to 42% provincially).

Among students who drank in the past year, 13% had only had a sip, 34% drank once a month or less, and 27% drank two or three times a month.

The rate that students drank in the past month has not changed since 2003. One third of students who had tried drinking only drank on one or two days. One percent of students drank every day in the past month.

#### Binge Drinking

Binge drinking is defined in the AHS as having five or more drinks within a couple of hours. Almost half (48%) of local students who had tried alcohol binge drank in the past month. Males and females were equally likely to binge drink in the past month. Two percent of students who had tried alcohol binge drank ten or more times 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.

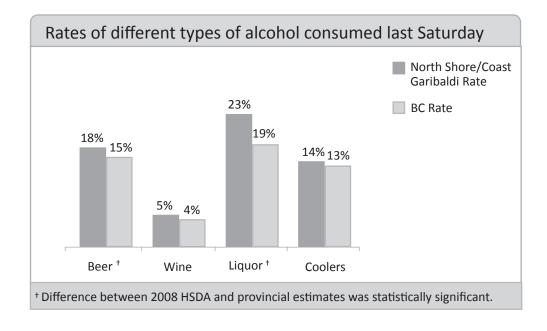
Thirty-one percent of students in this area drank alcohol last Saturday, which was higher than the provincial rate of 26%. There were no gender differences among those who consumed wine and liquor but females were more likely to have drunk coolers last Saturday (17% vs. 10%) and males were more likely to have drunk beer (23% vs. 14%).

#### Marijuana

Akin to youth in the entire province, 32% of students in this area had tried marijuana. This was a local decrease from 43% in 2003. There was no gender difference in the rate of marijuana use.

Among students who had tried marijuana, 5% had first used it when they were 10 years old or younger, although the most common age for first trying it was 13 or 14 years old (47%).

Sixty-three percent of those who had tried marijuana used it in the past month and 9% used it 20 or more days in the past month



Males were more likely than females to have ever tried hallucinogens (7% vs. 3%) and heroin (2% vs. 1%).

Ever used other drugs			
	2003	2008	
Prescription pills	9%	15% *	
Hallucinogens	7%	10% *	
Mushrooms	14%	8% *	
Cocaine	5%	4%	
Inhalants	3%	4%	
Amphetamines	3%	3%	
Steroids	1%	1%	
Heroin	1%	1%	
Injected an illegal drug	<1%	1% *	

Difference between 2003 and 2008 HSDA estimates was statistically significant.

(3% of all students), which was similar to the 2003 rates. Males were more likely than females to report this extreme use (14% of males vs. 4% of females who had ever used).

#### Last Saturday use

Comparable to the provincial rate, 14% of students used marijuana last Saturday, with males more likely to have done so than females (17% vs.11%).

#### Other Drugs

The percentage of youth who had used substances other than alcohol or marijuana was similar to the province as a whole.

When compared to youth in this area in 2003, there was a decrease in the percentage of students who had used mushrooms, but an increase in the percentage of students who had used prescription pills without a doctor's consent, hallucinogens, and those who had injected an illegal drug.

For the first time, students were specifically asked about the use of ecstasy and crystal meth. Eight percent of students in this area had used ecstasy, and 1% had used crystal meth. Both percentages were comparable to the provincial rate.

#### Consequences of Substance Use

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

Fifty-three percent of students reported using alcohol or drugs in the previous year.

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 to report damaging property, getting into trouble with police and getting into a car accident, while females were more likely to have done something that they could not remember and to have argued with family members.

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

I used alcohol or drugs but none of these things happened	44%
Was told that I did something that I couldn't remember	43%
Passed out	31%
Argued with family members	17%
Got injured	13%
Damaged property	12%
Got in trouble with the police	12%
School work, marks, or behaviour at school changed	11%
Got into a physical fight	9%
Lost friends or broke up with a girlfriend or boyfriend	7%
Had sex when I didn't want to	7%
I overdosed	3%
Got into a car accident	1%
Had to get treatment for alcohol or drug abuse	1%

