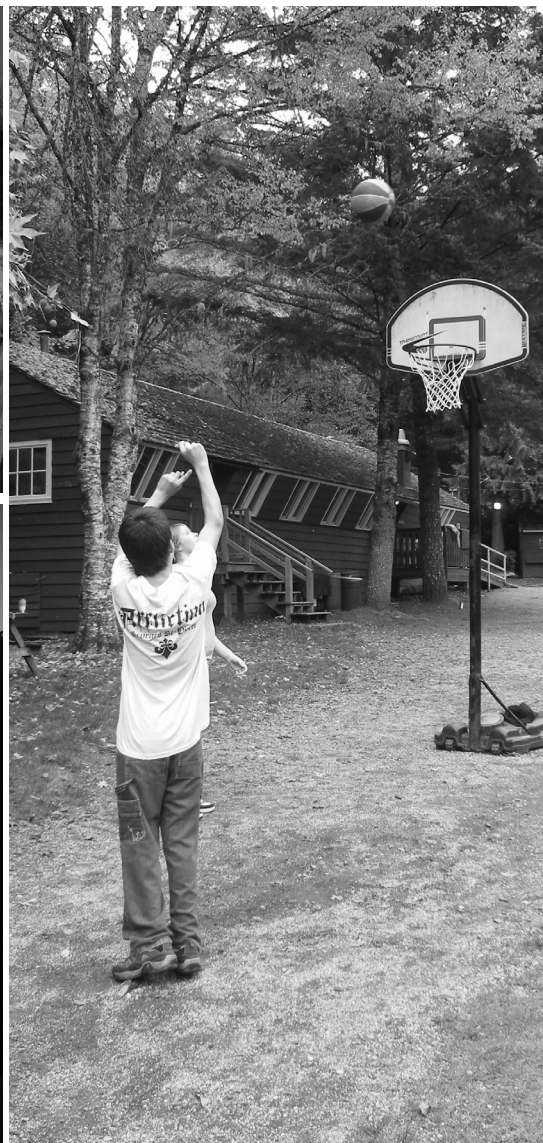


A Picture of Health



Thompson Cariboo Shuswap
Results of the 2008 British Columbia Adolescent Health Survey

A Picture of Health

Thompson Cariboo Shuswap

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: 978-1-895438-93-2

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

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

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

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

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

Suggested citation:

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

Project Team

Annie Smith

Executive Director

Elizabeth Saewyc

Research Director

Duncan Stewart

Research Associate

Maya Peled

Research Associate

Colleen Poon

Research Associate

Stephanie Martin

Youth Participation Coordinator

Sherry Simon

Aboriginal Next Steps Coordinator

Carly Hoogeveen

Research Assistant

Alison Murray

Administrative Assistant

Tamar Peled

Graphic Designer

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

Table of Contents

<i>Introduction</i>	4
<i>Provincial Key Findings</i>	5
<i>Thompson Cariboo Shuswap Key Findings</i>	7
<i>About the Survey</i>	9
<i>Thompson Cariboo Shuswap Youth: Their Home and Family</i>	12
<i>Physical Health</i>	16
<i>Injuries</i>	18
<i>Nutrition</i>	20
<i>Weight and Body Image</i>	21
<i>Mental and Emotional Health</i>	23
<i>Smoking</i>	27
<i>Substance Use</i>	28
<i>Sexual Behaviour</i>	32
<i>Abuse and Violence</i>	34
<i>School and Work</i>	36
<i>Sports and Leisure Activities</i>	38
<i>Protective Factors</i>	41
<i>Acknowledgements</i>	46
<i>McCreary Resources</i>	48

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.

Thompson Cariboo Shuswap 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 Thompson Cariboo Shuswap area is located in the Interior Health Authority region.

All school districts in this area participated in the survey.

School Districts included in the Thompson Cariboo Shuswap area are:

Revelstoke (SD16), Cariboo-Chilcotin (SD 27), Nicola-Similkameen (SD 58), Kamloops-Thompson (SD 73), Gold Trail (SD 74) and North Okanagan-Shuswap (SD 83).

Thompson Cariboo Shuswap Health Service Delivery Area



■ Thompson Cariboo Shuswap

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.

Thompson Cariboo Shuswap

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

- Similar to youth across the province, 86% of youth in the Thompson Cariboo Shuswap area reported that their health was good or excellent. Males were almost twice as likely as females to rate their health as excellent (42% vs. 22%).
- Ten percent of youth (compared to 8% provincially) reported eating no fruits or vegetables on the day before they completed the survey and 21% had had only one serving.
- Compared to the province as a whole, youth in this area were more likely to be overweight or obese (males: 25% vs. 21%; females: 15% vs. 12%). These rates were similar to those for this area in 2003.
- Although injury rates were higher than across the province as a whole, there was a local decrease in the percentage of students who were injured seriously enough to need medical attention, from 41% in 2003 to 34% in 2008.
- Sixty-seven percent of students always wore a seatbelt when riding in a motor vehicle, which was a local increase from 54% in 2003.
- Reflecting the picture in BC as a whole, there was a decrease in the percentage of students who reported seriously considering suicide in the past year, from 17% in 2003 to 13% in 2008. However, there was no change in the percentage of students who actually attempted suicide in the past year, and the rate in this area was higher than the provincial rate (7% vs. 5%).
- There was a local decrease in the percentage of students who had ever smoked, from 42% in 2003 to 34% in 2008. Not only was there a decrease in the rate of students who tried smoking, but those who did smoke waited longer to start.
- The percentage of youth who had tried more than just a few sips of alcohol was similar to the rate in 2003 (66%) but there was a decrease in the percentage of students who had tried marijuana, down from 46% in 2003 to 39% in 2008. The rate of youth who had tried alcohol and the rate of youth who had tried marijuana were above the 2008 provincial rates of 54% and 30%, respectively.

- In this area, 34% of male and female students reported ever having oral sex, which was higher than the percentage for youth across the province as a whole (26%). Rates of sexual intercourse were also higher in this area.
- Similar to youth in the province as a whole, 14% of students (21% of females and 7% of males) had been in contact with someone on the Internet who made them feel unsafe. This was a local decrease from 18% in 2003. However, 12% of youth gave personal information to someone that they met on the Internet in the past year, which was above the provincial rate (10%).
- There were changes in extra-curricular and leisure time activities between 2003 and 2008. For example, gambling decreased, participation in hobbies increased and the percentage of youth who watched TV for three or more hours dropped from 39% to 26%.
- Having friends with healthy attitudes to risky behaviours can be a protective factor in the lives of youth. A greater percentage of students in 2008 reported that their friends would be upset with them if they got arrested (63% vs. 51% in 2003). In addition, local males in 2008 were more likely than in 2003 to report that their friends would be upset with them if they carried a weapon (43% vs. 28%), got drunk (26% vs. 20%) or used marijuana (51% vs. 38%).

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 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.

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.

Next Steps Workshops

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

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

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

Participating School Districts

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

Thompson Cariboo Shuswap Youth: Their Home & Family

Background

Students in this area (the Thompson Cariboo Shuswap HSDA) identified with a broad range of ethnic and cultural backgrounds. The majority of students were of European heritage (70%), which was above the provincial rate of 54%. There was a rise in the percentage of students who identified as Aboriginal/First Nations from 14% in 2003 to 22% in 2008

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

New Canadians

Four percent of students in this area were born outside of Canada, which was below the provincial rate of 18%. One percent of students had lived in Canada between 2 and 5 years (which was below the provincial rate of 6%) and another 1% had lived here for less than two years, also below the provincial rate (3%).

First Nations

Among the 22% of students who reported Aboriginal heritage, 48% had First Nations status, 26% were Aboriginal but did not have First Nations status, and 18% were Métis.

Twenty-four percent of Aboriginal students currently lived on a reserve, and 35% had lived

“ I come from a safe suburban community, how can I complain? ”

Ethnic or cultural background

European	70%
Aboriginal/First Nations	22%
East Asian	3%
Latin/South/Central American	3%
South Asian	2%
African	2%
Australian/Pacific Islander	2%
Southeast Asian	1%
West Asian	1%
Other (excluding Canadian)	2%
Don't know	14%

Note: Youth could choose more than one response.

Spoke a language other than English at home

Never	69%
Sometimes	27%
Most of the time	4%

“ I speak English at home because my grandma's and grandpa's went to residential school [and were] forced to speak English. ”

on a reserve at some point in their life (5% for less than a year, 10% for a few years, and 20% for most of their life).

Sexual Orientation

Eighty-eight percent of students identified as heterosexual, 7% as mostly heterosexual, 2% as bisexual, 1% as gay/lesbian and 3% were unsure.

Spirituality

Fifty-seven percent of students reported that they were not at all religious or spiritual. The remainder were either somewhat (33%) 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 (86%) and/or father (61%) most of the time; 15% 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 (83%). 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.

Who youth lived with <u>most</u> of the time (Youth could mark all that apply)	
Mother	86%
Father	61%
Stepfather	8%
Other adults related to me	5%
Stepmother	3%
Other adults not related to me	3%
Do not live with any adults	1%

Unstable Home Life

A total of 5% 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. This rate was higher than the provincial percentage (3%). Two percent of youth were in care in the last year, which was higher than the provincial rate (1%) and not a significant change from the 2003 rate in this area.

Similar to the rate across the province, 11% of students (13% of females, 8% of males) 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 (32% vs. 12%) and despair (18% vs. 4%) and to have attempted suicide in the last 12 months (29% vs. 4%).

Frequently moving house can negatively impact young people's health. Sixteen percent of youth moved once in the past year, 6% moved twice, and 6% moved three or more times. Students who moved in the past year were more likely than students who did not move to have attempted suicide in the past 12 months (10% vs. 5%).

