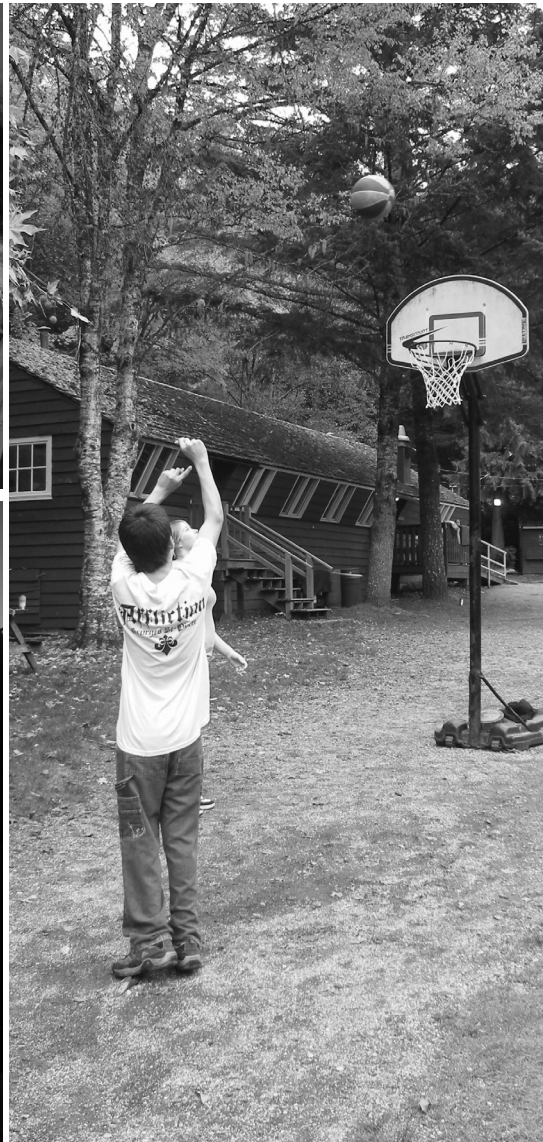


# A Picture of Health



**Richmond**  
**Results of the 2008 British Columbia Adolescent Health Survey**



# A Picture of Health

## Richmond

### 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.

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# Table of Contents

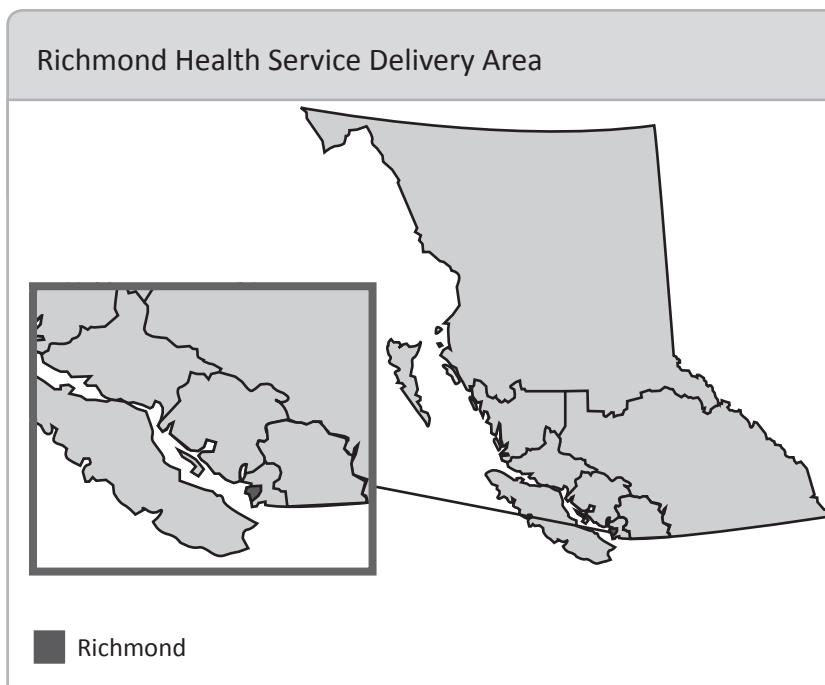
<i>Introduction</i>	4
<i>Provincial Key Findings</i>	5
<i>Richmond Key Findings</i>	7
<i>About the Survey</i>	9
<i>Richmond Youth: Their Home and Family</i>	12
<i>Physical Health</i>	16
<i>Injuries</i>	18
<i>Nutrition</i>	20
<i>Weight and Body Image</i>	21
<i>Mental and Emotional Health</i>	24
<i>Smoking</i>	28
<i>Substance Use</i>	29
<i>Sexual Behaviour</i>	33
<i>Abuse and Violence</i>	36
<i>School and Work</i>	39
<i>Sports and Leisure Activities</i>	41
<i>Protective Factors</i>	44
<i>Acknowledgements</i>	48
<i>McCreary Resources</i>	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.

Richmond 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](http://www.mcs.bc.ca)**.

The Richmond area is located in the Vancouver Coastal Health Authority region.



Richmond School District (SD 38) is the only school district in this HSDA.

# 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.



# Richmond

## 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

- Ratings of health were similar between this area and the province as a whole, as 83% of students reported that their health was good or excellent. More males than females rated their health as excellent (35% vs. 24%).
- In the past year, fewer students were injured seriously enough to require medical attention than in this area in 2003 (18% vs. 24%). This rate was also much lower than the 2008 provincial rate of 29%.
- Richmond youth were also more likely than youth across the province to access medical care when they needed it (10% did not access care when they needed it, compared to 13% provincially). However, local females were over twice as likely as those across the province to not seek care because they could not go when the medical facility was open (23% vs. 9%) and twice as likely to not know where to go for help (22% vs. 11%).
- In terms of injury prevention, the percentage of local students who always wore a seat belt when riding in a motor vehicle rose from 57% in 2003 to 66% in 2008. This was similar to the provincial rate. However, the percentage who always wore a helmet when cycling was lower than for youth across the province; 18% of Richmond cyclists always wore a bike helmet (24% provincially) and 43% never wore one (35% provincially).
- There was a strong decrease in the percentage of youth who had ever tried smoking, from 28% in 2003 to 18% in 2008. This was below the 2008 provincial rate of 26%. Also below the provincial rate was the percentage of students who had tried alcohol (38% vs 54%) and marijuana (18% vs 30%).
- Reflecting what was seen across the province, there was a decrease in the percentage of Richmond youth who reported seriously considering suicide, from 15% in 2003 to 11% in 2008.
- Students in this area were less likely to have had sexual intercourse compared to students in the province as a whole (16% vs. 22%) and also less likely to have had oral sex (19% vs. 26%). However, among those who were sexually active, the rate of STI's was 9% (compared to 4% across the province).
- The percentage of students in this area who reported physical or sexual abuse

was unchanged from 2003. Fifteen percent reported that they had been physically abused (similar to the provincial rate), and 6% had been sexually abused (below 8% provincially). In total, 18% of youth had experienced either form of abuse and 3% had experienced both types of abuse.

- Students in this area exercised less often than those in the entire province and local exercise rates were comparable between 2003 and 2008. Only 21% of males and 7% of females exercised every day, while 11% of youth did not exercise at all.
- Youth in this area were more likely than those in the province as a whole to be on the Internet for three or more hours a day (34% vs. 27%). The percentage of youth in this area who watched TV for three or more hours dropped from 44% in 2003 to 26% in 2008.
- Cultural connectedness is a protective factor for youth. Compared to the province as a whole, youth in this area reported higher levels of cultural connectedness. For example, while 59% of youth in this area reported participating in their group's cultural practices, 42% of youth in the entire province did so.
- Having friends with healthy attitudes is also a protective factor for young people. Students in this area were more likely

than those in the entire province to think that their friends would be upset with them if they beat someone up (62% vs. 54%), got drunk (43% vs. 35%) or used marijuana (65% vs. 58%).

# 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.

A methodology fact sheet for the survey is available at [www.mcs.bc.ca](http://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.

## 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](mailto:mccreary@mcs.bc.ca)

### 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.

### 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

# Richmond Youth: Their Home & Family

## Background

Students in this area (the Richmond HSDA) identified with a broad range of ethnic and cultural backgrounds. The majority indicated being of East Asian heritage (53%). This was above the provincial rate of 18% and was similar to the local rate in 2003. The second most common cultural identity in this area was European (24%). This percentage decreased from 31% in 2003. Four percent of youth could not identify their ethnic or cultural background.

If students did not feel the categories represented their background they could choose to write in their own identity; 1% wrote "Canadian."

## New Canadians

Forty six percent of students in this area were born outside of Canada (compared to the provincial rate of 18% and the local rate in 2003 of 50%). Seven percent had lived in Canada for less than two years, which was above the provincial rate of 3%.

## First Nations

Among the 4% of students that reported Aboriginal heritage, 32% had First Nations status and 34% were Aboriginal but did not have First Nations status.

### Ethnic or cultural background

East Asian	53%
European	24%
Southeast Asian	10%
South Asian	8%
Aboriginal/First Nations	4%
Latin/South/Central American	3%
West Asian	3%
African	3%
Australian/Pacific Islander	1%
Other (not including Canadian)	2%
Don't know	4%

Note: Youth could choose more than one response.