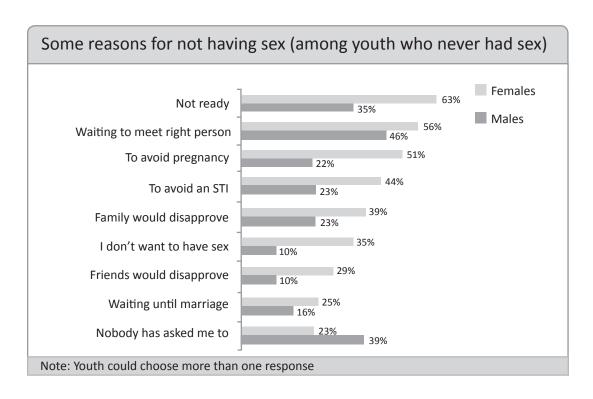
### Sexual Behaviour

12% of males and 9% of females who ever had sexual intercourse reported having had sex with a same-sex partner.

The majority of youth reported never having had sexual intercourse (78%), which was comparable to both the provincial rate and the 2003 figure for this area. These students 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 (51%), not being ready to have sex (50%) and not wanting to get pregnant or cause a pregnancy (37%). Female students were more likely than males to endorse most reasons, except

males were more likely to indicate that they had not had sex because nobody had asked them to (39% vs. 23%).

The percentage of youth that reported ever having sexual intercourse was identical for males and females (22%) and increased with age. Among sexually active youth, the most common age for first having sex was 15. Fifteen percent reported first having had sex before age 14.



#### **Oral Sex**

Twenty-six percent of students reported ever having oral sex. The percentages were comparable for males and females, and were consistent with the provincial rate.

### **Sexually Transmitted Infections**

Overall, 1% of students had been told by a doctor or nurse that they had a sexually transmitted infection (STI). The rate was 4% among sexually active students.

Among sexually active students, around half (46% males and 55% females) reported having had sexual intercourse with one person in the past year. Ten percent reported that they had sex with six or more people.

# Birth Control and Pregnancy

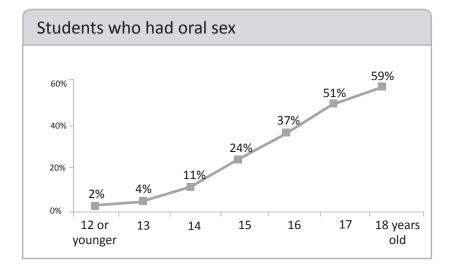
Sixty percent of sexually active youth (66% of males and 55% of females) reported using a condom the last time they had sex, and 58% indicated that they had done so to prevent pregnancy.

Among sexually active youth, 55% used birth control pills to prevent pregnancy the last time they had sex. This was above the provincial rate of 46% but similar to the

local rate in 2003. Seventeen 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 6% used emergency contraception ("morning after pill").

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

Among students who have had sexual intercourse, almost a third (32%) reported that they drank alcohol or used drugs before having sex the last time.



# Abuse & Violence



Someone tried to ruin my life over the internet

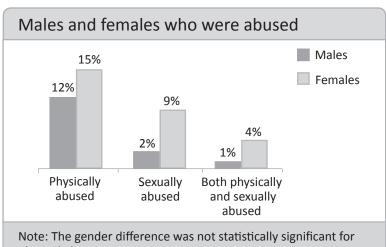


### Physical and Sexual Abuse

The percentage of students in this area who reported physical or sexual abuse was lower than the provincial rate but was unchanged from 2003. Thirteen percent reported that they had been physically abused, and 6% had been sexually abused. In total, 16% of youth had experienced either form of abuse and 3% had experienced both types of abuse

#### Sexual Harassment

The percentage of students who experienced verbal (46%) or physical (26%) sexual harassment was similar to both the 2008 provincial rate and the rate for this area in 2003. Female students were more likely to experience either form of harassment. In the past year, 51% of females had been verbally sexually harassed (compared to 41% males) and 36% had been physically sexually harassed (compared to 16% of males).



physical abuse.