Family

Family Connectedness

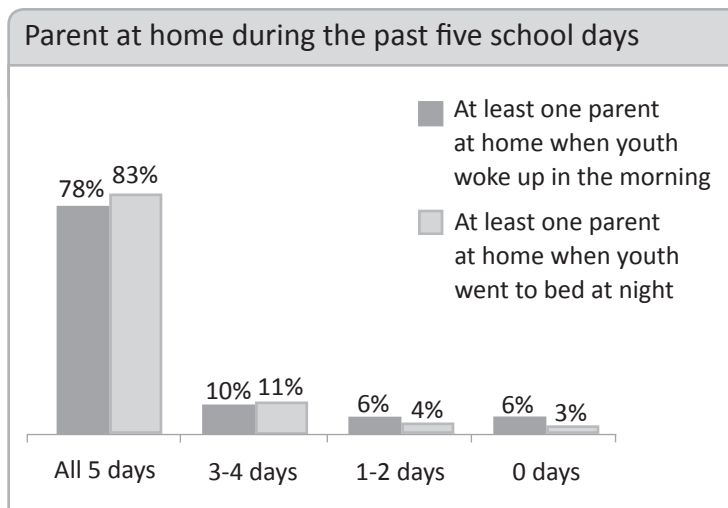
Family relationships can have an important effect on youth health and development. The survey asked questions about students' relationships with their caregivers, including feelings of closeness, how much they felt their caregivers were warm and loving

toward them, and their satisfaction with these relationships.

Connectedness to mother and father figures was generally highest for 12-year-olds .

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 most of the past five



school days reported higher connectedness with their mother and father figures compared to students whose caregiver was absent on all five school days.

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

Family Poverty

BC has the highest child poverty rate in Canada yet asking youth about their family's economic status can be challenging. Young people often do not know about their family's income, parent's occupation or other conventional measures that can indicate poverty. In an attempt to address this, the AHS asked youth four questions that have been used in international studies to learn about family resources: whether youth went to bed hungry because there was not enough food at home, the number of computers their family owned, whether they shared a bedroom, and if they took family holidays.

The majority of students in this area reported that they never went to bed hungry (89%), did not share a bedroom (93%), and had travelled

on holiday with their family in the past year (81%). Also, 98% of students reported that their family currently owned a computer, which was lower than the provincial percentage (99%).

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

Reflecting the picture in the province as a whole, 9% 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 (29% vs. 13%), to have considered suicide in the past year (24% vs. 12%) and to have attempted suicide in the past 12 months (16% vs. 5%).

Family poverty affected youths' ability to participate in extra-curricular activities. For example, youth 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).

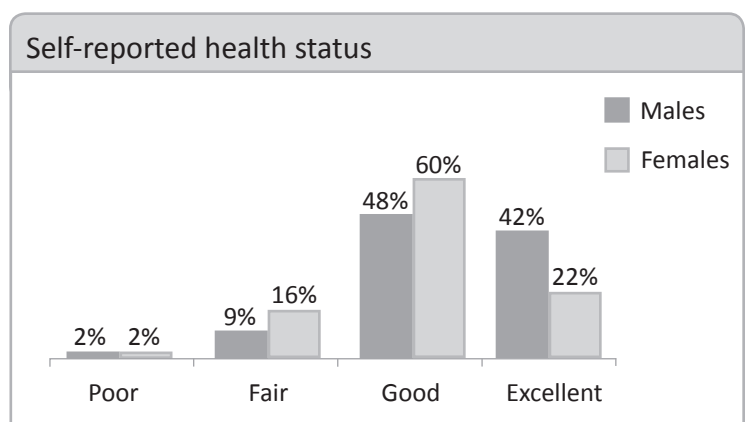
Physical Health

Eighty-six percent of youth in this area reported that their health was good or excellent. More males than females rated their health as excellent (42% vs. 22%). 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 (14% vs. 28%), stomach-aches (9% vs. 18%), backaches (15% vs. 25%) or dizziness (9% vs. 15%) in the past six months.

Twelve 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 6% of youth. Among youth with a health condition or disability, 29% took daily medication and 8% missed a lot of school due to their condition.

“*I am very active, in good shape and eat extremely healthy.*”

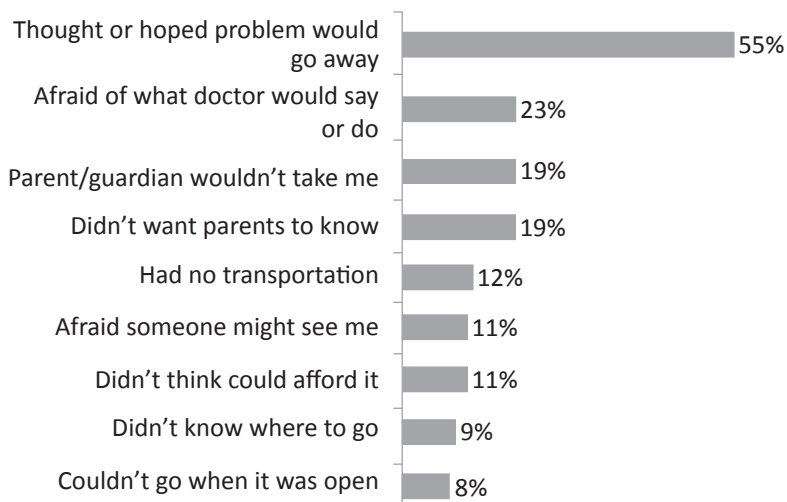


Accessing Medical Care

In the past year, 11% of males and 18% of females did not get medical help when they felt they needed it. Females in this area were more likely to not seek help compared to females in the province as a whole (15%). Among those youth who did not access needed medical care, the most common reason was thinking or hoping the problem would go away (55%).

“ I could only go after school [to the clinic] and then I went there and they basically refused to help me because the nurses were busy. ”

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



Injuries

“*I am usually very active but my ACL has been torn for a year and I still haven't had surgery yet so I can play sports again.*”

Injuries are one of the most common health hazards facing BC youth. In the past year, 34% of students were injured seriously enough to need medical attention. This percentage is above the provincial rate of 29%, but reflects a local decrease from 41% in 2003. Males were more likely than females to have been seriously injured (40% vs. 28%).

The most common location for getting hurt was at a sports facility or field, where 34% of injuries occurred. The next most common locations for injuries were at home (17%) and school (16%).

Most injuries occurred while students were playing or training for sports or doing other recreational activities (49%), and the

percentage was below the provincial rate of 55%. Similar to the provincial rate, 6% of students were injured in a motor vehicle. Additionally, 9% of injuries occurred when students were snowboarding or skiing, 7% occurred when students were riding a bike, and 7% took place during relatively low-risk behaviours (such as walking or cooking). Males were more likely than females to have been injured snowboarding or skiing (11% vs. 5%), whereas females were more likely than males to have been injured doing low-risk behaviours (11% vs. 4%).

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. Among youth in this area, there were no gender differences in seatbelt use or helmet use.

Similar to youth across the province, 67% of students always wore a seatbelt when riding in a motor vehicle. This rate reflected a local increase from 54% in 2003.

Seventy-four percent of students rode a bicycle in the past year. This rate was above the provincial rate of 71% but was a local decrease from 80% in 2003. Among students



who rode a bicycle, 26% always wore a bike helmet and 32% never wore one (both similar to the local rates in 2003 and the 2008 provincial rates).

Driving and Substance Use

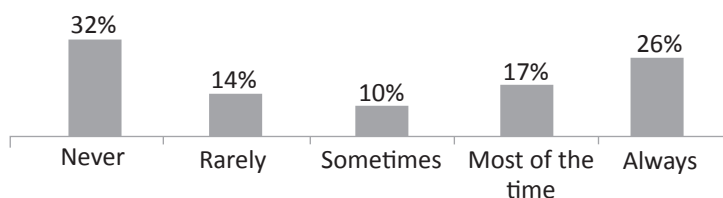
Motor vehicle accidents are the leading cause of death among BC youth. In this area, more youth drove after using alcohol or marijuana than in the province as a whole (13% vs. 10%).

Ten percent of local students had driven after using alcohol, which was higher than the provincial rate (7%). In the past month, students in this area were also more likely to drink and drive (5% vs. 4% provincially) and to have been a passenger in a vehicle with a driver who had been drinking (23% vs. 19% provincially). Neither rate has changed since 2003. Males were more likely than females to drive after



using alcohol in the past month (7% vs. 4%), but females were more likely to have been a passenger with someone who had been drinking (25% vs. 19%).

Helmet use among youth who cycled in the past year



Nutrition

“*Make cafeteria food more healthy ex:
fresh food and not from a freezer.*”

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.) and fast food (such as pizza, hot dogs, chips and fries). Males were more likely than females to have had dairy (61% vs. 48%), sweets (20% vs. 12%), fast food (17% vs. 7%), pop (16% vs. 7%) and energy drinks (9% vs. 2%) twice or more yesterday.

Despite increased awareness about the importance of consuming fruits and vegetables daily and the increased availability of healthier foods in schools, 10% of youth in this area (compared to 8% provincially) reported eating no fruits or vegetables on the day before they completed the survey and 21% had had only one serving. At least

54% of youth (compared to 50% provincially) fell short of the recommended daily portions of fruits and vegetables.

Similar to the province as a whole, 50% of youth in this area always ate breakfast on school days, while 16% never ate breakfast. Males were more likely than females to always eat breakfast (56% vs. 45%) and less likely to always miss breakfast (13% vs. 19%). The percentages of youth who reported eating breakfast were similar to levels reported in 2003.

