

BC's Children are Talking Back to Grownups: Healthy Children, Healthy Communities

A BC Specific Report on the Social Determinants of Health
And Middle Childhood in Canada
2007

by Kathryn White, Maria Sterniczuk, Gabriel Ramsay and Alison Warner



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Please note that the analyses and conclusions in this report do not necessarily reflect those of the individuals listed above or their affiliated organizations.

Foreword

In 2002, the United Nations held a Special Session on Children where, guided by the UN *Convention on the Rights of the Child*, participating nations created a vision for children around the world called *A World Fit for Children*. Subsequently, the UN called on nations to create corresponding country-specific documents in order to make commitments towards realizing this vision, placing children's welfare on national agendas across the globe.

In March 2005, the World Health Organization (WHO) launched a Commission to support the study of the social factors which affect the well-being of a population. The WHO Commission on the Social Determinants of Health brings together leading scientists and practitioners to provide evidence on policies that improve health by addressing the social conditions in which people live and work.

The United Nations Association in Canada's *Healthy Children, Healthy Communities* project was designed to bridge these two very important issues: the study of the social determinants of health coupled with the need to put children's health and children's rights as a national and international priority. In doing so, we went to the children themselves – to young people across the country and encouraged them to share with us, their stories. But we did not stop there. We engaged child health stakeholders as well as the Canadian public to help us better understand the social conditions which affect the lives of Canada's young people.

This report is a comprehensive overview of what we have found. In this way, it is a robust picture of the state of young people's health in Canada from a population health perspective, integrating the perceptions of a multitude of Canadians.



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Executive Director

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June 2007

TABLE OF CONTENTS

1.0 EXECUTIVE SUMMARY	- 6 -
1.1 KEY RECOMMENDATIONS AND FUTURE RESEARCH	- 9 -
2.0 INTRODUCTION	- 10 -
3.0 OVERVIEW OF BC STUDENTS	- 12 -
4.0 PERCEPTIONS OF HEALTH	- 16 -
4.1 HEALTH INDICATORS	- 16 -
4.2 SELF-REPORTED HEALTH OF YOUNG PEOPLE IN BC	- 16 -
4.3 PERCEPTIONS OF PARENTS HEALTH	- 17 -
4.4 HEALTH STATUS VARIATION ACROSS SOCIO-ECONOMIC AND POPULATION GROUPS?	- 18 -
4.5 COMMUNITY LEVEL DIFFERENCES IN HEALTH STATUS	- 19 -
4.6 EMOTIONAL HEALTH INDICATORS	- 20 -
4.7 EMOTIONAL WELL-BEING ACROSS COMMUNITIES	- 21 -
4.8 REASONS FOR SELF-REPORTED HEALTH STATUS.....	- 22 -
5.0 HEALTHY LIFESTYLE, HEALTHY HABITS	- 24 -
5.1 HEALTH HABITS	- 24 -
5.2 SELF-REPORTED WEIGHT.....	- 25 -
6.0 SAFETY AND TAKING RISKS	- 26 -
6.1 CLINIC OR HOSPITAL VISITS BECAUSE OF AN ACCIDENT	- 26 -
6.2 ACCIDENTS BY REGION.....	- 26 -
6.3 HELMET USE.....	- 27 -
6.4 TOBACCO, DRUG AND ALCOHOL USE	- 28 -
7.0 MAKING CONNECTIONS: HARM TO HEALTH	- 29 -
7.1 WHAT YOUNG PEOPLE BELIEVE IS HARMFUL TO THEIR HEALTH	- 29 -
8.0 YOUNG PEOPLE'S SOCIAL ENVIRONMENT	- 31 -
8.1 DEFINING THE SOCIAL ENVIRONMENT.....	- 31 -
8.2 THE SCHOOL ENVIRONMENT.....	- 31 -
8.3 YOUNG PEOPLES' PERCEPTIONS OF THE COMMUNITY	- 34 -
8.4 SENSE OF BELONGING ACROSS BC COMMUNITIES	- 35 -
8.5 YOUNG PEOPLE'S ATTITUDES TOWARD THEIR FAMILY.....	- 35 -
8.6 FRIENDSHIPS	- 36 -
8.7 PARTICIPATION.....	- 37 -
9.0 DISCRIMINATION	- 38 -
10.0 HEALTH AND SEXUALITY INFORMATION	- 40 -
10.1 INFORMATION ABOUT HEALTH	- 40 -
10.2 INFORMATION ABOUT SEX AND SEXUALITY	- 41 -
10.3 HEALTH TOPICS YOUNG PEOPLE HAVE DISCUSSED	- 43 -
11.0 HEALTHY ROLE MODELS	- 44 -
12.0 CONCLUSION	- 46 -
APPENDIX ONE—SUMMARY OF REVIEWED SURVEYS	- 47 -
APPENDIX TWO—TABLES	- 49 -
APPENDIX THREE—VARIABLE CONSTRUCTION	- 50 -
APPENDIX FOUR—SURVEY DETAILS	- 51 -



1.0 EXECUTIVE SUMMARY

The Executive summary reflects the findings from a quantitative study of 204 young people between the ages of 9 and 12 years old in five BC communities – Vancouver, Castlegar, Prince George and Kelowna.