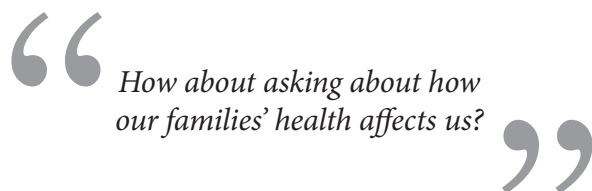
### Spoke a language other than English at home

Never	26%
Sometimes	33%
Most of the time	41%

Nineteen percent of Aboriginal students currently lived on a reserve, and 40% had lived on a reserve at some point in their life.

## Sexual Orientation

Eighty-four percent of students identified as heterosexual, 6% as mostly heterosexual, 2% as bisexual, 1% as gay/lesbian, and 6% were unsure.



*How about asking about how our families' health affects us?*

## Spirituality

Almost half of students reported that they were not at all religious or spiritual (48%). The remainder were either somewhat (40%) or very much (12%) 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 (90%) and/or father (65%) most of the time; 10% 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 (78%) and went to bed at night (84%). However, 9% did not have a parent at home when they woke up in the morning and 5% 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 3% 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. As in 2003, 2% of youth were in care in the last year.

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

Mother	90%
Father	65%
Other adults related to me	12%
Stepfather	3%
Other adults not related to me	2%
Stepmother	1%
Do not live with any adults	1%

Seven percent of students 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 (38% vs. 12%) and despair (21% vs. 6%) and to have attempted suicide in the last 12 months (30% vs. 4%).

Frequently moving house can sometimes negatively impact young people's health. Students in this area were more likely to have moved compared to students in the province as a whole (32% vs. 28%). Nineteen percent of youth moved once in the past year, 6% moved twice, and 7% moved three or more times.

## Family

### Family Connectedness

Family relationships can have an important effect on youth health and development. The



“*My family is absolutely perfect/  
more than I can wish for.*”

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.

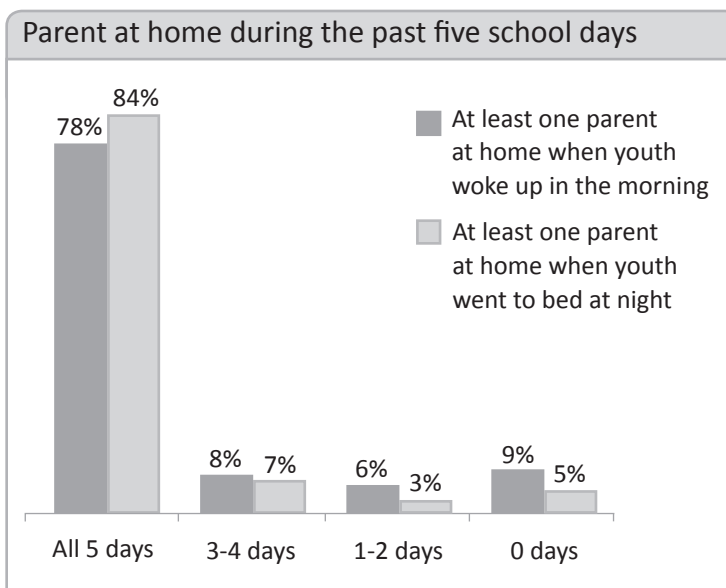
Levels of connectedness to mother and father figures was similar for all age groups, unlike in the province as a whole where connectedness was higher for 12- and 13-year-olds compared to older students.

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. Females were

less connected than males to their father figures but equally 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 all of the past five school days reported higher connectedness with their mother and father figures compared to students whose caregiver was absent on these days.

Also, students who felt their family members understood them and paid attention to



“  
*I have a bad brother, and he is  
always teasing when I'm home.*  
”

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 (86%), had travelled on holiday with their family in the past year (77%), and that their family currently owned a computer (99%).

Less than 1% of 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).

Youth in this area were more likely than youth in the province as a whole to experience hunger. Eleven 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 (30% vs. 15%), to have considered suicide in the past year (21% vs. 10%) and to have attempted suicide in the past 12 months (15% vs. 4%).

Family poverty affected youths' ability to participate in extra-curricular activities. For example, youth who experienced hunger 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-three percent of youth in this area reported that their health was good or excellent. More males than females rated their health as excellent (35% vs. 24%). Ratings of health were similar between this area and the province as a whole. Males were less likely than females to report that they had physical complaints 'a lot' such as headaches (10% vs. 16%), stomach-aches (8% vs. 13%), back-aches (9% vs. 13%) or dizziness (6% vs. 10%) in the past six months.

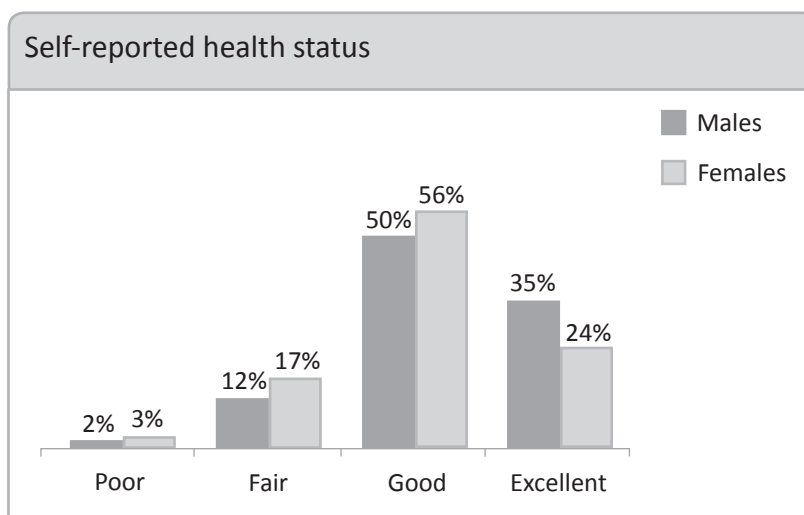
Seven percent of students in this area reported a debilitating health condition or disability. The most common condition was a long-term illness (such as diabetes or

asthma) experienced by 4% of youth. Among youth with a health condition or disability, 21% took daily medication and 11% missed a lot of school due to their condition.

## Accessing Medical Care

In the past year, 10% of youth did not get medical help when they felt they needed it, which was lower than the provincial rate of 13%. 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 (56%).

Local females were over twice as likely as those across the province to not seek care

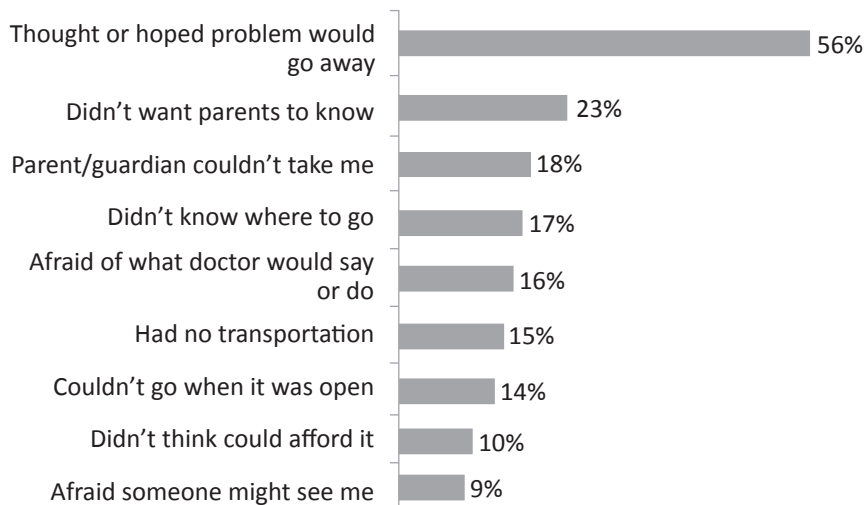


because they could not go when the medical facility was open (23% vs. 9%) and twice as likely to not know where to go for help (22% vs. 11%). They were also five times more likely than local males to not access care because they could not go when the facility was open.

“ *I look normal but I have a lung condition... I have been good this year and haven't missed that much school as in previous years.* ”

“ *We should have yearly health check ups at school to make sure students health is good.* ”

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



# Injuries

Injuries are one of the most common health hazards facing BC youth. In the past year, 18% of students were injured seriously enough to need medical attention. This was lower than both the rate in 2003 (24%), and the provincial rate of 29%. Males were more likely than females to have been seriously injured (22% vs. 14%).

As in 2003, the most common location for getting injured was at a sports facility or field (36%). Twenty-three percent of youth were injured at school, similar to the provincial rate.

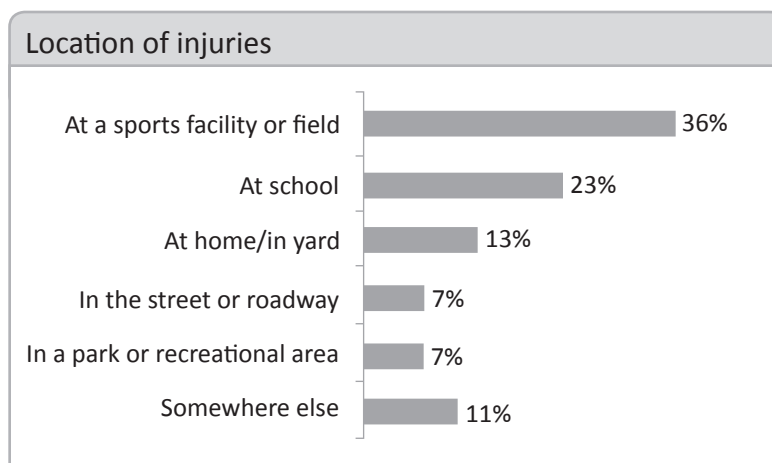
Similar to youth across the province, most injuries occurred while students were playing or training for sports or doing other recreational activities (60%). Seven percent of youth re-

ported getting seriously hurt doing relatively low-risk behaviours (such as walking or cooking). There were no gender differences in how youth got 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.