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

What youth ate and drank yesterday

	No	Yes (once)	Yes (twice or more)
Water	6%	21%	74%
Milk, cheese, yogurt	10%	36%	55%
Fruit	20%	40%	40%
Green salad or vegetables	25%	44%	31%
Cookies, cake, donuts, chocolate bars	38%	47%	16%
Pizza, hot dogs, potato chips, French fries	49%	39%	12%
Pop/soda	55%	34%	11%
Hot or cold coffee or coffee-based drinks	71%	20%	10%
Energy drinks	84%	11%	5%

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

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

Weight & Body Image

Weight

Although it has been criticized for not measuring body fat or fitness levels, and is not the ideal measure for all ethnic groups, youths' body mass index (BMI) still helps track rates of obesity. The BMI was calculated from the height and weight measurements youth provided on the survey. Based on this measure, 76% of students were considered to be a healthy weight for their age and gender, while 4% were underweight, 15% overweight and 5% obese. This distribution was 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 overweight or obese (males: 25% vs. 21%; females: 15% vs. 12%).

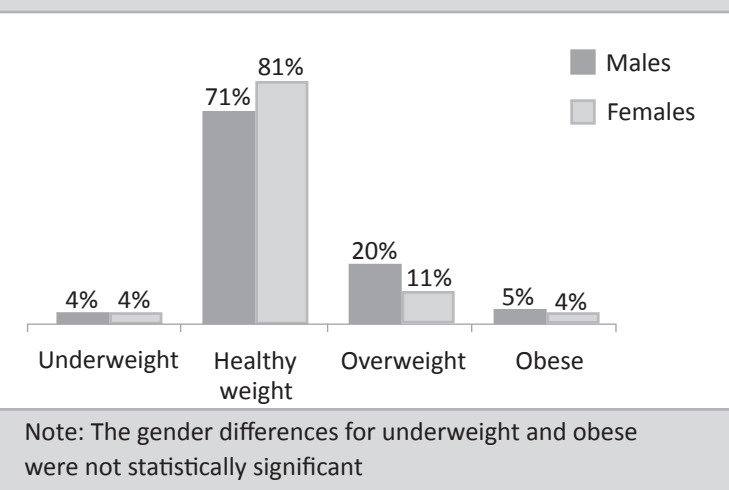
Obesity is linked to health challenges at all ages. Compared to youth who were a healthy weight, obese youth were less likely to rate their health as excellent (14% vs. 37%) and more likely to report that they had not exercised in the past week (15% vs. 7%). Overweight and obese youth were also more likely than healthy weight youth to have spent three or more hours on an average school day watching television (32% vs. 24%) or playing video games (21% vs. 13%).

Body Image

While 23% of males (compared to 19% provincially) rated themselves as very satisfied

“ *I need to control my food and portions.
I am gradually losing weight.* ”

Students in each weight category



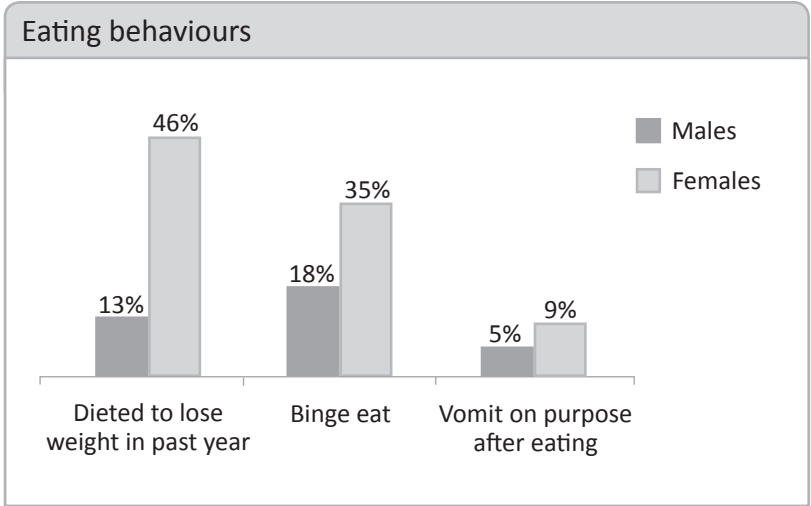
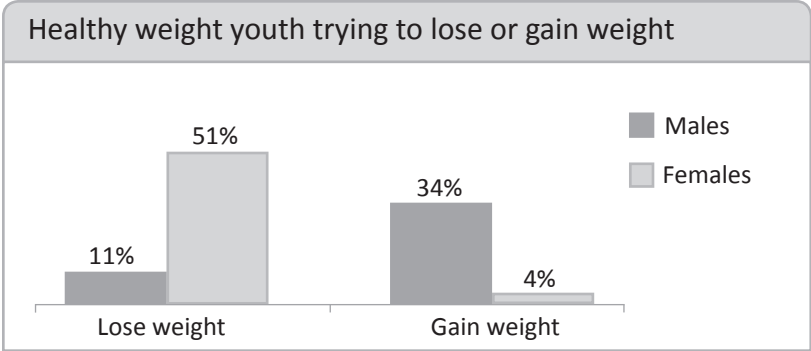
with their body image, only 10% of females did so. The majority of youth (68%) felt they were about the right weight.

Looking at youth whose BMI indicated they were a healthy weight, 28% stated they were not trying to do anything about their weight and 22% were trying to stay the same weight. However, 51% of healthy weight females were trying to lose weight and 34% of healthy weight males were trying to gain weight.

“ *I try so hard to gain weight but nothing works I've been 132 pounds for the last 2 years.* ”

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.

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 3.8 and females 3.4.



Mental & Emotional Health

Adolescence is an important time for mental and emotional development. As youth mature, they 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 (91%), they had much to be proud of (79%) and felt that their life was useful (87%). A total of 59% agreed or mostly agreed with all seven of the self-esteem questions on the survey, which was comparable to the provincial rate.

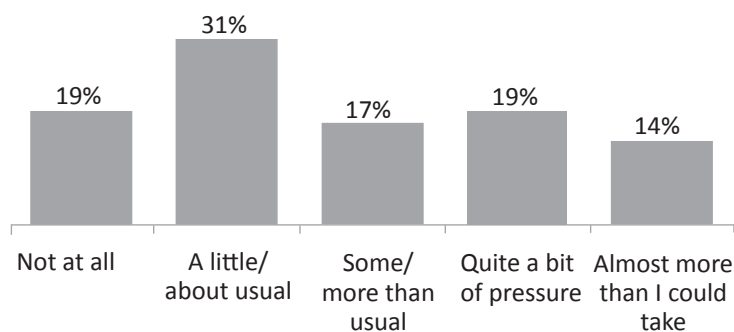
Stress

Eighty-one percent of youth reported feeling some stress or pressure in the past 30 days, and 14% of students indicated that the stress in their lives was almost more than they could take.

Females were more likely than males to report extreme levels of stress in the past month to the point that they could not work

“*I am comfortable and proud of who I am and I certainly don't want to change anything or anyone.*”

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



or function effectively (17% vs. 10%). Also, older students generally were more likely than younger students to report extreme stress, which was consistent with the provincial findings.

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. 3%). These results were consistent with the provincial findings.

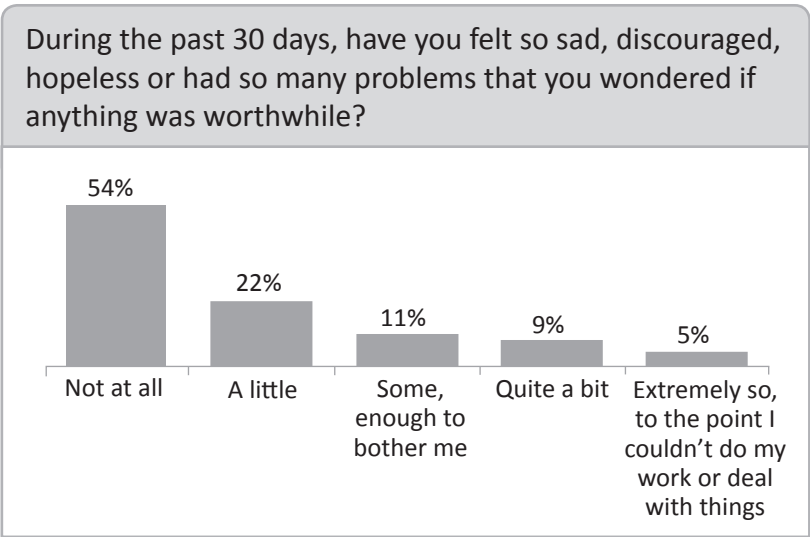
Self Harm

Sometimes youth will hurt themselves as a way of coping with stress and pain in their lives. In this area, 25% of female students and 13% of males indicated cutting or injuring themselves on purpose without trying to kill themselves at some point in their lifetime, with 13% doing so once or twice, and 7% doing so three or more times.

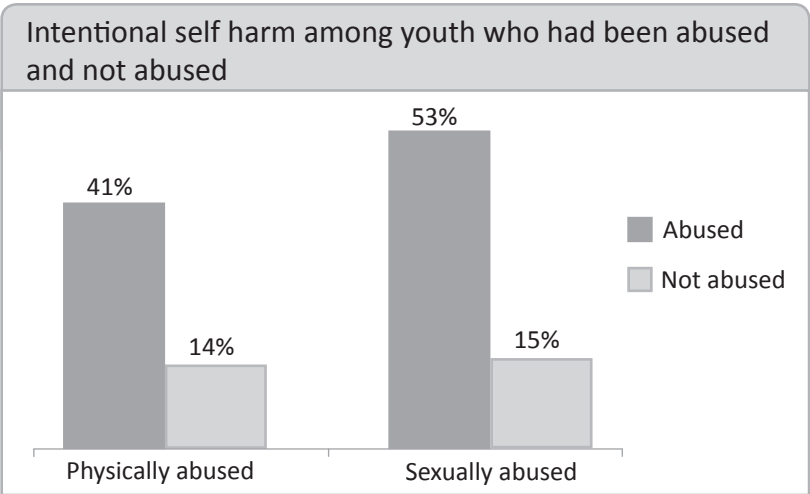
Students who had been physically or sexually abused were more likely to self-harm than students with no abuse history. Also, youth who had ever used alcohol or marijuana were more likely to self-harm compared to youth who never used these substances.