Health status of BC young people

- Most young people across BC describe their health as either ‘very good’ (38%) or ‘excellent’ (25%). Approximately a quarter (24%) describe their health as ‘good’ and very few (7%) describe their health as fair/ poor. Self reported health in BC is virtually identical to self reported health in the rest of Canada.
- Young people in Alberta and Quebec are more likely to rate their health as very good/excellent than young people in BC.
- Most young people across BC and in the rest of Canada describe their parent’s health as either ‘very good’ (30%) or ‘excellent’ (32%). Very few say fair/poor (6%). They are more likely to describe their parent’s health as ‘excellent’ than their own health.
- When presented with a list of emotional well-being indicators, most BC young people say they feel good about themselves (77%) and many are looking forward to the future (67%).
- Young people from the rest of Canada, however, are slightly higher on both these indicators of well-being (82% and 78%, respectively).
- In addition, more than half (56%) of BC young people worry about their family’s health and more than a third (36%) are worried about life in general. This is an indication that BC young people are under stress which is associated with low mental health outcomes.
- Approximately a fifth (19%) of BC young people score low on the emotional well-being scale (combined scale of the emotional well-being indicators), suggesting that the emotional and mental health of BC young people needs greater attention.
 - BC young people score lower than Ontario and Alberta.
- Eating healthy (mentioned by 34%) and exercise (31%) are the main reasons BC young people give for their health status, followed by lack of illness (22%), such as colds and the flu.
 - Exercise and eating healthy are the main reasons young people give for their parent/guardian’s health status.



Healthy lifestyles and healthy habits

- Most (68%) young people in BC say they are the 'right weight'. Only 4% believe they are overweight and 12% say they are underweight. The same percentage of young people across Canada report that they are overweight.
 - The Public Health Agency of Canada estimates that as many as 1 in 4 Canadian young people under 17 years is overweight or obese, suggesting that young people are under-reporting their weight or are not aware that they are overweight/ obese.
- Very few BC young people report that they are regular users of tobacco, alcohol or drugs.
- Young people across BC have positive attitudes toward different aspects of health. They like physical activity (91%) and report healthy habits such as eating breakfast every day (76%).

Safety and accidents

- Approximately a third (31%) of the young people surveyed in BC say that they visited a hospital in the past year because of an accident. The number of young people reporting they visited a clinic because of an accident is similar to young people in Quebec, Ontario and Alberta.
- Less than half of BC young people say they *always* wear a helmet. Close to a fifth (19%) say they rarely (10%) or never (9%) wear a helmet.
 - Young people in Vancouver are the least likely to report that they wear a helmet all the time. Close to third say they 'rarely' or 'never' wear a helmet.

What do BC young people believe is harmful to health?

- When presented with a list of items that potentially could harm health, BC young people identify those that cause direct harm to health as the most harmful. This includes cigarette smoke and drinking and driving.
 - However, young people recognize the social determinants of health. They agree that many social factors such as living in an unsafe neighbourhood, poverty and feeling sad could be very or kind of harmful to health.

Attitudes toward the social environment

- Overall, BC young people have positive attitudes toward their social environment. They feel positive about their school, neighbourhood, community, friends and family. Some highlights include:
 - Overall, young people have a positive attitude toward school. A strong majority (91%) believe doing well in school is important and report that they get along with others in their class (88%).

A BC Specific Report on the Social Determinants of Health and Middle Childhood in Canada

- Most young people in BC feel positive about their community. A majority say they feel safe in their neighbourhood (81%) and have a place outside of school where they belong (77%).

Attitudes toward the social environment (Continued)

- Overall, BC young people have positive attitudes toward their family, reporting that their family trusts them (91%) and that they are happy at home (87%). Most (78%) are encouraged to participate in physical activity.
 - A strong majority of BC young people say they feel safe with their friends (93%). Young people report having, on average, 7 close friends.
 - Response to the importance of a boy/girlfriend is mixed. Approximately a fifth agree that having a boy/girlfriend is important at this age.
 - Although most young people say they are not bullied, a fifth admit they are.

Participation in activities

- Almost all young people across BC report that they are involved in at least one activity. The number of activities ranges between 1 and 12 and the average number is 4.
 - BC young people report the highest involvement in physical activities across Canada (68% on a team sport and 58% an individual sport).
 - They also report belonging to Internet groups, music and a variety of after school programs.

Attitudes toward discrimination

- Many young people in BC agree that people are treated differently because of race (46%), religion (43%) or gender (34%).
 - BC young people, along with those in Ontario, are the most likely to agree that people are treated differently because of religion. They are the least likely to agree that people are treated differently because of gender.

Health information

- The majority of BC young people have someone to speak to about both health and sex and sexuality. The most common source of information is parents:
 - For health information, three quarters (74%) say they go to parents and 42% to a health professional.



- For sex and sexuality information, 61% go to parents and 18% to a health professional. Fewer young people report having a place for sex and sexuality information.
- Trust, knowledge and experience are the reasons these sources of information are preferred.
- Eating healthy, smoking and drugs are the topics young people are receiving information about. Fewer are getting information about emotions and well-being.

1.1 Key recommendations and future research

Based on the evidence, the following are recommendations for improving young people's health:

1. Make young people's health a priority

Overall young people in BC consider themselves healthy and are engaged in healthy practices. The 9 to 12 age group is the time to reinforce healthy behaviour and lifestyle before young people enter the teen years.

2. Emphasize the social determinants of health

Evidence shows that various social factors influence the overall health of young and adult Canadians. More needs to be done to address inequalities that are leading to poor health outcomes. Perhaps in the same way that integrated national campaigns have alerted society to the risks of smoking, similar techniques could be used to raise awareness of other factors that affect health.

3. Focus on emotional well-being

A population health approach is needed to emphasize not just food, nutrition and physical health, but also the emotional well-being of young people. Young people, although they feel good about themselves, are showing signs of stress and worry that could affect coping skills in the future.