Sixty-six percent of students in this area always wore a seatbelt when riding in a motor vehicle. This was similar to the provincial rate, but an increase from 2003 when only 57% of local students always wore a seatbelt.



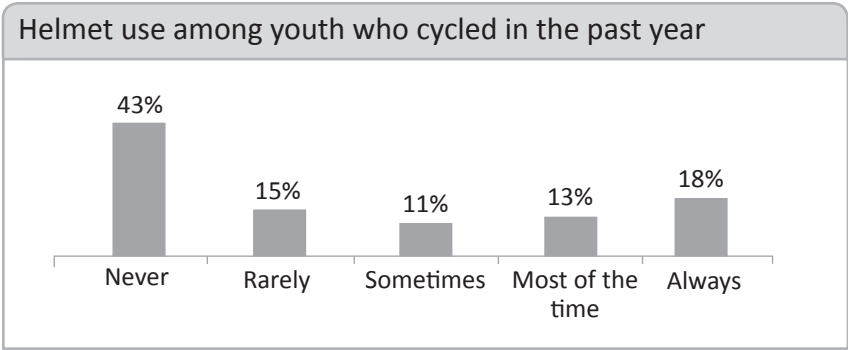
Sixty-three percent of students rode a bicycle in the past year, below both the rate in 2003 (69%), and the provincial rate (71%). Males were more likely than females to have cycled in the past year (69% vs. 56%). Among cyclists the rate of always wearing a helmet was comparable with 2003, but below the provincial rate; 18% always wore a bike helmet (24% provincially) and 43% never wore one (35% provincially). As students got older they were less likely to wear a helmet.

In the past month, 3% of students had driven after using alcohol and 14% of students had been a passenger in a vehicle with a driver who had been drinking (below the provincial rate of 19%). Males were more likely than females to have been drinking and driving, but there was no gender difference among students riding in a vehicle with a drunk driver.

### Driving and Substance Use

Motor vehicle accidents are the leading cause of death among BC youth. In this area, 8% of youth had driven after using alcohol or marijuana.

There were no gender differences in seatbelt use or bike helmet use.



# Nutrition

“ *I’m a vegetarian.* ”

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 (49% vs. 39%), fast food such as pizza, hot dogs, chips and fries (16% vs. 9%), pop (13% vs. 7%) and energy drinks 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, 9% of youth in this area reported eating no fruits or vegetables on the day before they completed the survey and 18% had had only one serving. At least

50% of youth (similar to the provincial rate) fell short of the recommended daily portions of fruits and vegetables.

As was the case in the province as a whole, 53% of youth always ate breakfast on school days, while 15% never ate breakfast. The percentage of youth who reported eating breakfast increased from 81% in 2003 to 85% in 2008.

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 and energy drinks.

## What youth ate and drank yesterday

	No	Yes (once)	Yes (twice or more)
Water	6%	19%	75%
Milk, cheese, yogurt	15%	40%	44%
Fruit	20%	41%	39%
Green salad or vegetables	21%	44%	35%
Cookies, cake, donuts, chocolate bars	35%	46%	18%
Pizza, hot dogs, potato chips, French fries	50%	37%	13%
Pop/soda	57%	33%	10%
Hot or cold coffee or coffee-based drinks	74%	19%	7%
Energy drinks	91%	6%	3%

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

Canada’s Food Guide recommends female youth age 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, 79% of students were considered to be a healthy weight for their age and gender, while 9% were underweight, 9% overweight and 3% obese. This distribution is similar to that seen in 2003.

Males were more likely than females to be overweight. Compared to the province as a whole, youth in this area were more likely to be underweight, but less likely to be overweight.

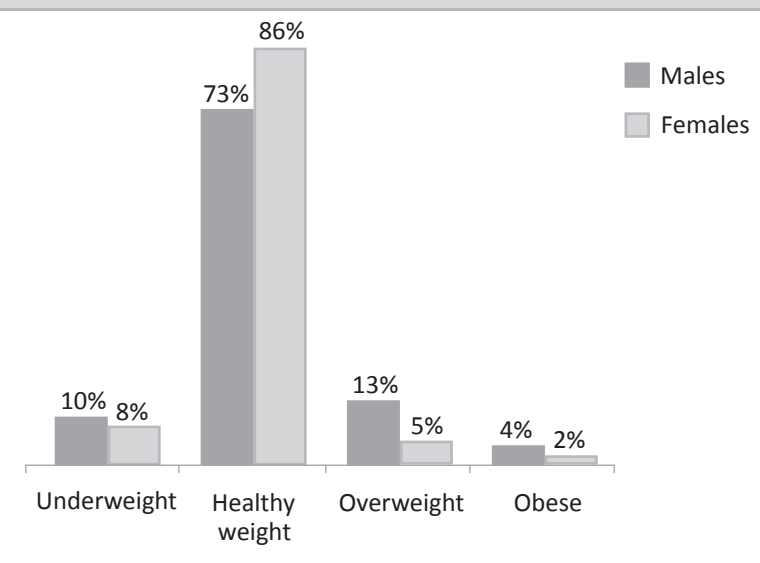
Obesity is linked to health challenges at all ages. Compared to youth who were a healthy weight, obese youth were more likely to report that they had not exercised in the past week. Obese youth were also more likely than healthy weight youth to have spent three or more hours on an average school day playing video games (35%\* vs. 11%).

## Body Image

Similar to provincial rates, 17% of males rated themselves as very satisfied with their body image, compared to only 8% of females. The majority of youth (63%) felt they were about the right weight.

“How do you lose weight? I need help.”

Students in each weight category



BMI weight categories

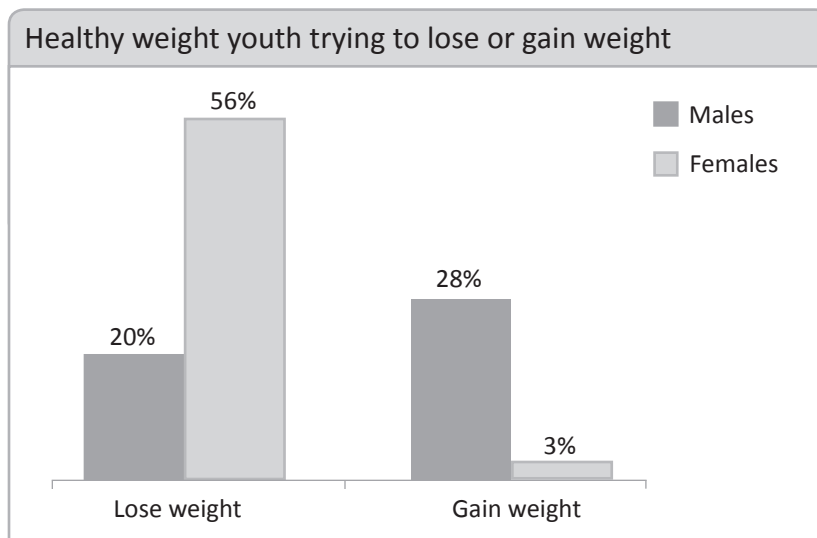
	Richmond 2008	BC 2008
Underweight	9%	5% <sup>†</sup>
Healthy Weight	79%	78%
Overweight	9%	13% <sup>†</sup>
Obese	3%	4%

<sup>†</sup> Difference between 2008 Richmond and provincial estimates was statistically significant.

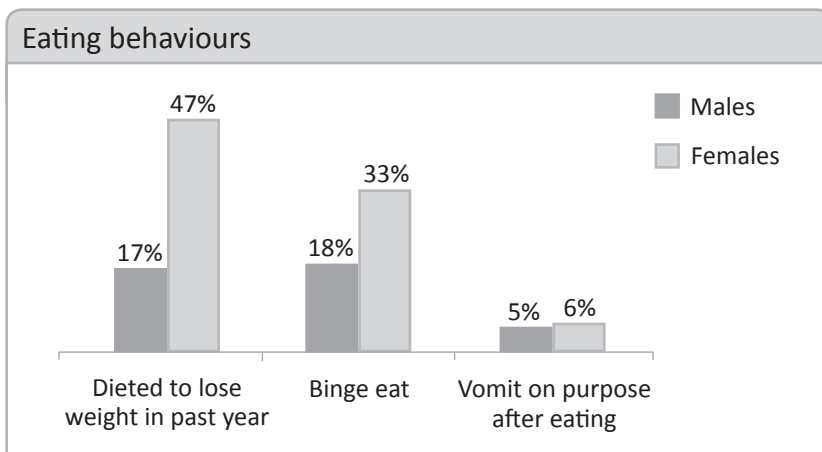
Looking at youth whose BMI indicated they were a healthy weight, 27% stated they were not trying to do anything about their weight and 20% were trying to stay the same weight. However, 56% of healthy weight females were trying to lose weight and 28% of healthy weight males were trying to gain weight.

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 3.6 and females 3.2.

“ I am disgusted and scared of my fat and hideous body. ”



Females were more likely than males to report dieting to lose weight in the past year as well as binge 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.



# 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 (87%) and their abilities (90%), they had much to be proud of (74%) and felt that their life was useful (84%). Around 54% agreed or mostly agreed with all seven of the self-esteem questions on the survey, which was lower than the provincial rate (58%).