Suicide

Suicide is the second leading cause of death among youth aged 12-18 in British Columbia. In this area, 13% of students reported seriously considering suicide in the past year, which was comparable to the provincial rate and lower than the rate in this area in 2003 (17%). Seven percent of students attempted suicide in the past year, which was higher than the



“ I have a bad tendency to cut myself really bad.
It is very addictive but relieves the pain. ”



“*If your relatives talk about suicide, or cut their wrists, it affects [your] perspective on things.*”

provincial rate (5%) and the same as the 2003 rate in this area. Females were more likely than males to have attempted suicide (8% vs. 5%), although males generally have higher rates of suicide completion.

Among youth who attempted suicide in the past year, 32% 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, 19% of youth reported that a family member had tried to commit suicide, with 5% doing so in the past year. Also, 26% of youth had a close friend who attempted suicide (13% in the past year). Students with a family member or close friend who had attempted or committed suicide in the past year were over five times more likely to attempt suicide themselves, compared to students without these risk factors (21% vs. 4%).

Suicide attempts in the past year were also more likely among students who had ever been physically abused (19% vs. 4%) or sexually abused (26% vs. 5%) compared to students who had never been abused.

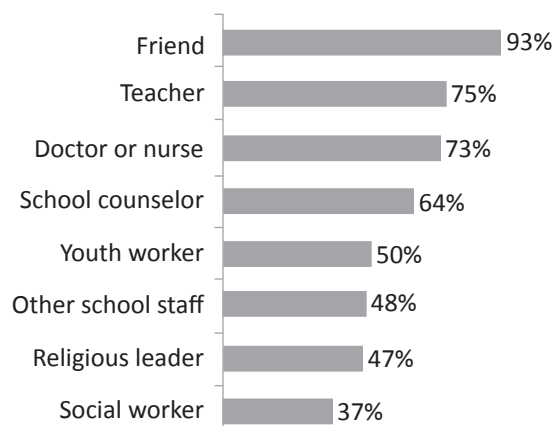
Aboriginal youth were over twice as likely as non-Aboriginal youth to have attempted suicide in the past year (13% vs. 5%). Lesbian, gay and bisexual youth*, and youth with a health condition or disability (14% vs. 5%), were also at greater risk for attempting suicide.

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

Help Seeking

The majority of students felt they could seek support from adults in their family (78%) or from adults outside their family (60%) if they were faced with a serious problem.

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

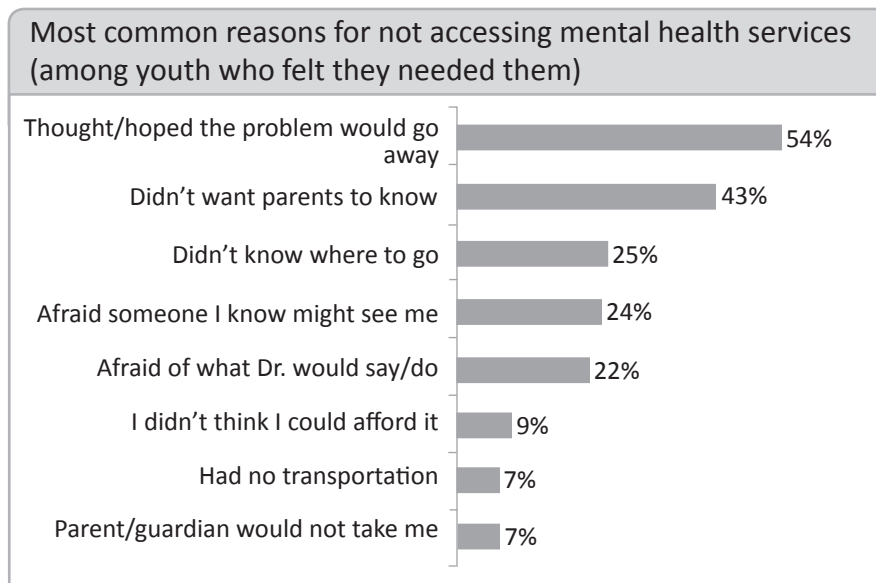


Students reported approaching a variety of professionals for help in the past year, including teachers (40%), doctors or nurses (29%), school counselors (28%), other school staff (22%), youth workers (19%), religious leaders (18%), and social workers (16%). In addition to turning to adults for help, most students (78%) asked their friends for assistance. Students who sought support in the past year generally reported finding the assistance of both friends and professionals helpful.

services in the past year, 18% of females and 7% 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%) and students not wanting their parents to know (43%).

Accessing Mental Health Services

Similar to youth across the province, when asked specifically about accessing mental health



Smoking

Similar to the situation across the province, this area saw a decrease in the percentage of youth who had ever tried smoking. Thirty-four percent of students in this area had ever smoked, which was above the provincial rate of 26%, but a local decrease from 42% in 2003. Provincially there was no gender difference in smoking, however in this area females were more likely than males to have tried smoking (39% vs. 30%).

Not only was there a decrease in the rate of students who had tried smoking, but those who did smoke waited longer to start. Among students who smoked, 8% had their first cigarette when they were 9 or 10 years old, which was lower than the 16% seen in 2003. In contrast, 26% of students waited until they were 15 or 16 to try smoking, compared to 15% in 2003.

Comparable with youth across the province, less than half (48%) of students who had ever tried smoking had smoked in the past month. Students who did smoke in the past month were most likely to have only smoked on 1 or 2 days (14% of students who have ever tried cigarettes). However, 13% of students who have ever tried cigarettes smoked every day on the past month (5% of all students).

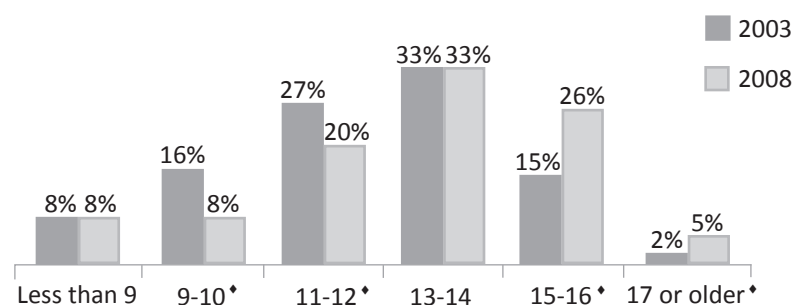
Eight percent of young people had used chewing tobacco in the past month (14% of males and 2% of females), which was above the provincial rate of 4%.

Second-hand Smoke

Thirty-eight percent of students had been exposed to second-hand smoke inside their home or vehicle. This was unchanged from the local rate in 2003 and was higher than the 2008 provincial rate of 28%. Seventeen percent of youth were exposed to smoke in their home or car almost every day.

“Not a lot of teens smoke cigarettes anymore.”

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



* Indicates that the difference between 2003 and 2008 Thompson Cariboo Shuswap estimates was statistically significant.

Substance Use

“*I have only smoked marijuana twice and gotten drunk 3 times in my entire life. They are not regular things for me, and I feel like I know my limits.*”

Alcohol

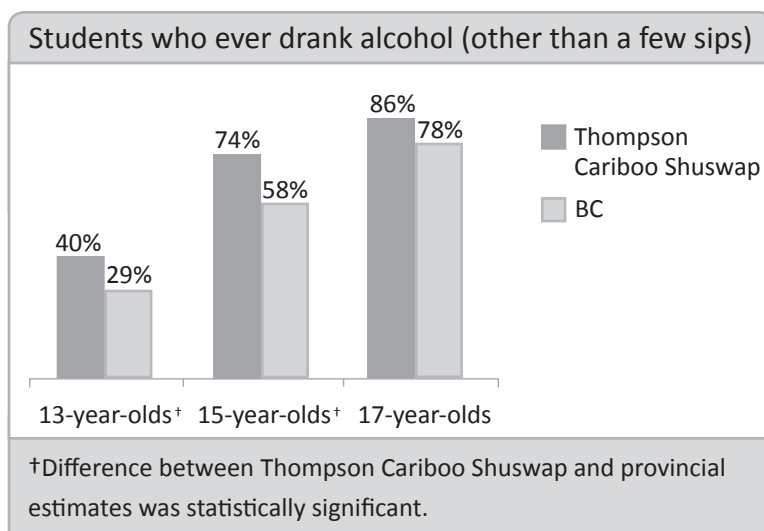
Similar to the rate in 2003, 66% of youth had tried more than just a few sips of alcohol. This percentage was higher than the provincial rate of 54%. Males and females were equally likely to have tried alcohol.

Students in this area started drinking earlier than students in the province as a whole; 38% of students who had tried alcohol had their first drink when they were 12 years old or younger (vs. 33% across the province), and 19% waited until they were 15 or 16 years old (vs. 23% provincially). Among students who had tried alcohol, males were more likely than females to have first drank when they were ten years old or younger (17% vs. 9%).

Among students who drank in the past year, 10% had only a sip, 36% drank once a month or less, 27% drank two or three times a month and 1% drank every day of the week.

Binge Drinking

Binge drinking is defined in the AHS as having five or more drinks within a couple of hours. As in 2003, 48% of local students who had tried alcohol binge drank in the past month (which was similar to the 2008 provincial rate) and 3% binge drank ten or more times in the past month. Males and females were equally likely to binge drink.