4. Strengthen communities to improve health outcomes

Community level differences occur in overall health status, incidence of risky behaviour and attitudes toward the community. Further research is needed to identify factors at the community level that contribute to young people's health as well as community specific solutions.

5. Make the health of Aboriginal young people a priority

Aboriginal youth report lower levels of overall health and well-being and young people from communities with a high proportion of Aboriginal youth report that they engage in risky behaviour more often than non-Aboriginal youth. Resources need to be directed toward these communities to address health issues.

2.0 INTRODUCTION

UNA-Canada's Healthy Children, Healthy Communities Project

The Healthy Children, Healthy Communities (HC²) project engages Canadians in learning about, and raising awareness of, the social factors that affect the health of young people aged nine to twelve years old. HC² believes that health initiatives targeted to this age group will benefit society by helping young people reach their optimal potential over their lifetime. HC² envisions a healthy Canada in which children's health is a national priority and children themselves are engaged in understanding and influencing their own well-being.

The HC² project is engaging young people aged nine to twelve, child health stakeholders and Canadian adults in a dialogue on young people's health and the social determinants which influence health outcomes. Through this dialogue, the HC² project creates plans to improve children's health by working with young people to identify their health perceptions and priorities and bringing these to decision makers in schools, communities and governments.

HC² has four objectives:

- To identify child health perceptions and priorities across Canada from the voices of children themselves, child health stakeholders and Canadians at large.
- To exchange knowledge on the impact of social factors on children's health in diverse communities across Canada.
- To develop measurable and actionable recommendations for community development, provincial and national policy, and to bring these findings to the global community.
- To engage and empower young people to speak out, share their ideas, and take action on their own health priorities from a social determinants of health perspective.

The impact of the social determinants of health is well documented in Canada and most other industrialized countries. The social and economic circumstances of an individual can have as much of an impact on health outcomes as medical care and healthy lifestyle choices.

Social Determinants of Health provide a framework for the underlying issues of population health. The Public Health Agency of Canada (2002) describes the social determinants of health approach as "an examination of the complex relationship between human development and the conditions that produce or undermine health from the beginning to the end of the life cycle." This approach emphasizes a wide number of social factors that have been shown to influence health outcomes in Canada and most industrialized countries. The Public Health Agency of Canada has identified 12 factors in particular that have been linked to health outcomes in Canada: Income and Social Status; Social Support Networks; Education and Literacy; Employment/Working Conditions; Social Environments; Physical Environments; Personal Health Practices



and Coping Skills; Healthy Child Development; Biology and Genetic Endowment; Health Services; Gender, and Culture.

Overview of methodology

This report presents the findings from the BC portion of a national quantitative study conducted in several communities across Canada. The project had a very strong component of the research conducted in BC, with four communities participating: Terrace, Kelowna, Castlegar and Prince George. The six national communities that participated in this research were: Antigonish, NS; Montreal, PQ; Peterborough, ON; Calgary, AB; Vancouver, BC; Yellowknife, BC. In addition, the project team added work in Ottawa, ON; Vars, ON; Toronto, ON; Behchoko, NWT.

For more details on the methodology, please see Appendix 3.

Healthy Children, Healthy Communities survey of young people in classrooms across Canada (HC² survey)¹: This survey was administered to 825 young people in 12 communities across Canada. The survey was undertaken primarily in schools. In BC, 204 young people participated. Young people were between the ages of 9 and 12. The goal of the survey was to gain a better understanding of the perceptions and priorities that young people have towards their own health and to understand how young people think of the social environment which surrounds them; topics covered included health status, healthy habits, the social environment and health information. Young people participating were also introduced to the United Nations and had a chance to speak about the critical international issues which they believe young people face today. Researchers circulated in the classrooms to answer questions and support teachers. The survey took approximately 30 to 60 minutes to administer.

Sampling

Because of resource limitations, no formal sampling plan was established to randomly choose schools or young people. The classrooms were chosen to represent regions across Canada. The sample is considered a purposive sample and caution must be taken before drawing conclusions about the population as a whole. The purpose of the research project is to expand health knowledge of this specific age group, identify areas of further research and expand the knowledge gained from previous research and surveys. Given the difficulty of surveying youth, the sampling process fits this purpose.

About this report

- Discrepancies of 1-2% are due to rounding.
- Where appropriate and differences occur, the BC results are compared to the rest of Canada and across the BC communities.

¹ The quantitative survey with young people is referred to as the HC² Survey throughout the report.

- Where appropriate, previous reports on young people’s health are referred to as well as the findings from other research conducted as part of the HC² project.

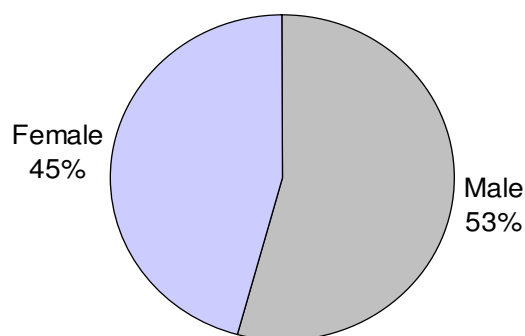
3.0 OVERVIEW OF BC STUDENTS

While data on Canada’s children is abundant, the 9-12 year old age group is often not specifically referred to in the literature by government or non-governmental organizations (FPTAC-PH, 1999; Calgary Children’s Initiative, 2005; Statistics Canada 1996, 2001). Most statistics that are available from these sources classify children in the following age brackets: 10-14 and 10-19. According to recent estimates by Statistics Canada (2005), Canada’s total population is approximately 32,270,507. Of this number, children aged 10-14 account for approximately 6.5% of Canada’s total population (2,104,800 people), 51.3% (1,079,100) of whom are male and 48.7% (1,025,700) of whom are female (Statistics Canada, 2005). Canada is a country with a significant population of visible minorities who, according to the 1996 Census, represent roughly 13% of youth aged 10-19 (FPTAC-PH, 2000).