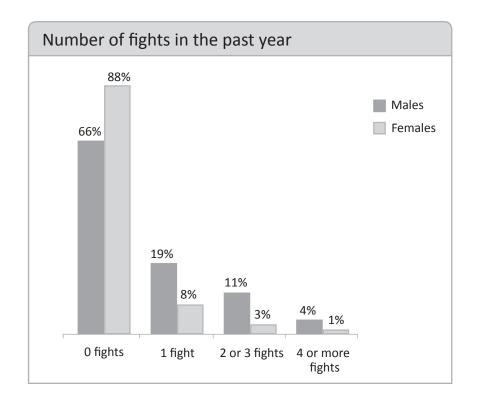
### **Internet Safety**

Twelve percent of students (18% of females and 6% of males) had been in contact with someone on the Internet who made them feel unsafe. This was similar to the 2008 provincial rate and the 2003 local rate. Ten percent of students gave personal information to someone they had met on the Internet in the past year (12% of males and 9% of females).

Seventeen percent of students were cyberbullied in the previous year, the same as the provincial rate. Females were more likely than males to have been cyber-bullied (21% vs. 13%).

## **Physical Fights**

Consistent with the provincial rate, 23% of students were involved in a physical fight in the past year. This percentage reflected a decrease in the area from 29% in 2003. Males were more likely than females to have been in a fight (34% vs.13%). Similar to 2003, 3% of students were injured in a fight to the point where they required medical attention (4% of males and 2% of females).



# Relationship Violence

Seven percent of male and female students who were in a relationship reported that their boyfriend or girlfriend had hit, slapped, or hurt them in the past month.

#### Discrimination

Similar to the provincial rates and to the rates for this area in 2003, 12% of students experienced racial discrimination (14% males and 9% females) and 18% of students had been discriminated against because of physical appearance in the past year.

However, the rate of discrimination based on sexual orientation increased in this area (as it did provincially). Five percent of students (7% males and 3% females) reported they had experienced discrimination because of their sexual orientation, a rise from 3% in 2003.



# School & Work

#### 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 (65%). Females were more likely than males to like school very much (24% vs. 18%) and to report a greater sense of connectedness to school.

Students in Grade 7 felt more connected to school compared to students in later grades.

Twenty-three 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.

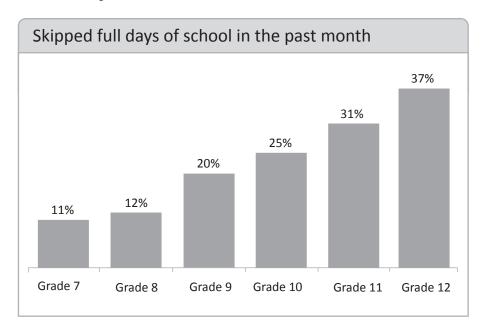
### Feeling Safe at School

Fifty percent of students reported always feeling safe at school, which was comparable to the rate in 2003 and higher than the 2008 provincial rate of 41%.

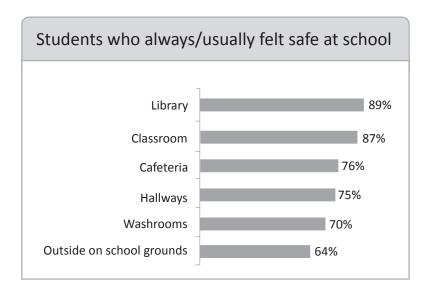
The sense of always feeling safe went down from Grade 7 (53%) to Grade 8 (40%) but then increased in later grades.

Students most commonly reported "always or usually" feeling safe in the library (89%) or classroom (87%). They were least likely to report "always or usually" feeling safe outside on school property during school hours (64%), although students in this area were more likely to feel safe outside compared to students in the province as a whole (56%).

Nine percent of students had been physi-



cally attacked or assaulted while at school or travelling to or from school in the past year. Males were over twice as likely as females to be physically attacked (13% vs. 5%), but females were more likely to be victims of relational aggression at school (i.e., excluded from social groups or ignored; 36% vs. 24%). Thirty-three percent of youth were verbally harassed (e.g., teased) and the percentages were comparable for males and females. Rates of school-based physical, verbal and relational aggression in this area were comparable to the provincial percentages and to the rates in this area in 2003.



### Weapon Carrying

A total of 5% of students carried a weapon to school in the past month (8% of males and 3% of females). Among those who carried a weapon, the majority (68%) carried a knife or razor.