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-four percent of students 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 than males to have drunk coolers last Saturday (24% vs. 12%), and males were more likely to have drunk beer (25% vs. 19%).

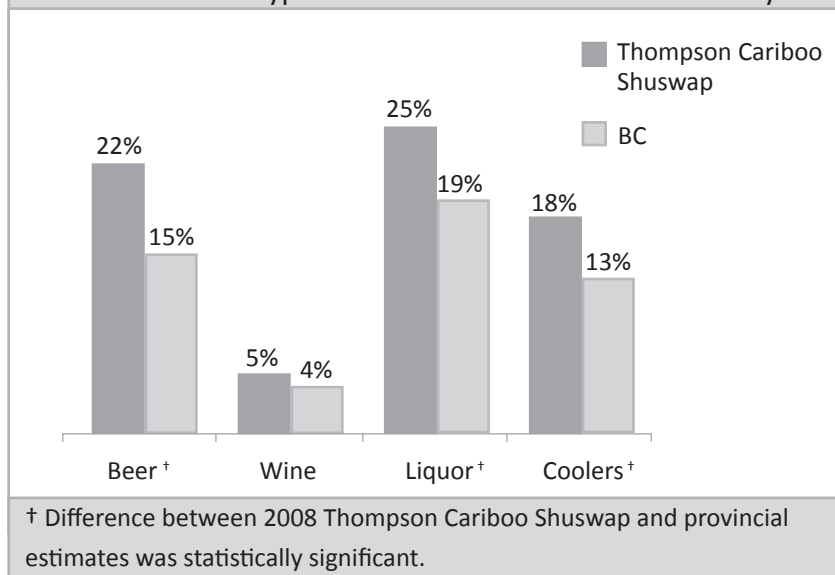
Marijuana

There was a decrease in the percentage of students who had tried marijuana, from 46% in 2003 to 39% in 2008. However, this rate remains above the provincial rate (30%). Males and females were equally likely to have tried marijuana.

Among students who had tried marijuana, 9% 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 (44%).

Fifty-seven percent of those who had tried marijuana used it in the past month and 14%

Rates of different types of alcohol consumed last Saturday



used it 20 or more days in the past month.

Among those who had used marijuana, males were more likely than females to report this extreme use (20% vs. 8%).

Last Saturday use

Sixteen percent of male and female students in this area used marijuana last Saturday, which was above the provincial rate of 12%.

Other Drugs

The percentage of youth who had used most substances other than alcohol or marijuana

was similar to the province as a whole, and there were no gender differences. However, students in this area were more likely to have tried mushrooms (12% vs. 8%) and inhalants (6% vs. 4%).

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, hallucinogens (including crystal meth), and steroids.

For the first time, students were specifically asked about their use of ecstasy and crystal

meth. Eight 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	11%	16% [♦]
Hallucinogens (including ecstasy)	5%	11% [♦]
Mushrooms	16%	12% [†]
Cocaine	5%	5%
Inhalants	4%	6% [†]
Amphetamines (including crystal meth)	4%	4%
Steroids	1%	2% [♦]
Heroin	1%	2%
Injected an illegal drug	<1%	1%
[†] Difference between 2008 Thompson Cariboo Shuswap and provincial estimates was statistically significant. [♦] Difference between 2003 and 2008 Thompson Cariboo Shuswap estimates was statistically significant.		

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-nine percent of students reported using alcohol or drugs in the previous year. Among these students, over half (58%) 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, while females were more likely to have argued with family members and to have lost friends or broke up with a girlfriend or boyfriend.

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

Was told that I did something that I couldn't remember	42%
I used alcohol or drugs but none of these things happened	42%
Passed out	35%
Argued with family members	18%
School work, marks, or behaviour at school changed	14%
Damaged property	12%
Got into a physical fight	12%
Got injured	10%
Got in trouble with the police	9%
Lost friends or broke up with a girlfriend or boyfriend	9%
Had sex when I didn't want to	8%
I overdosed	3%
Had to get treatment for alcohol or drug abuse	2%
Got into a car accident	2%

Sexual Behaviour

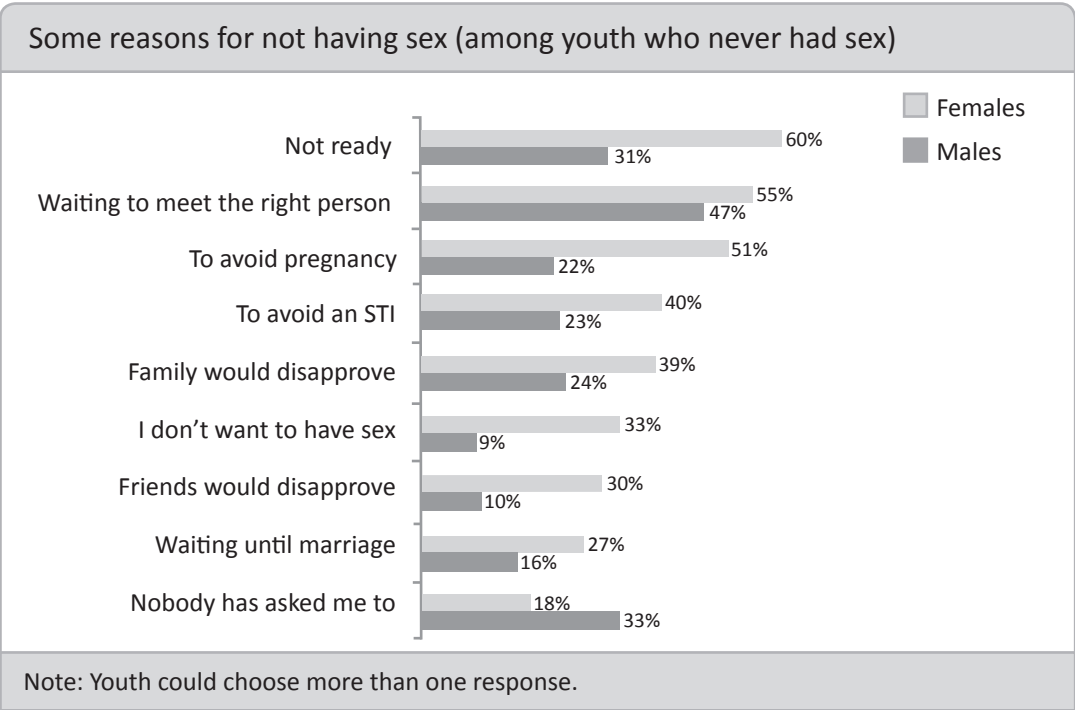
“ I think schools should inform students more about sex and birth control methods. ”

The majority of youth reported never having had sexual intercourse (68%), which was comparable to the 2003 rate in this area. However, the rate was lower than the 2008 provincial percentage (78%), meaning that students in this area were more likely to have had sex compared to students in the province as a whole.

Students who never had sexual intercourse provided a number of reasons for not having sex (they could choose more than one reason). The most common were wanting to wait until they met the right person (51%),

not being ready to have sex (46%) and not wanting to get pregnant or cause a pregnancy (37%). 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 never having had sex because nobody had asked them to (33% vs. 18%).

The percentage of youth that reported ever having sexual intercourse (32%) was comparable for males and females and increased with age. Among sexually active youth, the most common age for first having sex was



15 years, and 22% reported first having sex before age 14.

Among students who have had sex, 7% did not have sex with anyone in the past year; 53% had sexual intercourse with one person; 32% with 2 to 5 people; and 9% (14% of males and 4% of females) had sex with six or more people in the past year.

Oral Sex

In this area, 34% of students (comparable rates for males and females) reported ever having oral sex, which was higher than the provincial rate of 26%. Rates of oral sex went up with age.

Sexually Transmitted Infections

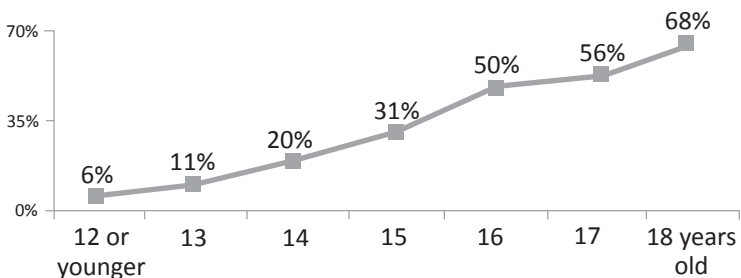
Overall, 1% of students had been told by a doctor or nurse that they had a sexually transmitted infection (STI). The rate was 4% among sexually active students.

Birth Control and Pregnancy

Comparable with rates across the province in 2008 and locally in 2003, 70% of sexually active youth (76% of males and 65% of females) reported using a condom the last time they had sex, and 68% indicated that they had done so to prevent pregnancy.

Among youth who ever had sexual intercourse, 8% of males and 10% of females reported having had sex with a same-sex partner.

Students who had oral sex



Among sexually active youth, 45% used birth control pills to prevent pregnancy the last time they had sex. Twenty-five percent used withdrawal which is an unreliable method of contraception, and 7% used only withdrawal. Five percent of students used no method to prevent pregnancy the last time they had sex and 4% used emergency contraception (“morning after pill”).

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

Among students who have had sexual intercourse, 36% reported that they drank alcohol or used drugs before having sex the last time.

Abuse & Violence

“Every day I come home and get physically abused.”

Physical and Sexual Abuse

The percentages of students who reported physical or sexual abuse were similar to the provincial rates in 2008 and were unchanged locally from 2003. Eighteen percent reported that they had been physically abused, and 10% reported that they had been sexually abused. In total, 22% of students had experienced either form of abuse. Six percent of students had experienced both types of abuse, which was above the provincial rate (5%).