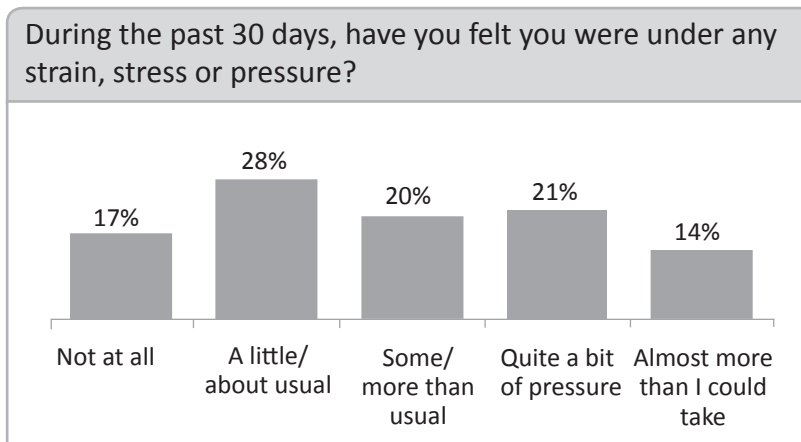
## Stress

Eighty-three percent of youth reported feeling some stress or pressure in the past 30 days, and 14% 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 (18% vs. 10%).

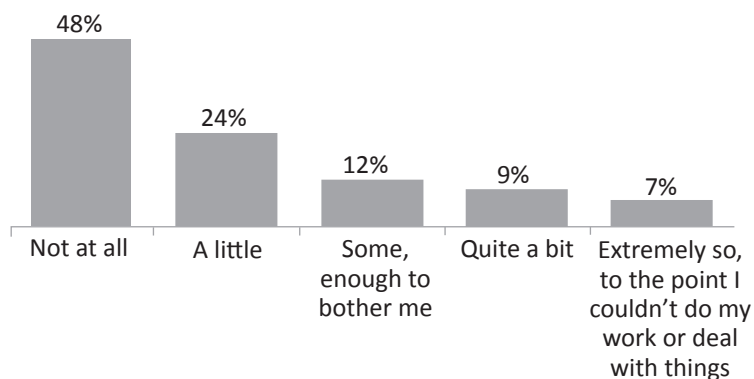
## Despair

Levels of extreme despair were comparable for males and females, unlike in the province as a whole where females were more likely than males to report extreme despair in the past month.



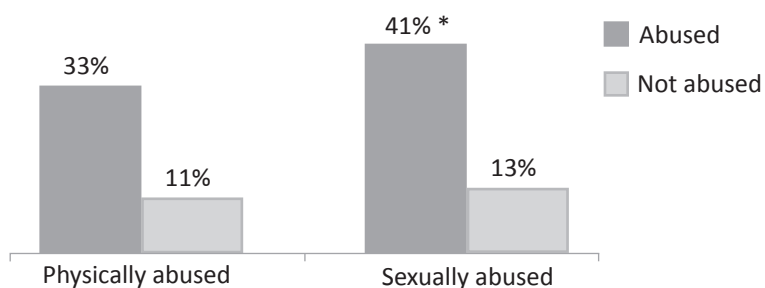
“ *I don't have a life...no friends.* ”

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



“ *I feel sad and depressed all the time and I cut my wrist and I cry everyday.* ”

Intentional self harm among youth who had been abused and not abused



## Self Harm

Sometimes youth will hurt themselves as a way of coping with stress and pain in their lives. In this area, 19% of females and 11% 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 4% 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 harm themselves than 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, 11% of students reported seriously considering suicide in the past year, which was comparable to the provincial rate, and a decrease from the rate in this area in 2003 (15%).

Six percent of students attempted suicide in the past year, which was similar to the provincial percentage and to the 2003 rate

“ Sometimes I’m so unhappy with myself and my life I wish I would be dead. ”

in this area. Females and males had comparable rates of suicide attempts, unlike in the province as a whole, where females were more likely than males to attempt suicide in the past year.

Among youth who attempted suicide in the past year, 16% reported that their attempt was serious enough to require treatment by a doctor or nurse.

### Risk factors for suicide

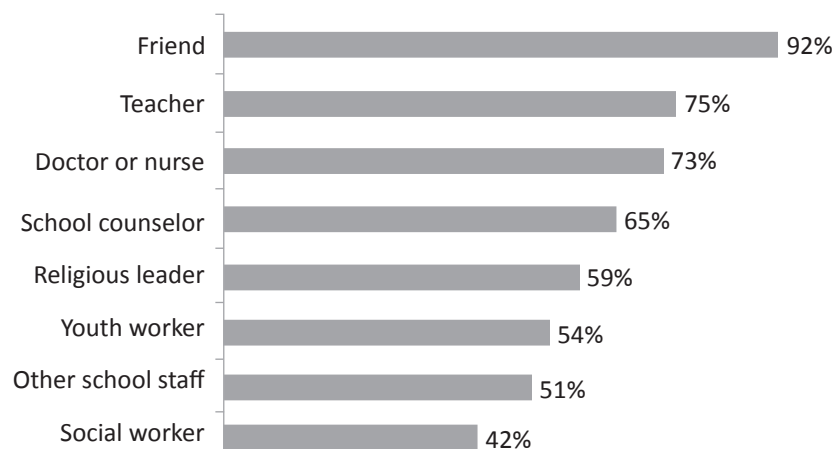
One of the known risk factors for attempting suicide is having a family history of suicidal behaviour. In this area, 9% of youth reported that a family member had tried to commit suicide, with 3% doing so in the past

year. Also, 17% 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 more likely to attempt suicide themselves, compared to students without these risk factors (19% vs. 4%).

Suicide attempts in the past year were also more likely among students who had ever been physically abused (15% vs. 4%) or sexually abused (24% vs. 4%) compared to students who had never been abused.

Aboriginal youth were over three times as likely as non-Aboriginal youth to have attempted suicide in the past year (16% vs. 5%). Lesbian, gay and bisexual youth\*, and youth

Students who found others’ assistance to be helpful (among youth who sought help in the past year)



“ I have contacted an online or a phone counselor. ”

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 (70%) or from adults outside their family (52%) if they were faced with a serious problem.

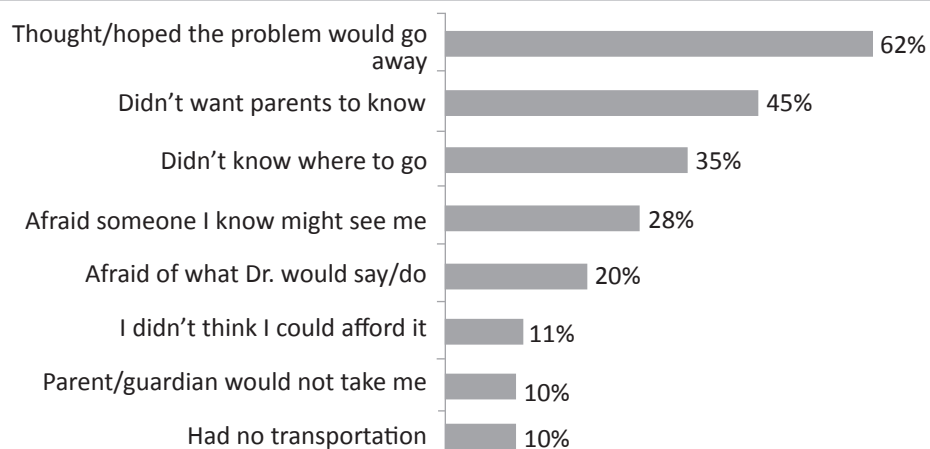
Students reported approaching a variety of professionals for help in the past year, including teachers (47%), school counselors (32%), doctors or nurses (26%), other school staff

(23%), religious leaders (20%), youth workers (19%), and social workers (14%). In addition to turning to adults for help, most students (80%) 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, 18% of females and 6% 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 (62%) 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

“*[We need] more questions about chewing tobacco. It is a problem that does not get enough help.*”

There was a decrease in the percentage of youth who had ever tried smoking, from 28% in 2003 to 18% in 2008. This was also below the 2008 provincial rate of 26%. Males and females were equally likely to have tried smoking.

Among students who smoked, 14% had their first cigarette when they were ten years old or younger, although the most common age was 13 or 14 years old (35%).

Less than half (43%) 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 (17% of all students who had tried smoking).

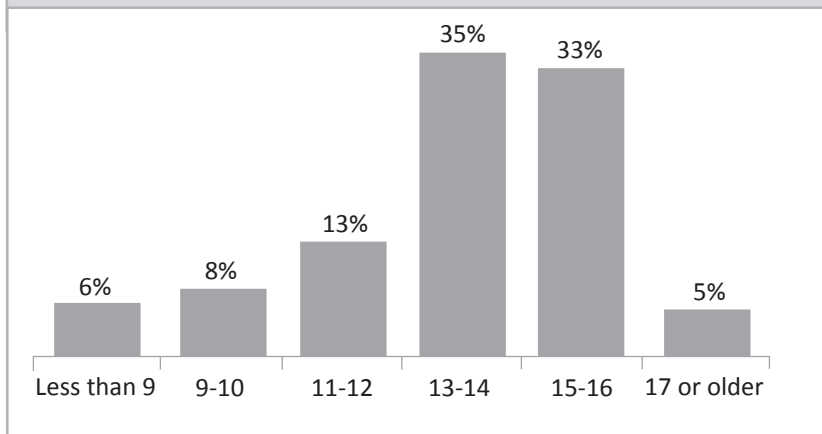
Similar to the provincial rate, 3% of young people had used chewing tobacco in the past month (4% of males vs. 2% of females).