A strong majority of youth (approximately 75%) aged 10-19 lived in urban centres. 1996 figures show that “most youth between the ages of 10 and 19 lived with two parents, who were either married or living common-law. Approximately 77% lived with two parents while 17% lived in lone-parent families.” (FPTAC-PH, 2000—page 12).

The sample of young people from BC who participated in the HC² survey is closely representative of the Canadian population. Forty five percent of the students were female and 53% male. The average age was 11 years old and the ages ranged from 8 to 13 years although most were 11 or 12 years old. They were in grades 4 to 6 (See Figures 1-2).

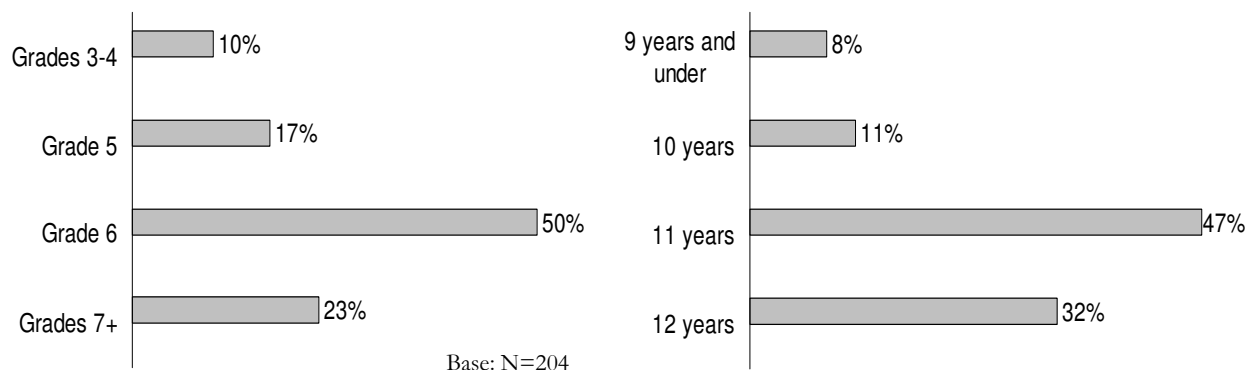
Figure 1: Gender



Base: N=204

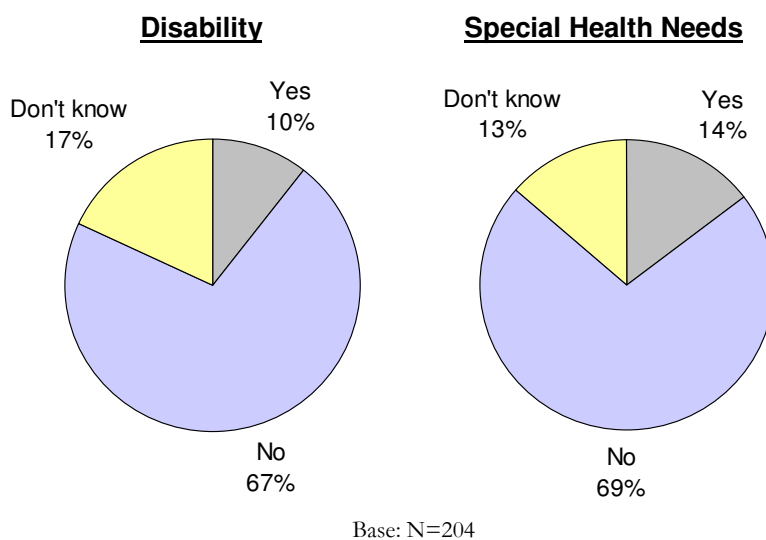


Figure 2: Age and Grade



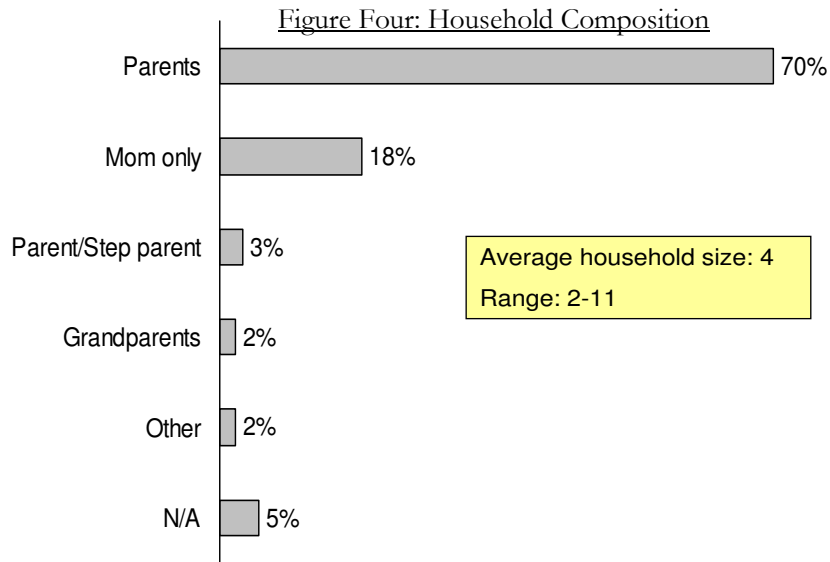
The percentage of young people who say that they have a disability or special health needs is similar to the rest of Canada. Ten percent report that they have a disability and 14% say that they have special health needs (Figure 3).