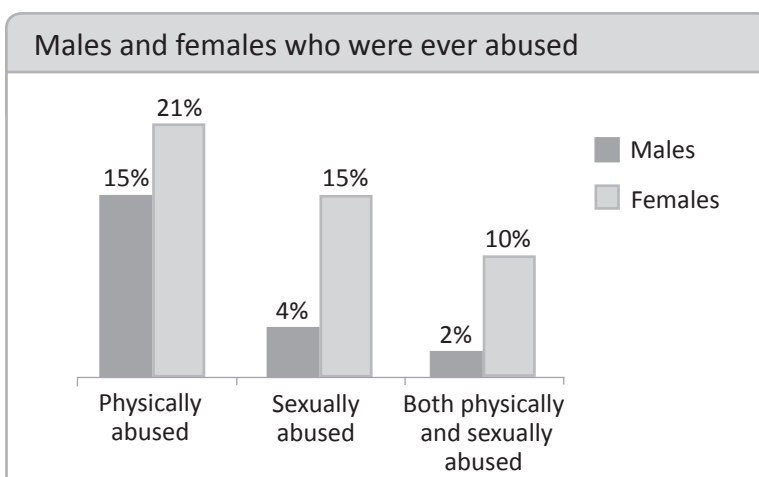
Similar to both the 2008 provincial rate and the 2003 local rate, 5% of students had been forced to have sexual intercourse when they did not want to. Two percent had been forced to have sex by an adult and 4% by another youth. Males and females were equally likely to have been forced to have sex by an adult, but

females were more likely to have been forced by another youth (5% vs. 2%).

Sexual Harassment

The percentage of students who experienced verbal (49%) or physical (29%) sexual harassment was similar to the provincial rates. The rate of verbal harassment remained at the same rate locally as in 2003, but the rate of physical sexual harassment decreased from 34%.

Female students were more likely to experience either form of harassment. In the past year, 58% of females and 40% of males had been verbally sexually harassed. Forty percent of females and 17% of males had been physically sexually harassed.



“*I think I have anger problems.*”

Internet Safety

Similar to youth in the province as a whole, 14% of students (21% of females and 7% of males) had been in contact with someone on the Internet who made them feel unsafe. This was a local decrease from 18% in 2003. However, 12% of youth gave personal information to someone that they met on the Internet in the past year, which was above the provincial rate (10%).

Seventeen percent of students were cyber-bullied in the previous year, similar to the provincial rate. Females were more likely than males to have been cyber-bullied (23% vs. 11%).

Physical Fights

Similar to the 2008 provincial and 2003 local rates, 26% of students were involved in a physical fight in the past year. Males were more likely than females to have been in a fight (34% vs. 19%). Three percent of students were injured in a fight to the point where they required medical attention.

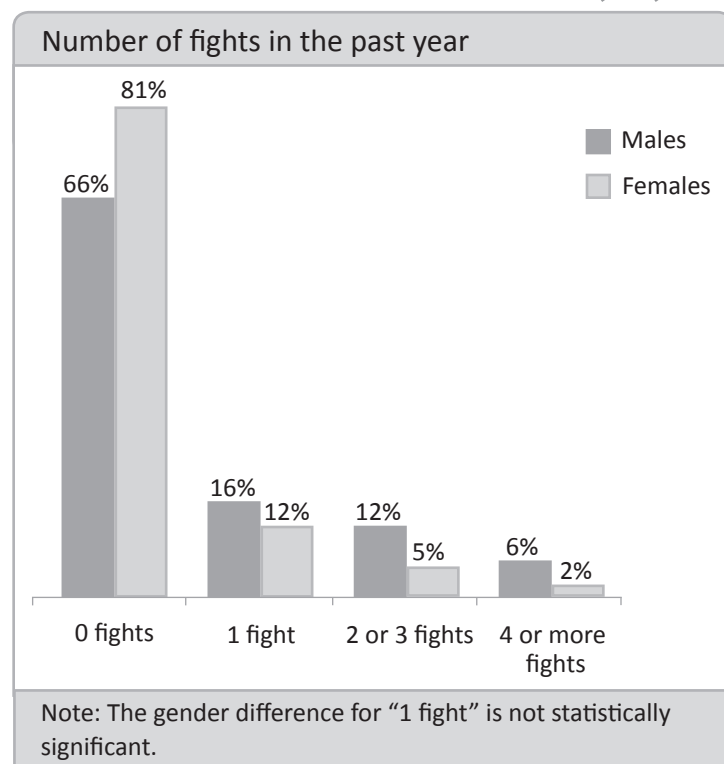
Relationship Violence

Nine percent of students who were in a relationship reported that their boyfriend or girlfriend hit, slapped or hurt them in the past month.

Discrimination

Similar to the provincial rates, 18% of students had been discriminated against in the past year because of their physical appearance, 10% because of their race or skin color and 6% because of their sexual orientation. There was a local decrease in the rate of students discriminated against because of their physical appearance since 2003 (23%).

“*I get made fun of because of my size... I hate being called fat every day at school.*”



School & Work

“*I believe school should be more safe, so kids feel comfortable in school. Cause I know I don't.*”

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 (23% vs. 17%).

Feelings of connectedness to school were generally higher for Grade 7 students.

Thirty-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 compared to students who did not skip school.

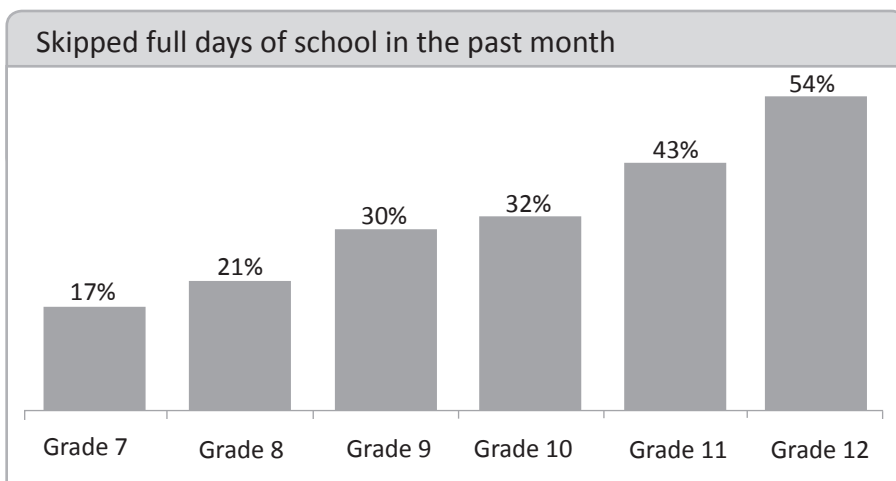
Feeling Safe at School

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

Students in Grades 11 and 12 more commonly reported always feeling safe than those in younger grades; 48% of students in Grades 11 and 12 always felt safe compared to 34% in Grade 8.

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 (56%).

Similar to the experience of youth in this area in 2003, 10% of students had been



physically attacked or assaulted while at school, or travelling to or from school in the past year. This percentage was above the 2008 provincial rate of 9%

Males were more likely than females to be physically attacked (14% vs. 7%), but females were more likely to be victims of relational aggression (i.e., excluded from social groups or ignored; 38% vs. 24%) or to be verbally harassed at school (e.g., teased; 38% vs. 31%). The rates of school-based relational and verbal aggression were comparable to the provincial percentages and to the 2003 rates in this area.

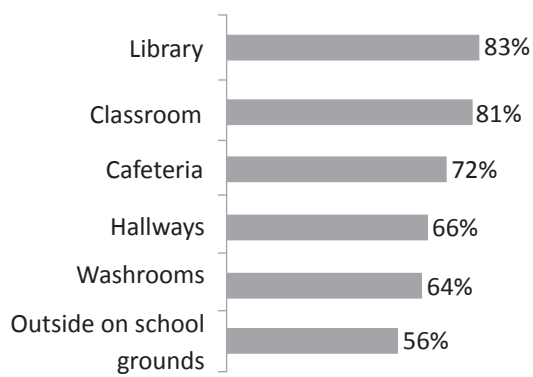
Weapon Carrying

A total of 7% of students carried a weapon to school in the past month (12% of males and 3% of females). Among those who carried a weapon, the majority (76%) carried a knife or razor.

Academic Aspirations

The majority of students expected to finish high school; only 2% anticipated finishing their education before graduating from high school. A total of 52% expected to complete their education when they graduate from university, medical school, or law school; 18% when they graduate from community college

Where students always/usually felt safe at school



or a technical institute; 12% once they complete high school; and 16% were not sure when they would complete their education.

Work

A total of 47% of students worked at a paid job during the school year, which was comparable to the 2003 rate in this area and higher than the 2008 provincial rate (41%). Among students who worked, 27% worked less than 5 hours a week, 57% worked 5-19 hours, and 16% worked 20 or more hours a week.

“ I work 7 days a week. – I work 40 hours a week and go to school 30 hours a week. – I’m exhausted. ”

Sports & Leisure Activities

“We need better funding for sports.”