## 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.

“*Smokers are annoying.*”

Age when first smoked a whole cigarette (among students who had tried smoking)



# Substance Use

## Alcohol

The rates of youth who tried more than just a few sips of alcohol were lower than the rates in this area in 2003 (38% vs. 45%) and lower than the provincial rate in 2008 (54%). Males and females were equally likely to have tried alcohol.

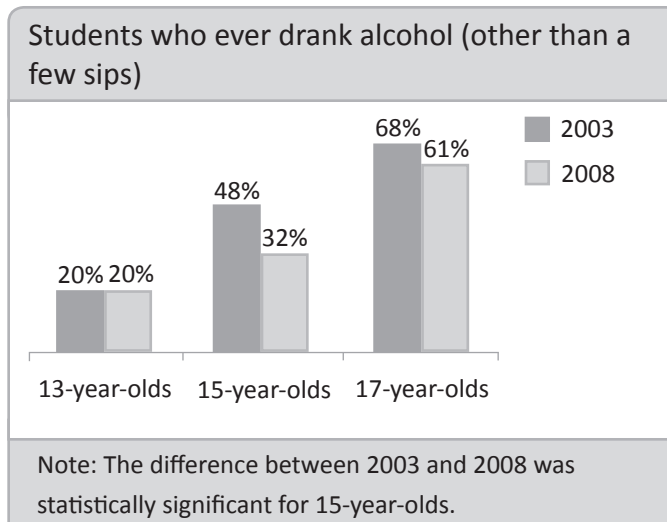
Students in this area started drinking at a similar age to those across the province. Among male and female students who had tried alcohol, 17% first drank when they were ten years old or younger.

Among students who drank in the past year, 14% had only had a sip, 38% drank once a month or less, and 21% drank two or three times a month.

The rate that students drank in the past month has not changed since 2003, with a third of students who had tried alcohol drinking on one or two days.

## Binge drinking

Binge drinking is defined in the AHS as having five or more drinks within a couple of hours. Over a third (36%) of local students who had tried alcohol binge drank in the past month, however this was below the provincial rate of 44%. Males and females were



equally likely to binge drink. 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. Seventeen percent of students in this area drank alcohol last Saturday, which was lower than the provincial rate of 26%. There were no gender differences among those who consumed different types of alcohol.

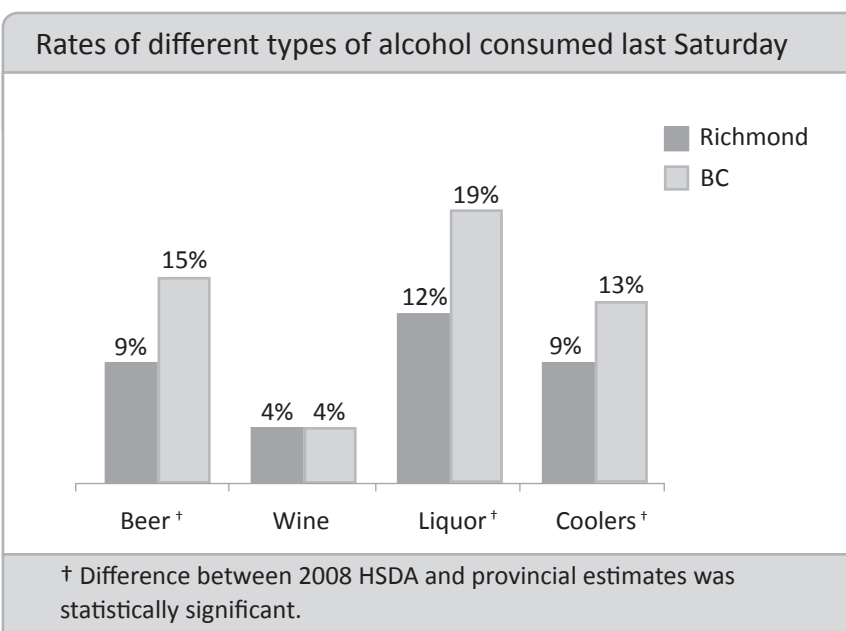
## Marijuana

Below the provincial rate of 30%, 18% of students in this area had tried marijuana. This was a local decrease from 24% 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 (41%). Students in this area waited longer to first try marijuana than students in the

province overall. Eight percent of students in this area who had tried marijuana first tried it when they were 11 or 12 years old (15% provincially), compared to 39% who were 15 or 16 years old (28%).

Fifty-six percent of those who had tried marijuana used it in the past month and 11% used it 20 or more days in the past month (2% of all students).



## Last Saturday use

Below the provincial rate of 12%, 7% of students in this area used marijuana last Saturday, with males more likely to have done so than females (9% vs. 5%).

## Other Drugs

The percentage of youth who had used substances other than alcohol or marijuana was similar to the province as a whole. However, fewer students in this area had ever tried mushrooms and hallucinogens (not including ecstasy), than the provincial rates.

When compared to youth in this area in 2003, there was an increase in the percentage of students who had used prescription pills without a doctor's consent, but no other changes. There were no gender differences in the use of these types of drugs.

For the first time, students were specifically asked about the use of ecstasy and crystal meth. Six percent of students in this area had used ecstasy, and 2% had used crystal meth. Both percentages were comparable to the provincial rate.

Ever used other drugs	2003	2008
Prescription pills	8%	14% <sup>†</sup>
Any Hallucinogens	5%	7%
Mushrooms	7%	5% <sup>†</sup>
Cocaine	6%	5%
Inhalants	3%	4%
Any Amphetamines	3%	3%
Steroids	2%	1%
Heroin	1%	2%
Injected an illegal drug	1%	2%
<sup>†</sup> Difference between 2008 Richmond and provincial estimates was statistically significant.		
<sup>‡</sup> Difference between 2003 and 2008 Richmond estimates was statistically significant.		

## Consequences of Substance Use

In the past year, 1% of male and female students felt they needed help for their alcohol use and 1% felt they needed help for their drug use.

Thirty-three percent of students reported using alcohol or drugs in the previous year. Among these students, 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.

“ *Richmond in general is quite a safe place  
and alcohol/drug abuse is quite low.* ”

Males were more likely to report damaging property, while females were more likely to have done something that they could not remember.

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

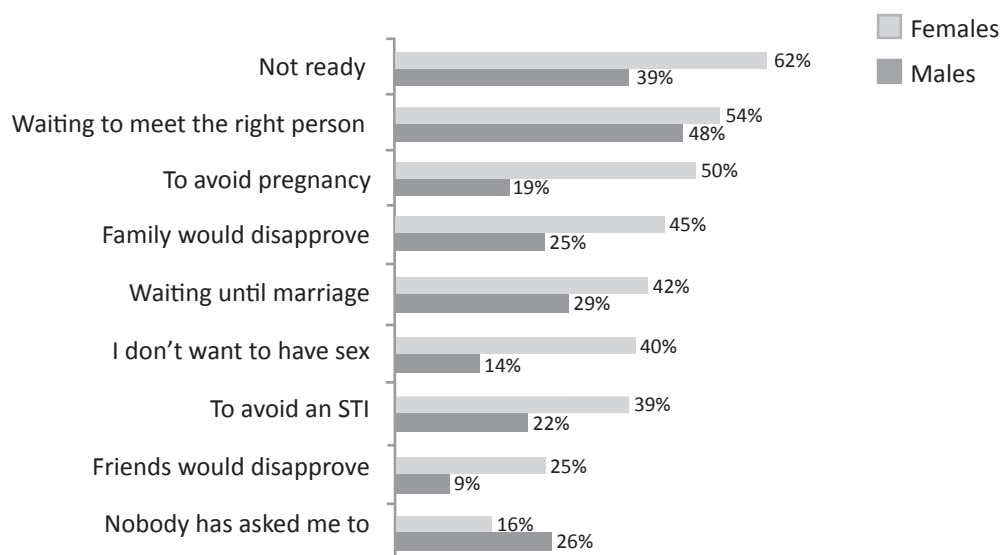
I used alcohol or drugs but none of these things happened	50%
Was told that I did something that I couldn't remember	31%
Passed out	28%
Argued with family members	17%
School work, marks, or behaviour at school changed	14%
Got in trouble with the police	11%
Damaged property	10%
Got into a physical fight	10%
Got injured	8%
Lost friends or broke up with a girlfriend or boyfriend	8%
Had sex when I didn't want to	7%
I overdosed	3%
Got into a car accident	2%
Had to get treatment for alcohol or drug abuse	2%

# Sexual Behaviour

The majority of youth reported never having had sexual intercourse (84%), which was comparable to the rate in this area in 2003. The percentage was higher than the provincial rate (78%), meaning that students in this area were less likely to have had sexual intercourse compared to students in the province as a whole (16% vs. 22%).

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 (51%) and not being ready to have sex (51%). The rate of wanting to wait until marriage was higher in this area than in the province as a whole (36% vs. 29%).

## Some reasons for not having sex (among youth who never had sex)



Notes: Youth could choose more than one response.

The sex difference for 'waiting to meet the right person' is not statistically significant.

When there were sex 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 (26% vs. 16%).

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 ages for first having sex were 15 and 16 years, and 24% reported first having sex before age 14.