Figure 3: Disability and Special Health Needs



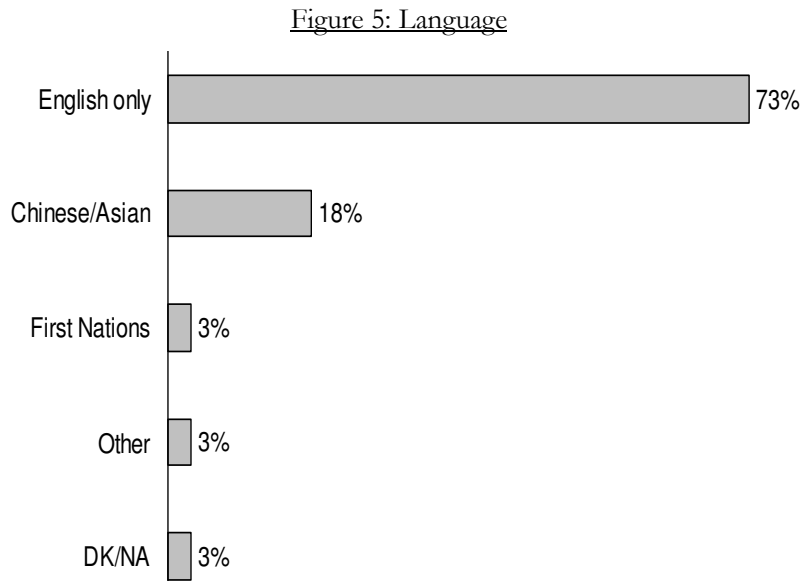
Most BC youth live with their parents (70%). Another 18% live with their Mother only and less than 10% have other living arrangements including living with a Father only, parent and step parent and Grandparents (Figure 4).





Base: N=204

The young people surveyed across Canada come from a broad range of backgrounds and speak a variety of languages. The young people surveyed in BC were predominantly English speaking only and from European decent or of Asian decent and speak an Asian language in addition to English (Figure 5).

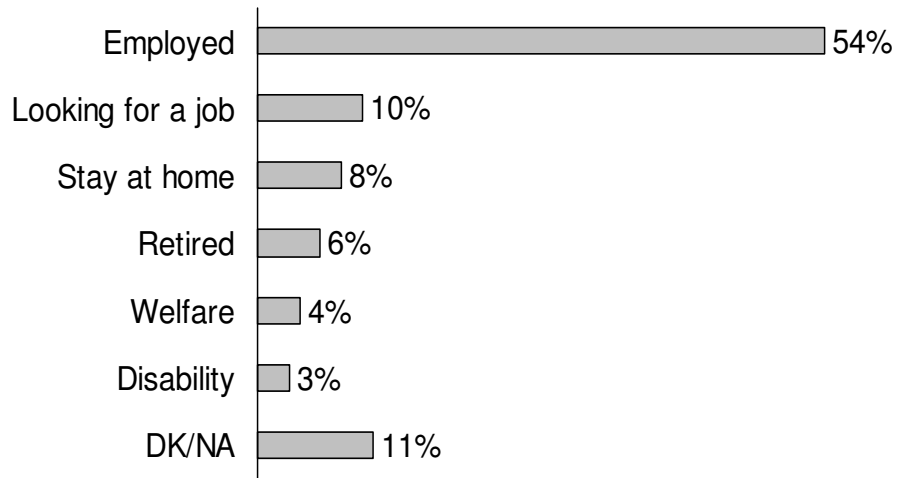


Base: N=204

Just over half of the young people surveyed report that they have a parent who is employed. Approximately a third say that they have a parent who is not employed because they are looking for work, are stay at home parents, are retired, are on welfare or have a disability (Figure 6).



Figure 6: Employment Status



Base: N=204

4.0 PERCEPTIONS OF HEALTH

4.1 Health indicators

Self reported health is considered one of the best measures of young people’s health. It is considered a strong indicator not only of how young people view their own health but also future health problems and needs (Federal and Territory Advisory Committee on Public Health, 1999; PHAC; Statistics Canada Health Survey, 2001). Self-rated health is the standard health status indicator used on most health surveys (Used by Statistics Canada in the Community Health Survey (2001-2003) for example). According to the Federal Provincial Territorial Advisory Committee on Public Health, “*self rated health status has been shown to be a reliable predictor of health problems, healthcare utilization and longevity.*”