Exercise

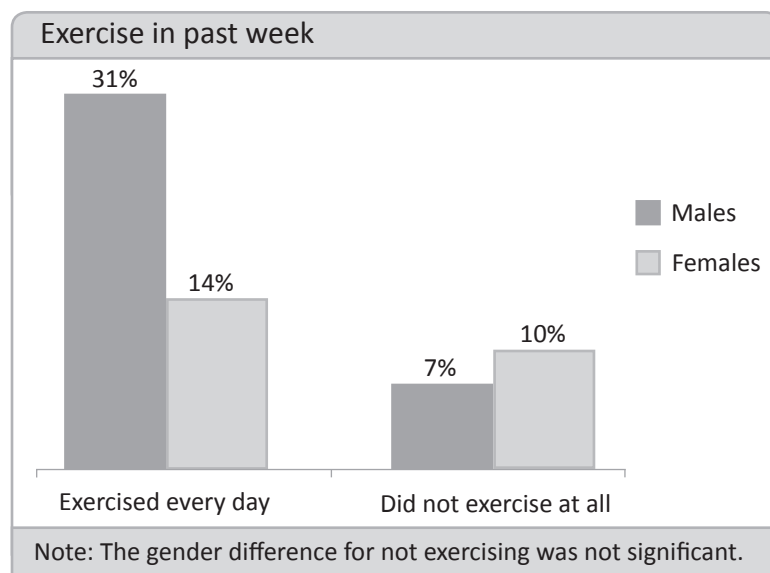
Health Canada recommends that youth participate in a minimum of 90 minutes of physical activity every day. Yet, when asked how often they exercised for at least 20 minutes a day during the past week, only 31% of males and 14% of females exercised every day, while 8% of youth did not exercise at all. More students in this area exercised every day than in the province as a whole (22% vs. 18%). Local exercise rates were comparable between 2003 and 2008.

Extracurricular Activities

The majority of youth participated in extracurricular sports activities on a weekly basis:

58% of youth took part in sports activities with a coach (e.g., school teams, swimming lessons), and 73% 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 (82% vs. 65%) and females were more likely to take part in dance/aerobic classes (29% vs. 12%).

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, 61% did some form of volunteer work such as babysitting or helping a charity and 27% did this once a week or



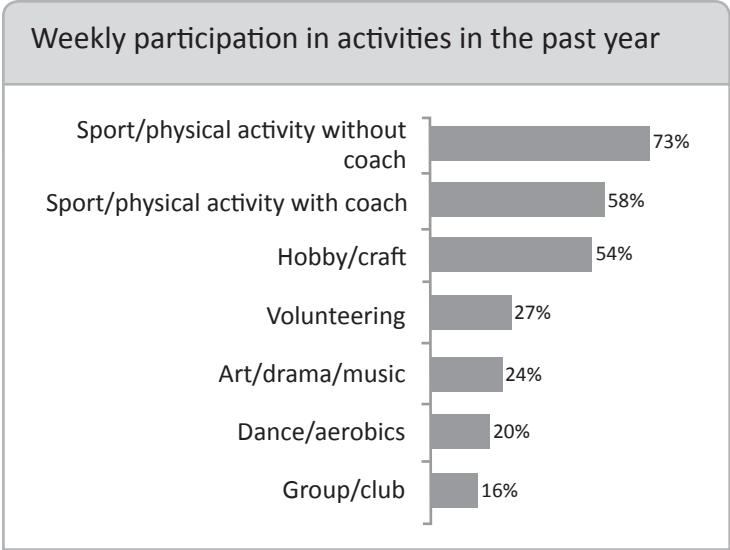
more. Other leisure activities youth participated in included hobbies (54%), art/drama/music (24%) and clubs (16%). Females were more likely than males to take part in volunteer activities (30% vs. 24%).

Compared to the province as a whole, youth in this area were more likely to participate weekly in non-coached sports activities but were equally likely to participate in coached activities. In this area, weekly participation in hobbies increased from 46% in 2003 to 54% in 2008. Furthermore, weekly participation in dance/aerobic classes increased for males in this time period (from 7% to 12%), whereas participation in groups or clubs decreased for females (from 23% to 18%).

Screen Time

Similar to the province as a whole, 88% 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 39% in 2003 to 26% in 2008.

On a typical school day, the majority of youth spent some time on the Internet (excluding doing homework), talking or texting on the phone, or playing video games. Twenty-four percent of youth spent three or more hours



Weekly participation in extracurricular activities		
	Thompson Cariboo Shuswap 2008	BC 2008
Sports without coach	73%	69% [†]
Sports with coach	58%	59%
[†] Difference between 2008 Thompson Cariboo Shuswap and provincial estimates was statistically significant.		

a day on the Internet, while 29% spent this amount of time on the phone and 16% played video games.

Youth in this area were more likely than those in the province as a whole to spend three or more hours a day on the phone (29% vs. 20%). On the other hand, female students

in this area were less likely than those in the entire province to be on the Internet for three or more hours a day (24% vs. 31%).

Males were more likely than females to play video games for three or more hours on a typical school day (27% vs. 5%), but were less likely to spend three or more hours texting or talking on the phone (19% vs. 37%).

Gambling

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

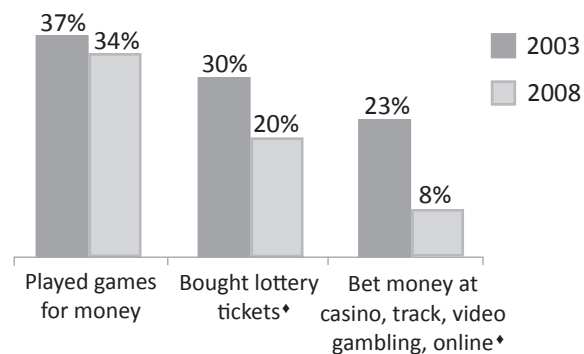
Forty-three percent of students reported gambling in the past year (compared to 39% provincially). There was no gender difference in buying lottery tickets, but males were more likely than females to have played games for money and to have bet money at a casino, racetrack, on video games or on-line. 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.

2010 Winter Olympics

When asked about the effect of the upcoming 2010 Winter Olympics in BC, 43% said it had not affected them, 45% 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 3% felt they had more job prospects.

“I have a gambling problem and I need help.”

Gambling in the past year



*Difference between 2003 and 2008 Thompson Cariboo Shuswap estimates was statistically significant.

Protective Factors

“*I’m a very positive person. I feel extremely safe in my environment and with those around me! 😊*”

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.

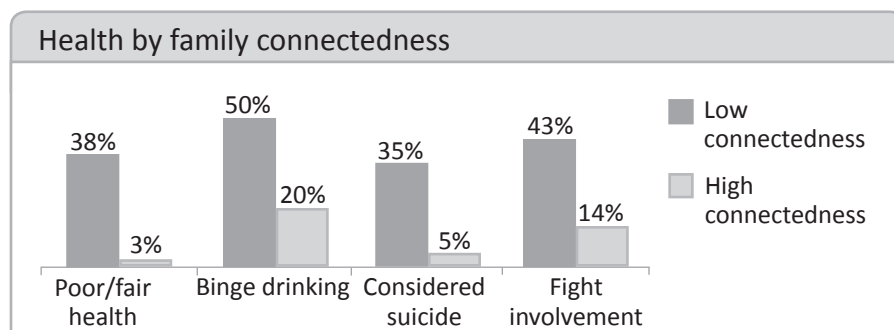
On average, students indicated relatively high connectedness to family and school. While male and female students were equally connected to school, males were more highly connected to family than females. Family and school connectedness scores for this area

were comparable to those for 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.

Of the six issues pertaining to cultural connectedness, the one that received the most endorsement from youth was “I understand what my ethnic group means to me,” with 43% agreeing with the statement. Fewer youth agreed with other statements regarding learning about their ethnic group, feeling a strong sense of belonging or attachment to the group or participating in cultural practices. There were no gender differences in level of cultural connectedness.



Compared to the entire province, youth in this area reported lower levels of cultural connectedness. For example, while 28% 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.

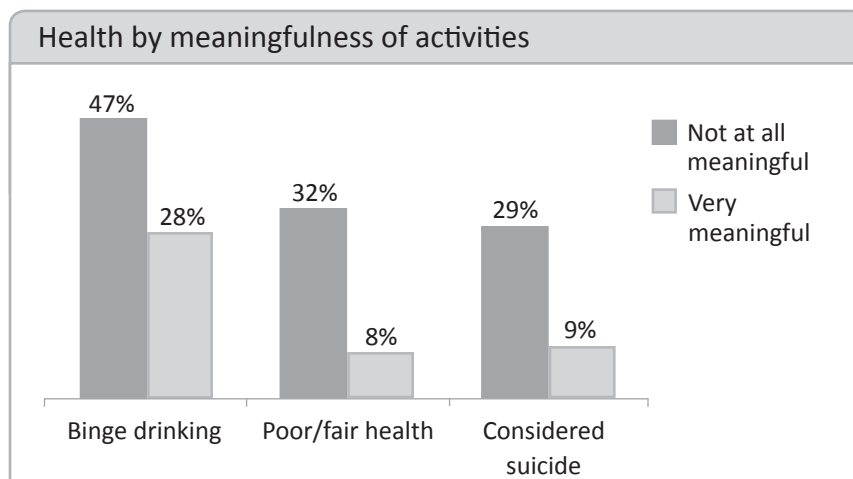
Seven to nine percent of youth reported that the activities they were involved in were not at all meaningful to them or that they had no input into these activities. On the other hand,

36% were involved in activities that were very meaningful to them and 14% felt that they had a lot of input into their activities. Levels of youth engagement in this area were similar to those in the province as a whole.