### **Academic Aspirations**

The vast majority of students (99%) expected to finish high school; only 1% anticipated finishing their education before graduating from high school. A total of 65% expected to complete their education when they graduate from university, medical school, or law school; 15% when they graduate from community college or a technical institute; 4% once they complete high school; and 14% were not sure when they would complete their education.

#### Work

A total of 48% of students worked at a paid job during the school year, which was up from 41% in 2003 and higher than the 2008 provincial rate (41%). Among students who worked, 33% worked less than 5 hours a week, 56% worked 5-19 hours, and 11% worked 20 or more hours a week.

# Sport & Leisure Activities

### Exercise

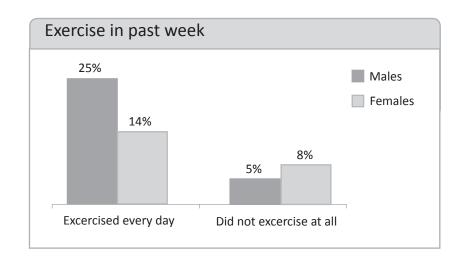
Health Canada recommends that youth participate in a minimum of 90 minutes of physical activity every day. Yet, when asked how often they exercised for at least 20 minutes a day during the past week, only 25% of males and 14% of females exercised every day, while 5% of males and 8% of females did not exercise at all. These rates were similar to those in 2003 and to the provincial rates.

On average, youth in Grades 7 to 9 exercised more often than those in Grades 10 to 12. Youth in Grades 7 and 8 also exercised more often in 2008 than in 2003.

#### Extracurricular Activities

The majority of youth participated in extracurricular sports activities on a weekly basis: 69% of youth took part in sports activities with a coach (e.g., school teams, swimming lessons), and 70% participated in physical activities without a coach (e.g., biking, road hockey). While male and female youth were equally likely to participate weekly in sports activities with a coach, males were more likely to participate in sports without a coach 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 activi-

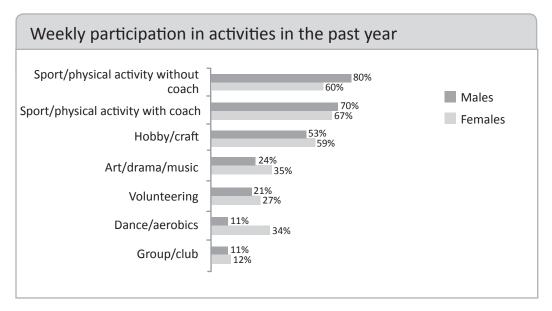


ties outside of school hours. For example, in the past 12 months, 63% of youth did some form of volunteer work such as babysitting or helping a charity and 24% did this once a week or more. Other leisure activities youth participated in on a weekly basis included hobbies (56%), art (30%) and clubs (11%). Females were more likely than males to take part in art, hobbies, and volunteering.

#### 2010 Winter Olympics

When asked about the effect of the upcoming 2010 Olympics in BC, 43% of youth said they had not thought about it, 43% said it had not affected them, 10% felt they had more job prospects, 9% said they had become more physically active, and 7% reported they had more sports opportunities.

For most extracurricular activities, participation rates from 2003 to 2008 did not differ. There were, however, a few exceptions. More youth in 2008 had participated in sports with a coach (69% vs. 61% in 2003). More youth also reported participation in hobbies (56% in 2008 vs. 39% in 2003).



Weekly participation in extracurricular sports activities						
	North Shore/Coast Garibaldi 2003	North Shore/ Coast Garibaldi 2008	BC 2008			
With a coach	61%	69% *	59% <sup>†</sup>			
Without a coach	72%	70%	69%			
Difference between 2003 and 2008 HSDA estimates was statistically significant.						
<sup>†</sup> Difference between 2008 HSDA and provincial estimates was statistically significant.						

#### Screen Time

On an average school day, 89% of youth watched television. Since 2003, the number of hours spent watching TV dropped, with 20% spending three or more hours watching TV (compared to 33% in 2003) and 11% of youth reporting they did not watch TV on an average school day (compared to 7% in 2003).