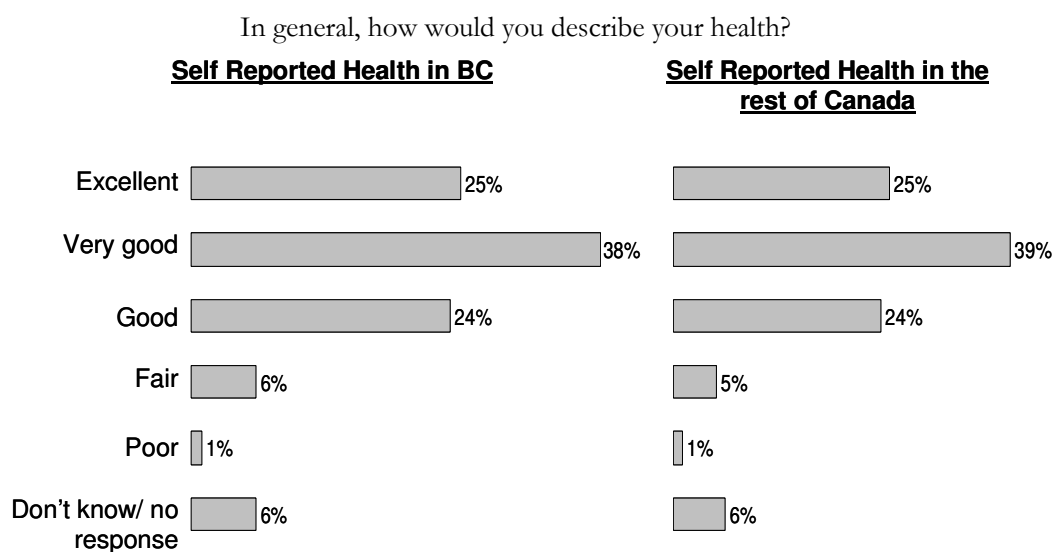
Two measures of self-rated health are reported on in this survey:

- 1) Overall health rating of young people and parents
- 2) Emotional well-being scale

4.2 Self-reported health of young people in BC

Young people were asked how they would describe their own health. Figure 7 shows the results of young people in BC and the rest of Canada.

Figure 7: Reported health status of self and parent/guardian



Base: BC respondents, N=204; Canadian, N=621

Overall, BC young people have a positive perception of their health. The majority (63%) report that their health is either ‘very good’ (25%) or ‘excellent’ (38%). Just under a quarter (24%) of young people say their health is ‘good’ and very few (6%) rate their health as ‘fair’ or ‘poor’. The results for BC young people closely



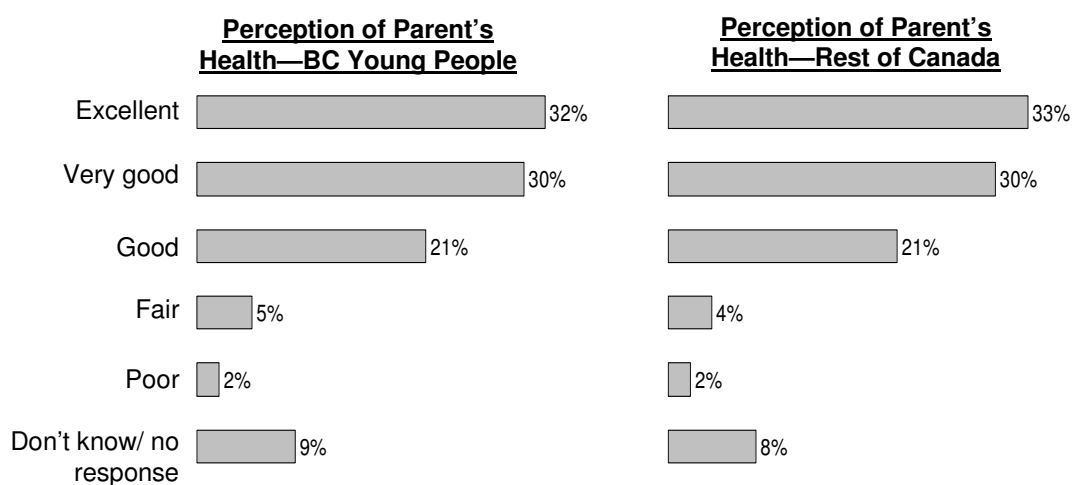
resemble young people across Canada. Regardless of region or province, the majority of young people report that they are in either ‘excellent’ or ‘very good health’.

4.3 Perceptions of parents health

Figure 8 shows how young people in BC and the rest of Canada rate their parents’ health. Asking about parents’/ guardians’ health is a means to understand how young people view the health not just of themselves but also their families.

Figure 8: Reported health status of self and parent/ guardian

In general, how would you describe your parent(s)/guardian health?



Base: BC respondents, N=204; Canadian, N=621

BC young people have a positive perception of their parent/guardian’s health, describing it as either ‘excellent’ (32%) or ‘very good’ (30%). A fifth (21%) describe their parent’s health as ‘good’ and very few young people (7%) say ‘fair’ or ‘poor’. Again, young people’s perception of their parents’ health does not differ from young people across Canada who also believe that their parents are in ‘excellent’ (33%) or ‘very good’ (30%) health.

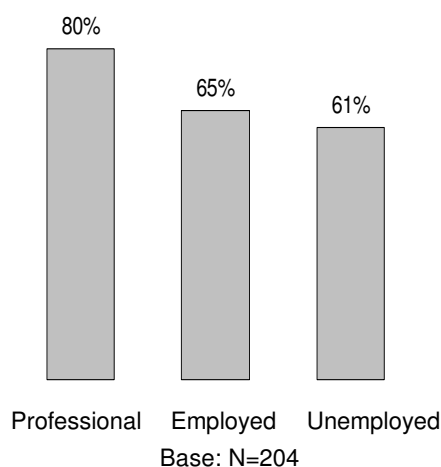
Interestingly, young people are slightly more likely to describe their parent’s health as excellent than their own health. In section 4.7, the results show that young people associate their health status with healthy behaviour such as eating healthy and exercise. It may be that parents are viewed as role models who engage in these behaviours and/or they are the people that are instructing young people about healthy habits such as eating right.