Positive Peer Relationships

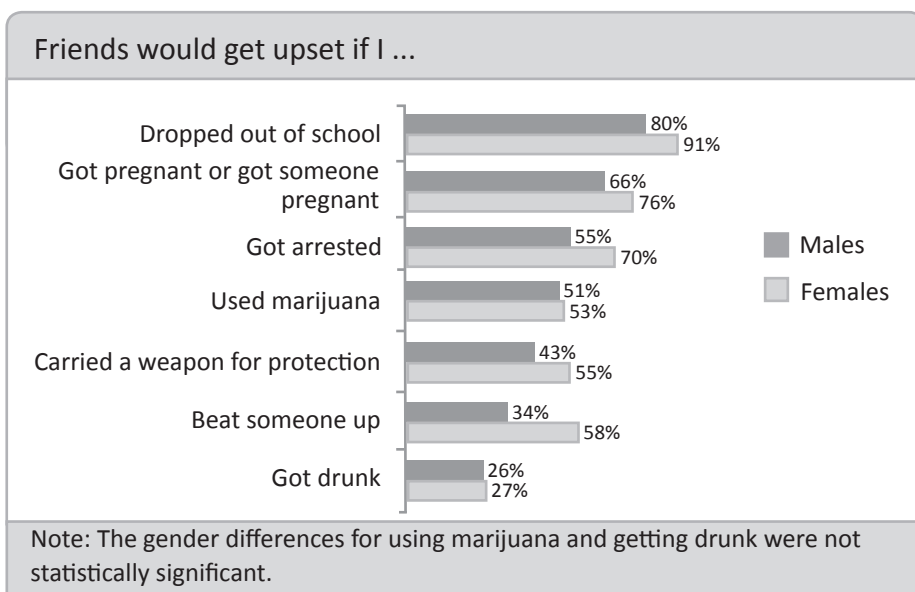
Youth were asked whether their friends would be upset if they engaged in a number of behaviours including getting arrested, beating someone up or dropping out of school. For each situation, with the exceptions of getting drunk and using marijuana, females were more likely than males to think their friends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

The overall level of prosocial peer attitudes was lower in this area compared to the province in general. For example, students in this



area were less likely than those in the entire province to think that their friends would be upset with them if they beat someone up (46% vs. 54%) or got drunk (26% vs. 35%).

Youths' attitudes about engaging in certain risk behaviours changed in this area from 2003 to 2008. For example, a greater percentage of students in 2008 reported that their friends would be upset with them if they got arrested (63% vs. 51%). In addition, more males reported their friends would be upset about carrying a weapon (43% vs. 28%), getting drunk (26% vs. 20%) or using marijuana (51% vs. 38%).



The Value of Protective Factors

Results from provincial data depict the value of promoting protective factors. The table on the next page indicates that the presence of protective factors was generally associated with lower rates of poor/fair health, binge drinking, suicidal ideation, and fighting involvement compared to overall provincial rates. Similar associations were evident in the Thompson Cariboo Shuswap 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 Thompson Cariboo Shuswap area reported being victimized or bullied at school and 18% 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 and in which they had input were each associated with a lower risk of suicidal ideation.

Protective factors	Thompson Cariboo Shuswap	
	Thompson Cariboo Shuswap	BC
Family connectedness	7.8	7.9
School connectedness	6.7	6.8
Cultural connectedness	5.0	5.5 [†]
Youth engagement		
Meaningfulness of activities	7.2	7.2
Ideas listened to and acted upon	5.8	6.0
Prosocial peer attitudes about risk behaviour	5.6	6.0 [†]
Note: All protective factor scores range from 0 to 10, with a higher score indicating higher levels of the protective factor.		
[†] Difference between Thompson Cariboo Shuswap and provincial estimate was statistically significant.		

“Overall I’m NOT a kid that does drugs or alcohol, I like the way I am, and my family. I love to be active as well.”

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 and reduction of health risk behaviours for BC youth

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

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

Acknowledgements

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

AHS IV Inter-Ministerial Advisory Committee

Kelly Acker

Policy Advisor, Ministry of Community Services

Jayne Barker

Ministry of Children and Family Development (MCFD)

Jennifer Donison

Aboriginal Regional Support Services Team, Quality Assurance Analyst, MCFD

Ron Duffell

Executive Director, Act Now BC

Les Foster

University of Victoria/Contractor Ministry of Health

John Green

Youth Services Consultant, MCFD

Jamie Lipp

Community Justice, Ministry of Public Safety and Solicitor General

Alex Mann

Policy and Research Analyst, Ministry of Education

Steve Morgan

Child and Youth Mental Health Consultant, MCFD

Paul Mulholland

Youth Services Consultant, MCFD

Wayne Mitic

A/Manager, Chronic Disease Prevention, Ministry of Health

Phil Schwartz

Director, MCFD

Wayne Wei

Performance Management Analyst, MCFD

Michelle Wong

Contractor, MCFD

AHS IV Institute

Kelly Acker

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

Tim Agg

McCreary Centre Society Board/PLEA

Marika Albert

McCreary Centre Society

Tanya Bemis

Healthy Living/Chronic Disease Prevention, Ministry of Health

Dr. William Boyce

Faculties of Education and Health Science, Queen's University

Jennifer Cameron

McCreary Centre Society

Anne Carten

Children and Youth Health, Vancouver Coastal Health

Kathy Cassels

Directorate of Agencies for School Health BC

Dr. Susan Clark

Educational Psychology, UBC

Dr. David Cox

Department of Psychology, SFU

Sarah Day

McCreary Centre Society

Jennifer Donison

Aboriginal Regional Support Services Team, Province of BC

Dulcie Fernandes

Child and Youth Officer for BC, Ministry of Attorney General

Annette Glover

BC School Trustees Association

Dr. Rita Green

Statistics Canada

Elaine Jones

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

Pamela Joshi

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

Sherry Kelly

Interior Health

Dr. Marvin Krank

Graduate Studies – UBC Okanagan

Alison Liebel

McCreary Centre Society

Jaimie Lipp

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

Dr. Nadine Loewen

Fraser Health

Dr. Laura McKay

SFU

Dr. Roey Malleson

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

Sydney Massey

BC Dairy Foundation

Lauranne Matheson

Division of Childhood and Adolescence, Public Health Agency of Canada

Pat Mauch

McCreary Centre Society Board

Megan McLarnon

Department of Psychology, UBC

Bruce Mills

Healthy Schools Network, Ministry of Education

Steve Morgan

Child and Youth Mental Health Team, MCFD

Paul Mulholland

Youth Services Policy Team, MCFD

Melissa Northcott

McCreary Centre Society

Dr. Colleen Poon

McCreary Centre Society

Kathy Powelson

McCreary Centre Society

Maureen Rowlands

Health Promotion, Heart and Stroke Foundation of BC and Yukon

David Sadler

McCreary Centre Society

Dr. Elizabeth Saewyc

McCreary Centre Society/UBC School of Nursing

Annie Smith

McCreary Centre Society

Cathy Still

McCreary Centre Society Board

Dr. Tim Stockwell

Centre for Addictions Research of BC, UVic

Dr. Roger Tonkin

McCreary Centre Society Founder

Wayne Wei

Accountability and Project Management Branch, MCFD

Cathy Whitehead

Vancouver Island Health Authority

Karen Wonders

Northern Interior Health Unit

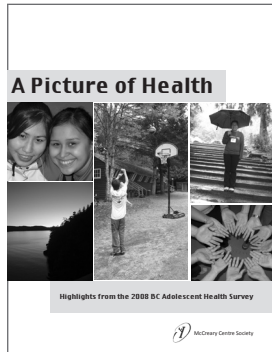


Thompson Cariboo Shuswap Regional Coordinators and Administrators

Donna Wright
Sharn Basra
Wendy Morgan

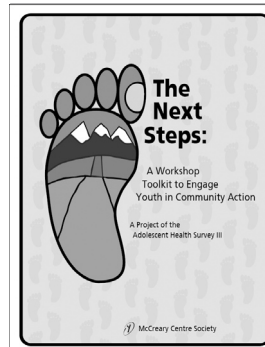
McCreary Resources

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



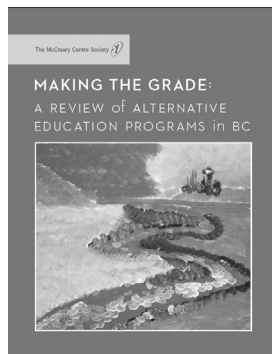
A Picture of Health: Highlights from the 2008 Adolescent Health Survey (2009)

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



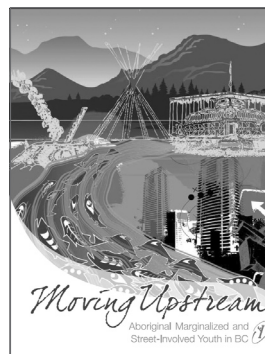
The Next Steps: A workshop toolkit to engage youth in community action (2005)

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



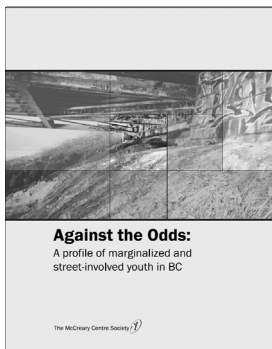
Making the Grade: A review of alternative education programs in BC (2008)

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



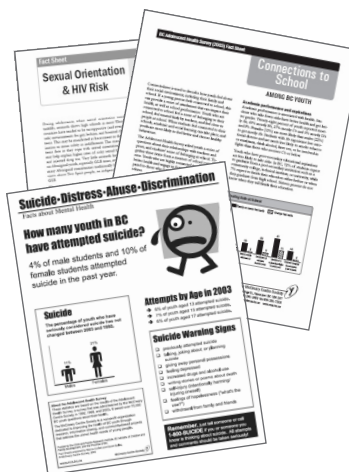
Moving Upstream: Aboriginal marginalized and street-involved youth in BC (2008)

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



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

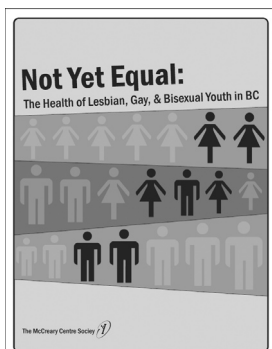
The lives of marginalized and street-involved youth are complex and filled with challenges, dangers and opportunities. This report summarizes the results of surveys with marginalized youth in the North, Interior, Fraser Valley, Vancouver Island and Vancouver.



Fact Sheets

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

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



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

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



McCreary Centre Society

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