Among sexually active students, 45% had sexual intercourse with one person in the past year, and 12% had sex with six or more people.

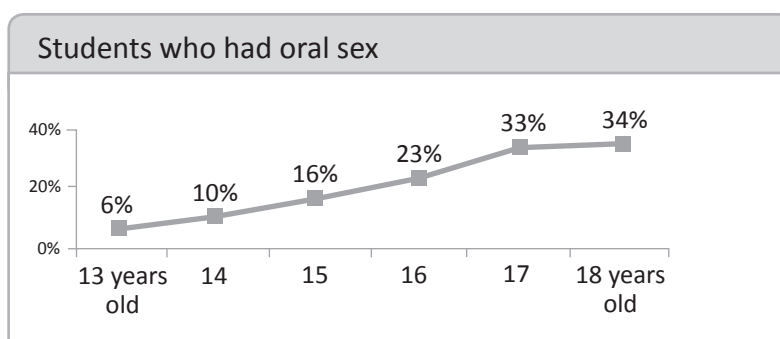
Among youth who ever had sexual intercourse, 14% of males and 12% of females reported having had sex with a same-sex partner.

## Oral Sex

In this area, 19% of male and female students reported ever having oral sex, which was lower 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 9%



among sexually active students, which was higher than the provincial rate of 4%, and comparable to the 2003 rate in this area.

## Birth Control and Pregnancy

Sixty-three percent of sexually active youth reported using a condom the last time they had sex, and 60% indicated that they had done so to prevent pregnancy.

Among sexually active youth, 32% used birth control pills to prevent pregnancy the last time they had sex, which was lower than the provincial rate (46%). Similar to youth across the province, 24% used withdrawal which is an unreliable method of contraception, and 9% used only withdrawal. Eight percent of students used no method to prevent pregnancy the last time they had sex and 7% used emergency contraception (“morning after pill”).

Eleven percent of sexually active students reported that they have been pregnant or caused a pregnancy, which was not significantly different from the provincial rate (7%).

Among students who have had sexual intercourse, 29% reported that they drank alcohol or used drugs before having sex the last time.

“Give more attention and time for discussing sexual health and topics during school hours—we don’t get through ALL topics because there is not enough time.”



# Abuse & Violence

“*Even though I have been physically abused, I have gotten help from the police.*”

## Physical and Sexual Abuse

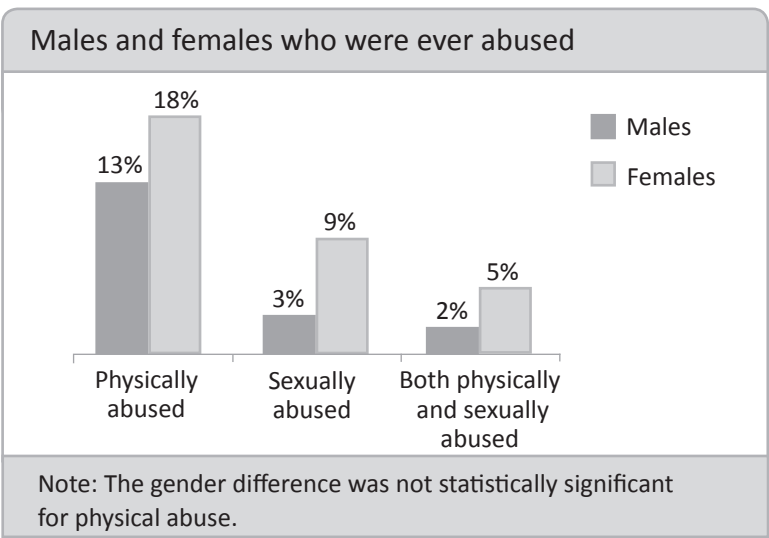
The percentage of students in this area who reported physical or sexual abuse was unchanged from 2003. Fifteen percent reported that they had been physically abused (similar to the provincial rate), and 6% had been sexually abused (below 8% provincially). In total, 18% of youth had experienced either form of abuse and 3% had experienced both types of abuse.

Four percent of students had been forced to have sexual intercourse when they did not want to. Three percent had been forced by another youth, 1% by an adult. These rates were similar to both the 2008 provincial and the local 2003 rates. There were no gender differences.

## Sexual Harassment

The percentage of students who experienced verbal sexual harassment was similar to the rate across the province and unchanged locally at 42%. Twenty three percentage of students experienced physical sexual harassment which was a similar rate to that seen across the province in 2008 and in this area in 2003.

Female students were more likely to experience either form of harassment. In the past year, 48% of females had been verbally sexually harassed (compared to 35% males) and 31% had been physically sexually harassed (compared to 17% of males).



“  
*I have never been forced to have sex with someone my own age, I have been tricked.*  
 ”

## Internet Safety

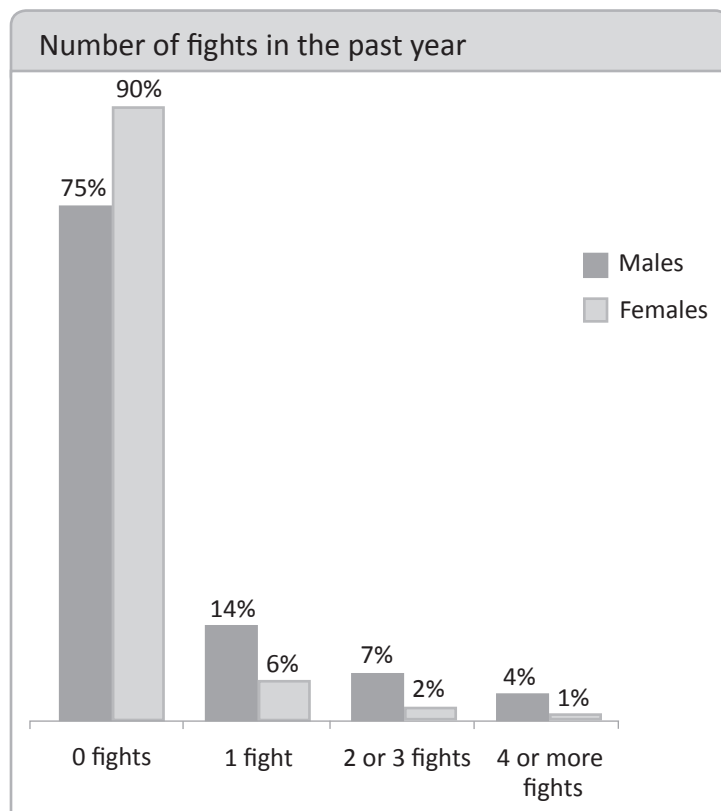
Eleven percent of students (15% of females and 6% of males) had been in contact with someone on the Internet who made them feel unsafe. This was similar to the 2008 provincial rate and the 2003 local rate. Ten percent of male and female students gave personal information to someone they had met on the Internet in the past year.

Twelve percent of students were cyber-bullied in the previous year, below the provincial rate

(17%). Females were more likely than males to have been cyber-bullied (15% vs. 10%).

## Physical fights

Students in this area were less likely to be involved in a physical fight in the past year compared to youth in the province as a whole (17% vs 24%). This percentage also reflected a decrease in the area from 23% in 2003. Males were more likely than females to have been in a fight (25% vs.10%). Similar to this area in 2003



and the 2008 provincial rate, 3% of students were injured in a fight to the point where they required medical attention.

### Relationship Violence

Eight 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 rate, but a decrease from the rate for this area in 2003, 12% of students experienced racial discrimination (17% in 2003). Thirteen percent of students had been discriminated against because of physical appearance in the past year, which is both a decrease from 2003 (17%) and lower than the provincial rate (18%).

Although the rate of discrimination based on sexual orientation increased provincially, there was no difference in this area between 2003 and 2008. Three percent of students reported they had experienced discrimination because of their sexual orientation, lower than the provincial rate of 5%.

“*I know a few people who have been through physically abusive relationships and felt isolated and scared.*”

“*If there was a question that asked if I had been discriminated because of our gender I would reply ‘yes’.*”

# 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 (63%). Females and males showed similar levels of connectedness to school, unlike in the province as whole where females felt more connected than males and were more likely to like school very much.

Consistent with the provincial results, feelings of connectedness to school were highest among Grade 7 students.

Twenty-eight 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.

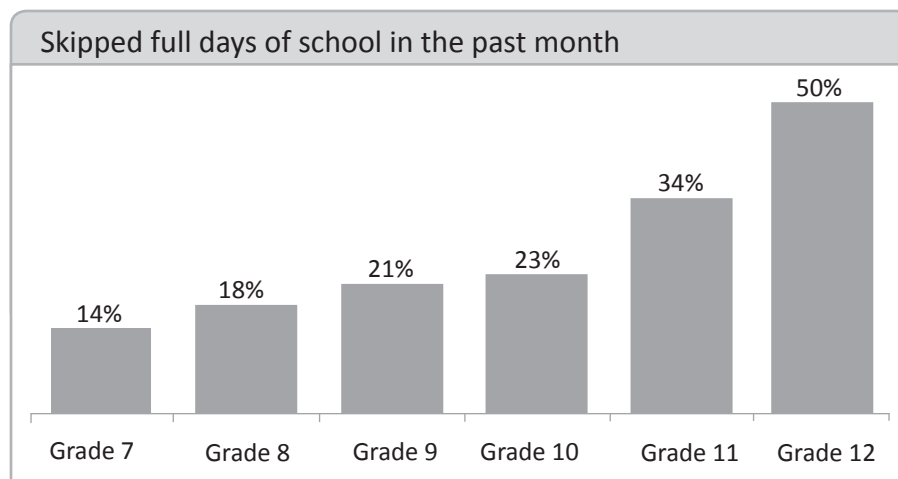
Youth who skipped school in the past month felt less connected to school and had more trouble getting along with teachers and peers compared to students who did not skip school.