At least 80% of youth spent time on the Internet (excluding doing homework) or on the phone or texting, and nearly 6 in 10 played video games. On a typical school day, 22% of youth played on the Internet, 17% phoned or texted, and 12% played video games, for three or more hours. Males were more likely than females to play video games for three or more hours a day (21% vs. 4%), but were less likely to spend three or more hours texting or talking on the phone (10% vs. 23% females).

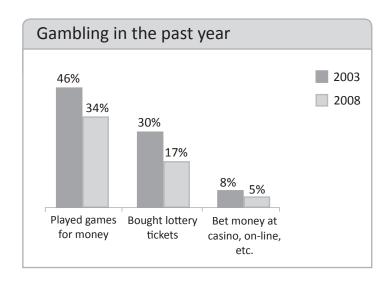
### Gambling

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.

Following the pattern seen across the province, there was a decline in all forms of gambling. The percentage of local students who reported gambling in the past year decreased from 56% in 2003 to 42% in 2008.

There was no gender difference in buying lottery tickets, but males were more likely than females to have played games for money (49% vs. 19%) and to have bet money at a casino, racetrack, on video games or on-line (8% vs. 3%).



# **Protective Factors**

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

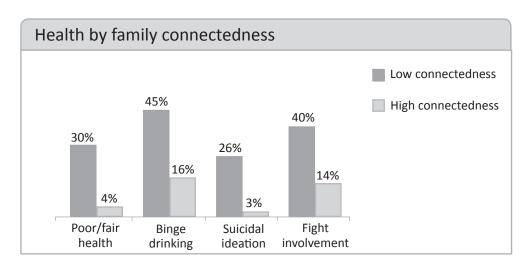
Family connectedness includes youths' feelings of closeness, caring, warmth, satisfaction and understanding toward their parents and family. School connectedness refers to students' relationships with their teachers and their sense of belonging at school.

On average, students indicated relatively high connectedness to both family and school. Connectedness scores were slightly higher in this area compared to the province as a whole. While male and female students in this area were equally connected to family, females were more highly connected to school than males.

#### **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.

Of the six issues pertaining to cultural con-

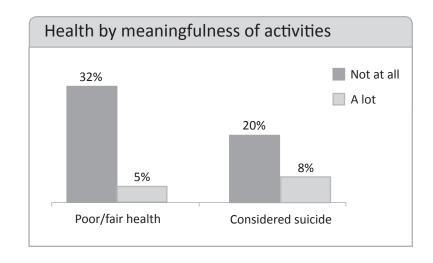


nectedness, the one that received the most endorsement from youth was "I understand what my ethnic group means to me", with 51% agreeing with the statement. Fewer youth agreed with other statements regarding learning about their ethnic group, feeling a strong sense of belonging or attachment to the group or participating in cultural practices. There were no gender differences in level of cultural connectedness, nor were there any differences between this area and the province as a whole.

### 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. Youth in this area were somewhat more engaged in their activities than youth in the entire province.

Three to four 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, 39% were involved in activities that were very meaningful to them and 18% felt that they had a lot of input into their activities.



### 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 exception of getting drunk, 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 think that their friends would be upset with them if they got arrested (63% vs. 53%), beat someone up (59% vs. 48%), carried a weapon for protection (58% vs. 50%) or used marijuana (54% vs. 42%).



# I would like to specify that if I got pregnant my friends would support me. Drugs and violence would not be supported and for good reason.

The overall level of prosocial peer attitudes did not differ between this area and the province in general. However, compared to BC as a whole, local students were less likely to indicate that their friends would be upset if they got arrested, got drunk, or used marijuana, but more likely to indicate that their friends would be upset if they beat someone up or carried a weapon for protection.

#### The Value of Protective Factors

Results from provincial data depict the value of promoting protective factors. The table below indicates that the presence of protective factors was generally associated with

lower rates of poor/fair health, binge drinking, suicidal ideation, and fight involvement compared to overall provincial rates. Similar associations were evident in the North Shore/Coast Garibaldi area (see previous graphs on family connectedness and meaningfulness of activities).