4.4 Health status variation across socio-economic and population groups?

Socioeconomic status is recognized as a key determinant of health, for adults, families, and children. Previous studies indicate that health status improves as socioeconomic status improves (PHAC, 1999). For children in Canada, family income and social status has a direct influence on health and well-being. Growing up in poverty is consistently correlated with a greater risk of experiencing health problems (PHAC, 1999; National Research Council and Institute of Medicine of the National Academies, 2004).

Figure 9 presented below shows the percent of young people who report ‘excellent’ or ‘very good’ health by family socio-economic status. Establishing the socio-economic status of young people is far more difficult since they do not normally know their parent’s income. Socio-economic status was measured by two variables, parent’s employment status and an open ended question which asked young people to describe their parent’s occupation (for details see Appendix 3). Although a gradient of health status and socio-economic status cannot be established, the findings are able to show differences between high and low socio-economic groups.

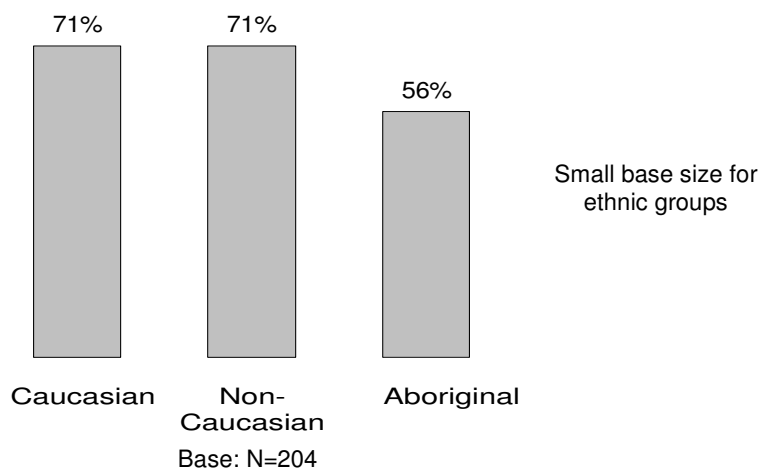
Figure 9: % of BC Young People who say Excellent/ Very Good Health by Socio-economic Status



BC young people from families with unemployed or non-professional parents are far less likely to report that they are in very good or excellent health. Only 61% of the young people from unemployed households and 65% of those with non-professional parents report that they have very good or excellent health compared with 80% of those with professional parents.

The only difference in self-reported health across population groups is identified between aboriginal and non-aboriginal young people. Figure 10 shows the percent of young people who report ‘excellent’ or ‘very good’ health by ethnic groups.

Figure 10: % of BC Young People who say Excellent/ Very Good Health by Ethnic Group



The Aboriginal youth in this study are less likely to rate their health as ‘very good’ or ‘excellent’ compared to the non-aboriginal youth in the study. Just over half (56% compared to 71% of non-aboriginals) say their health is ‘very good’ or ‘excellent’ and they are the most likely to say fair/poor. Aboriginal youth are twice as likely to live in poverty as non-aboriginal youth and as a result are far more vulnerable to the health risks associated with living in poverty.

4.5 Community level differences in health status

Table 1 compares young people’s self reported health across the BC communities included in the HC² research project.

Table 1: Health status by community

	Health Status (%)		
	Fair/poor*	Good	V. good/excellent
Castlegar	5%	19%	76%
Prince George	7%	33%	60%
Terrace	8%	26%	66%
Vancouver	3%	32%	65%

Young people from Castlegar are the most likely to report that they are in ‘very good’ or ‘excellent’ health (76%) compared to Terrace (66%), Vancouver (65%) and Prince George (60%).

4.6 Emotional health indicators

The population health approach places a high importance on young people’s psychological health and emotional well-being. The inclusion of emotional health contributes to an overall understanding of young people’s health status. Low rates of emotional health are linked to higher rates of depression and suicide among youth and poor health outcomes in general.

The psychological health and well-being of young people has been identified as a priority by the Federal Territorial Advisory Committee on Population Health. In its 1999 report on young people’s health, young Canadians scored low on psychological well-being indicators and the findings indicated high rates of depression and potential suicide. Emotional well-being was also identified in the stakeholder research as one of the main areas deserving more attention. Young people are considered to be under considerable amount of stress and there is a growing concern about self esteem issues.

To measure emotional well-being, young people were asked a series of questions to address their levels of stress and how they feel about themselves. The questions included:

- Feeling good about yourself
- Looking forward to the future
- Worrying about family health
- Worrying about life