## Feeling Safe at School

Thirty-eight 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 higher for students in Grade 7 (52%) than for those in Grades 8 through 11 (32%-37%).

Students most commonly reported “always or usually” feeling safe in the library (83%) or classroom (81%). They were least likely to report “always or usually” feeling safe outside on school property during school hours (52%).



“*I hate school. People are really mean to me and I wish they would all go away.*”

Eight percent of students had been physically attacked or assaulted while at school or traveling to or from school in the past year. Males were more likely than females to be physically attacked (10% vs. 5%), but females were more likely than males to be victims of relational aggression (i.e., excluded from social groups or ignored; 34% vs. 24%). Males and females were equally likely to be verbally harassed at school (e.g., teased; 31%).

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

### Weapon Carrying

A total of 6% of students carried a weapon to school in the past month (10% of males and

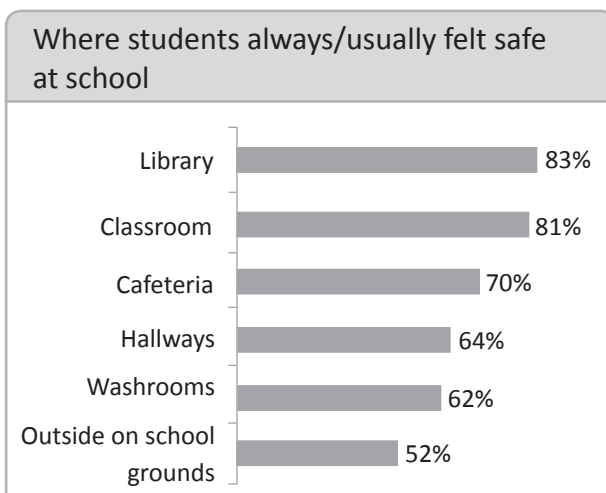
2% of females). Among those who carried a weapon, the majority (61%) carried a knife or razor.

### 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 70% expected to complete their education when they graduate from university, medical school, or law school; 13% when they graduate from community college or a technical institute; 4% once they complete high school; and 12% were not sure when they would complete their education.

### Work

A total of 36% of students worked at a paid job during the school year, which was higher than the 2003 rate (31%) but lower than the 2008 provincial rate (41%). Among students who worked, 27% worked less than 5 hours a week, 59% worked 5-19 hours, and 14% worked 20 or more hours a week.



# Sports & Leisure Activities

## Exercise

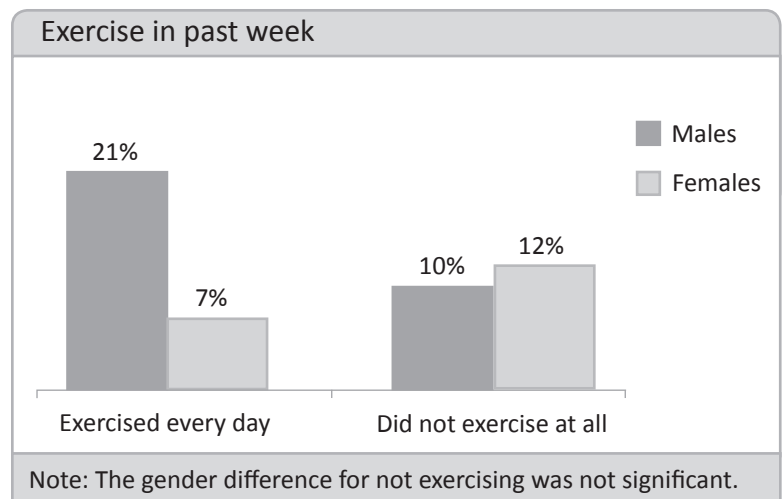
Health Canada recommends that youth participate in a minimum of 90 minutes of physical activity every day. Yet, when asked how often they exercised for at least 20 minutes a day during the past week, only 21% of males and 7% of females exercised every day, while 11% of youth did not exercise at all. On average, youth in lower grades exercised more often than those in later grades. Students in this area exercised less often than those in the entire province. Local exercise rates were comparable between 2003 and 2008.

## Extracurricular Activities

The majority of youth participated in extracurricular sports activities on a weekly basis: 53% of youth took part in sports activities with a coach (e.g., school teams, swimming lessons), and 59% 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 activities outside of school hours. For example, in the past 12 months, 62% did some form of volunteer work

“Sports are important for physical health, but art helps explore emotion-writing, drawing, sculpting is important to me.”

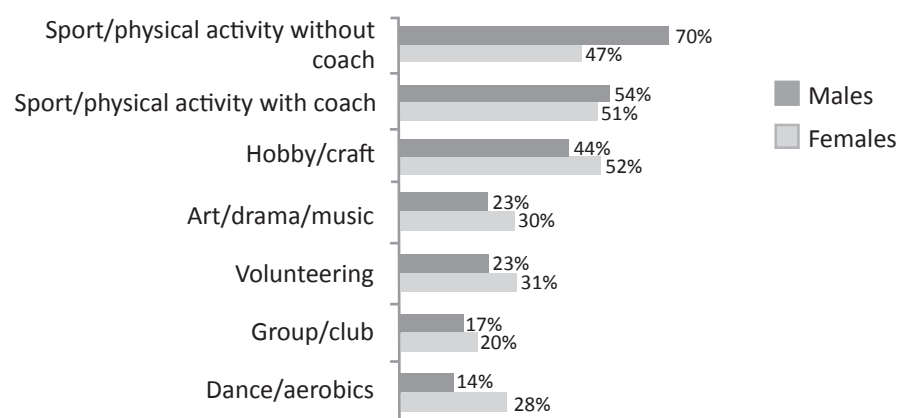


“I want to see more sport's teams in our school systems.”

such as babysitting or helping a charity and 27% did this once a week or more. Other leisure activities youth participated in included hobbies (48%), art/drama/music (27%) and clubs (19%). Females were more likely than males to take part in these types of activities, although the difference was not significant for participation in clubs or groups.

Compared to the province as a whole, youth in this area were less likely to participate weekly in both coached and non-coached sports activities as well as in hobbies, but were more likely to participate in clubs or groups. In this area, weekly participation in non-coached sports activities decreased from 2003 to 2008; however, participation in hobbies increased for

#### Weekly participation in activities in the past year



#### Weekly participation in extracurricular sports activities

	Richmond 2003	Richmond 2008	BC 2008
Sports without coach	64%	59% ♦	69% †
Sports with coach	48%	53%	59% †

♦ Difference between 2003 and 2008 Richmond estimates was statistically significant.

† Difference between 2008 Richmond and provincial estimates was statistically significant.

### 2010 Winter Olympics

When asked about the effect of the upcoming 2010 Olympics in BC, 47% said it had not affected them, 41% of youth said they had not thought about it, 10% said they had become more physically active, 6% reported they had more sports opportunities, and 7% felt they had more job prospects.

females (from 46% to 52%) and participation in dance/aerobic classes increased for males (from 9% to 14%).

### Screen Time

Similar to the province as a whole, 90% of youth in this area watched TV on a typical school day and 26% 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 44% in 2003 to 26% in 2008.

On a typical school day, the majority of youth spent time on the Internet (excluding doing homework), talking or texting on the phone, or playing video games. Nineteen percent of youth phoned or texted and 14% played video games for three or more hours on a typical school day.

Youth in this area were more likely than those in the province as a whole to be on the Internet for three or more hours a day (34% vs. 27%).

Males were more likely than females to play video games for three or more hours a day (24% vs. 4%), but were less likely to spend three or more hours texting or talking on the phone (13% vs. 25%).

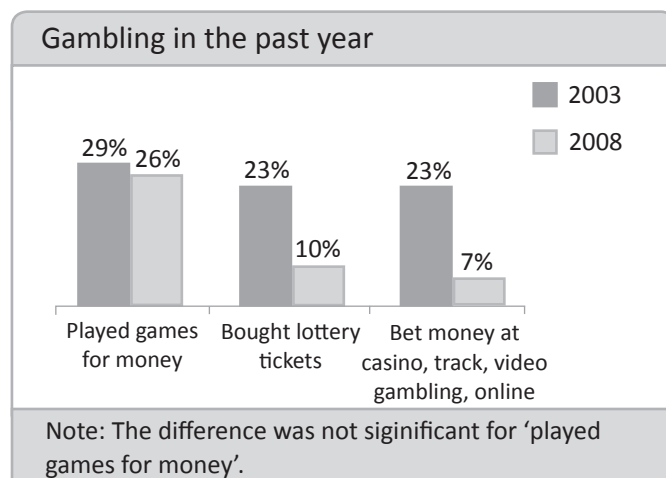
### Gambling

Although it is often seen as a fun activity, gambling in BC is illegal for youth under 19 years

“Many students are glued to the computer and distracted by progressive technology/websites (e.g. Facebook, cell phones, i pod etc.).”

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.

Thirty-one percent of students reported gambling in the past year (compared to 39% provincially). There was no gender difference in buying lottery tickets, but males were more likely than females to have played games for money and to have bet money at a casino, racetrack, on video games or on-line. Participation in all three forms of gambling decreased from 2003 to 2008, with the exception of playing games for money where the percentage of males who gambled in this way remained consistent at 37%.