# 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 North Shore/Coast Garibaldi area reported being victimized

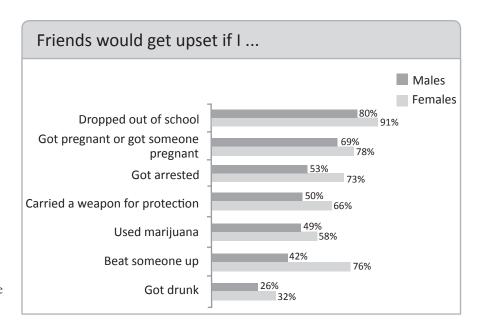
Protective factors and reduction of health risk behaviours for BC youth						
Protective Factor	Poor/fair health	Binge drinking	suicide in past year	Involved in fight		
Highly connected to family	4%	14%	4%	15%		
Highly connected to school	5%	11%	5%	12%		
Highly connected to cultural/ethnic group	13%	18%	10% N/S	N/S 24%		
Involved in very meaningful activities	9%	23% N/S	9%	N/S <b>24%</b>		
Have peers with more prosocial attitudes	13%	2%	8%	10%		
Overall Provincial Rate	16%	24%	12%	24%		

Not significantly different from overall provincial rate.

or bullied at school and 16% of these youth had seriously considered suicide in the past year. However, being connected to family or school, having input into their extracurricular activities and being involved in activities which were meaningful to them 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.

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



Protective factors	North Shore/ Coast Garibaldi 2008	BC 2008
Family connectedness	8.1	7.9 †
School connectedness	7.0	6.8
Cultural connectedness	5.5	5.5
Youth engagement		
Meaningfulness of activities Ideas listened to and acted upon	7.5 6.4	7.2 <sup>†</sup> 6.0 <sup>†</sup>
Prosocial peer attitudes	6.0	6.0

Note: All protective factor scores range from 0 to 10, with a higher score indicating higher levels of the protective factor.  $\frac{1}{2} \frac{1}{2} \frac{1}{$ 

<sup>&</sup>lt;sup>†</sup> Difference between 2008 HSDA and provincial estimates was statistically significant.

# 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

raser 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

#### Steven 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,

#### 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



# North Shore/Coast Garibaldi Regional Coordinators and Administrators

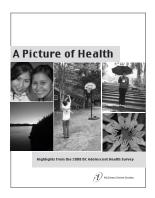
Margaret Antolovich
Connie Coniglio
Susan Conley
Genevieve Dallimore
Terri Baker
Chris Blackman
Jenn Bridge
Tara Deeth
Jayna deRoon
Patti Diplock
Leah Dube
Kristine Good
Sonja Pre
Sandra Good
Elizabeth Grant
Catriona
Melinda
Sue King
Nicole Lis
Carol Lon
Carol Mo
Carol Mo
Geraldine
Geraldine
Judith Pa
Laura Pet
Kristine Good
Sonja Pre
Cayla Pol
Elizabeth Grant

Tanja Hanson
Catriona Hardwick
Melinda Herceg
Sue King
Nicole Lisle
Carol Longman
Carol McGuire
Geraldine Meade
Kate O'Conner
Judith Pallavicini
Laura Peters
Sonja Prevost
Cayla Politylo
Shereen Russell

Johanna Rzepa Sandra Squires Jodi Stultz Julia Wayatt Eleanor Weston Jacki Wilcox Racquel Wingerter

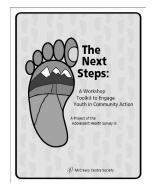
# McCreary Resources

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



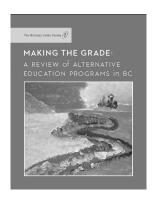
### A Picture of Health: Highlights from the 2008 Adolescent Health Survey

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.



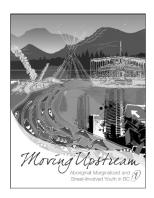
# The Next Steps: A workshop toolkit to engage youth in community action (2005)

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)

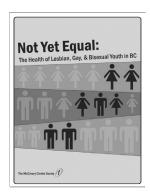
The lives of marginalized and street-involved youth are complex and filled with challenges, dangers and opportunities. This report summarizes the results of surveys with marginalized youth in the North, Interior, Fraser Valley, Vancouver Island and Vancouver.



#### 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.