# 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 that 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.

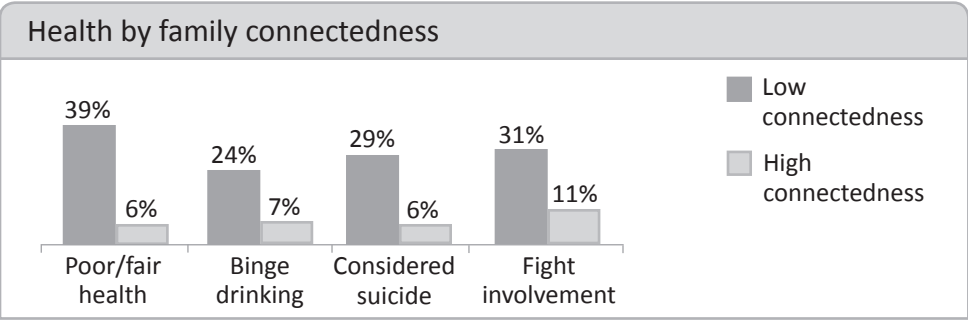
On average, students indicated relatively high connectedness to family and school. Male and female students were equally connected to both family and school. As well,

family and school connectedness scores for this area were comparable to the province as a whole.

## 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.

Sixty-two percent of youth reported that they understood what their ethnic group meant to them, and 59% participated in cultural practices (such as special food, music or customs). Fewer youth agreed with other statements regarding learning about their ethnic group, or feeling a strong sense of belonging or attachment to the group. There were no gender differences in level of cultural connectedness.



Compared to the entire province, youth in this area reported higher levels of cultural connectedness. For example, while 59% of youth in this area reported participating in their group’s cultural practices, 42% of youth in the entire province did so.

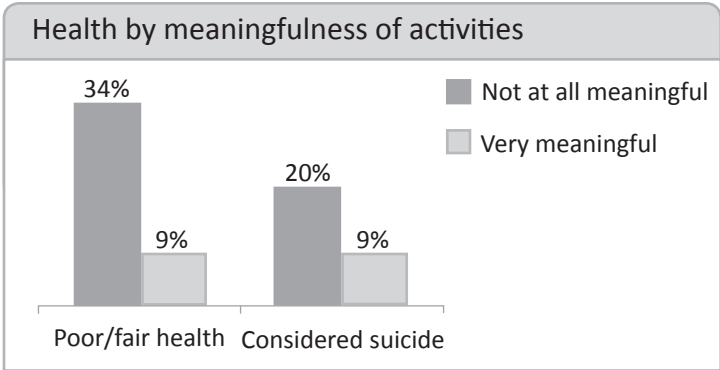
Youth Engagement

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.

Seven 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, 27% were involved in activities that were very meaningful to them and 13% felt that they had a lot of input into their activities. Levels of youth engagement in this area were lower than in the province as a whole.

Positive Peer Relationships

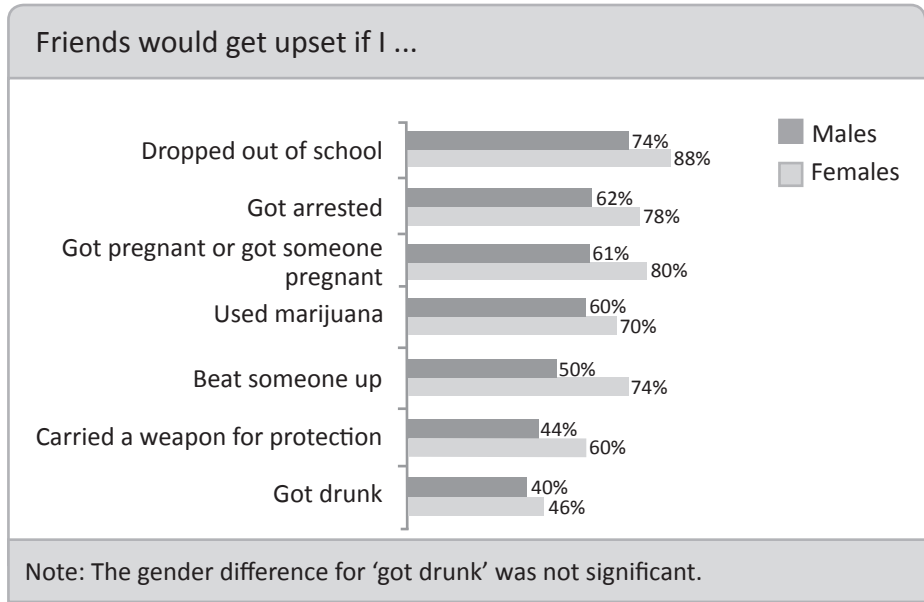
Youth were asked whether their friends would be upset if they engaged in a number of behaviours including getting arrested, beating someone up or dropping out of



school. For each situation, with the exception of getting drunk, females were more likely than males to think their friends would be upset with them.

The overall level of prosocial peer attitudes in this area was comparable to the province in general. On the one hand, students in this area were more likely than those in the entire province to think that their friends would





be upset with them if they beat someone up (62% vs. 54%), got drunk (43% vs. 35%) or used marijuana (65% vs. 58%). On the other hand, students in this area were less likely than those in the entire province to think their friends would be upset with them if they dropped out of school (81% vs. 86%).

### The Value of Protective Factors

Results from provincial data depict the value of promoting protective factors. The table on the bottom of 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 Richmond 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 Richmond area reported being victimized or bullied at school and 16% of these youth had seriously considered suicide in the past year. However, being connected to their family or school and being involved in extracurricular activities that were meaningful to them were each associated with a lower risk of suicidal ideation.

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

Protective factors	Richmond	BC
Family connectedness	7.8	7.9
School connectedness	6.9	6.8
Cultural connectedness	6.2	5.5 <sup>†</sup>
Youth engagement		
Meaningfulness of activities	6.6	7.2 <sup>†</sup>
Ideas listened to and acted upon	5.7	6.0 <sup>†</sup>
Prosocial peer attitudes about risk behaviour	6.3	6.0
Note: All protective factor scores range from 0 to 10, with a higher score indicating higher levels of the protective factor.		
<sup>†</sup> Difference between Richmond and provincial estimate was statistically significant.		

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% <sup>N/S</sup>	24% <sup>N/S</sup>
Involved in very meaningful activities	9%	23% <sup>N/S</sup>	9%	24% <sup>N/S</sup>
Have peers with more prosocial attitudes	13%	2%	8%	10%
<b>Overall Provincial Rate</b>	<b>16%</b>	<b>24%</b>	<b>12%</b>	<b>24%</b>
<sup>N/S</sup> 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:

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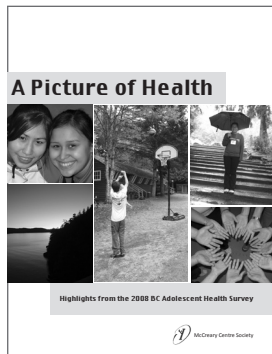


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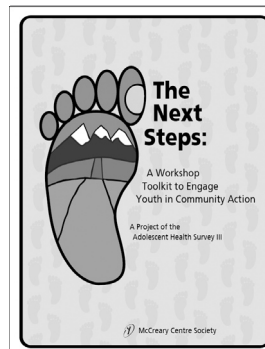
# McCreary Resources

For any of these, or other materials by the McCreary Centre Society, visit our website [www.mcs.bc.ca](http://www.mcs.bc.ca).



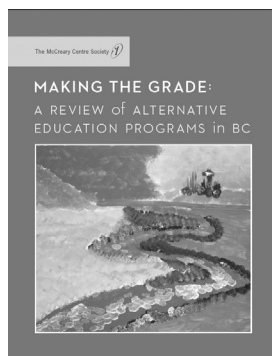
## ***A Picture of Health: Highlights from the 2008 Adolescent Health Survey (2009)***

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.



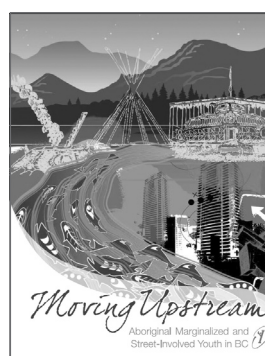
## ***The Next Steps: A workshop toolkit to engage youth in community action (2005)***

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.



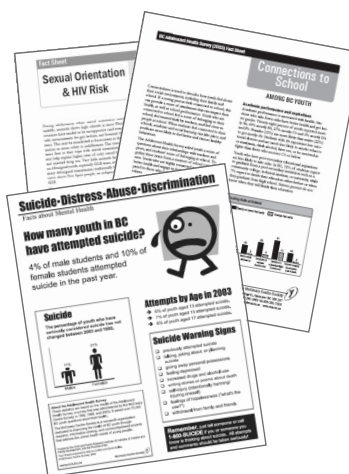
## ***Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)***

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)***

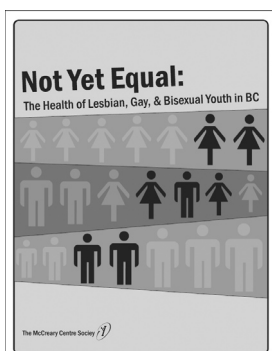
The lives of marginalized and street-involved youth are complex and filled with challenges, dangers and opportunities. This report summarizes the results of surveys with marginalized youth in the North, Interior, Fraser Valley, Vancouver Island and Vancouver.



## ***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.







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