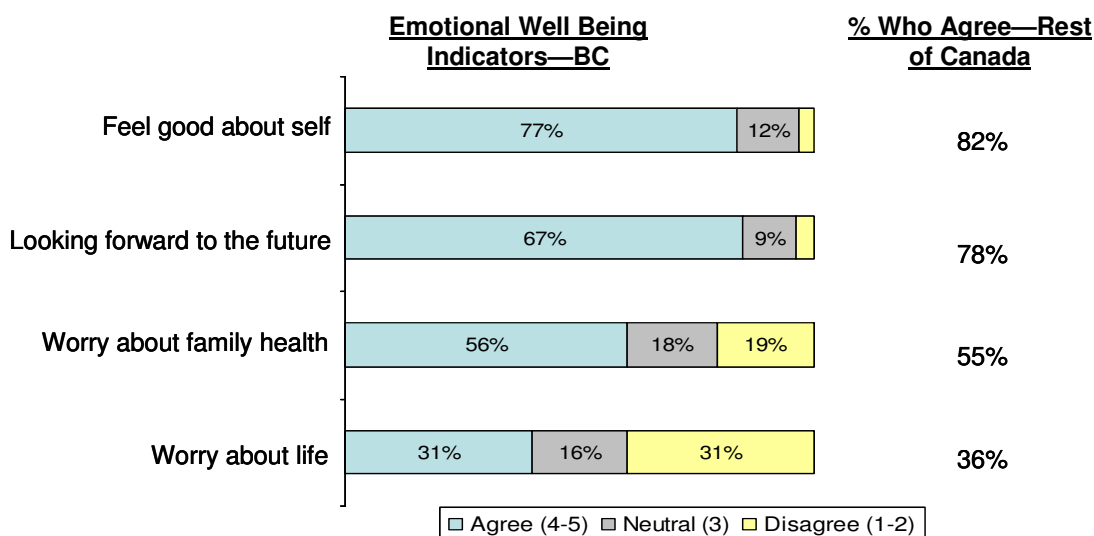
The questions were adapted from an emotional well-being scale used in the National Longitudinal Survey of Children and Youth (2002-2003). This study asked questions meant to measure depression and suicidal tendencies in young people. The questions used in this study focused on stress, measured by worrying and positive feelings about life which addressed the concept and were acceptable to school boards who granted permission for the survey to be administered.

The young people who participated in the survey were asked a series of question about how they feel about their lives and how much they worry about their life and health. The results of BC and the rest of Canada are presented in Figure 11.



Figure 11: Emotional well-being indicators

Please tell us how much you agree or disagree with each statement. ...



Base: BC respondents, N=204; Canadian, N=621

Overall, BC young people are positive about their lives. Most (77%) report that they feel good about themselves, a positive finding. In addition, 67% of young people report that they are ‘looking forward to the future’. Just over half (56%) report that they worry about their family’s health (60%) and approximately a third agree that they ‘worry about life’ (31%).

Worrying is an indicator that young people feel stress in their lives despite feeling good about themselves. This age group is the time when young people develop coping skills that will likely determine how they deal with stress in the teen years and then as adults. The findings suggest that many young people may be feeling stress in their lives. This reinforces the concern of government health agencies and those who work with young people that this is a growing problem and needs more resources.

BC young people resemble the rest of Canada in their response to the emotional well-being indicators. The only notable difference is that BC young people are less likely to say that they are ‘looking forward to the future’ (67%) compared to the rest of Canada (78%).

4.7 Emotional well-being across communities

Table 2 shows how young people rate on an emotional well-being scale (combined scale of the variables) and compares well-being across the communities included in the study.

Table 2: Emotional well-being across BC communities

Emotional well-being (%)			
	Low	Middle	High
All of BC	19%	43%	38%
Castlegar	18%	38%	44%
Prince George	17%	30%	52%
Terrace	20%	48%	33%
Vancouver	20%	43%	37%

Young people from Prince George are the most likely to rate high on the emotional well-being scale (52%) compared to Castlegar (44%), Vancouver (37%) and Terrace (33%).

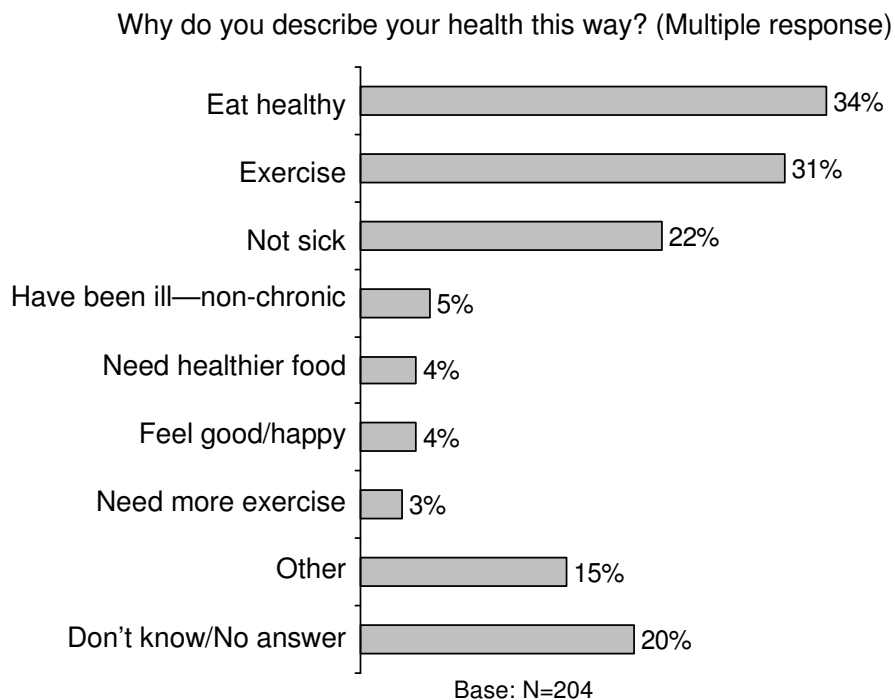
A lower percentage of BC Young people fall into the high range on the well-being scale as they do on the general health indicator. Although the majority of young people report their overall health as very good/ excellent, just over a third (38%) of young people fall into the highest segment on the emotional well-being scale. The results may indicate that young people from Vancouver and Terrace are particularly vulnerable to stress.

4.8 Reasons for self-reported health status

To gain a greater understanding of young people’s perception of health, they were asked in an open ended question why they describe their own health and their parent’s health this way. The results are presented in Figure 12.



Figure 12: Why young people are healthy



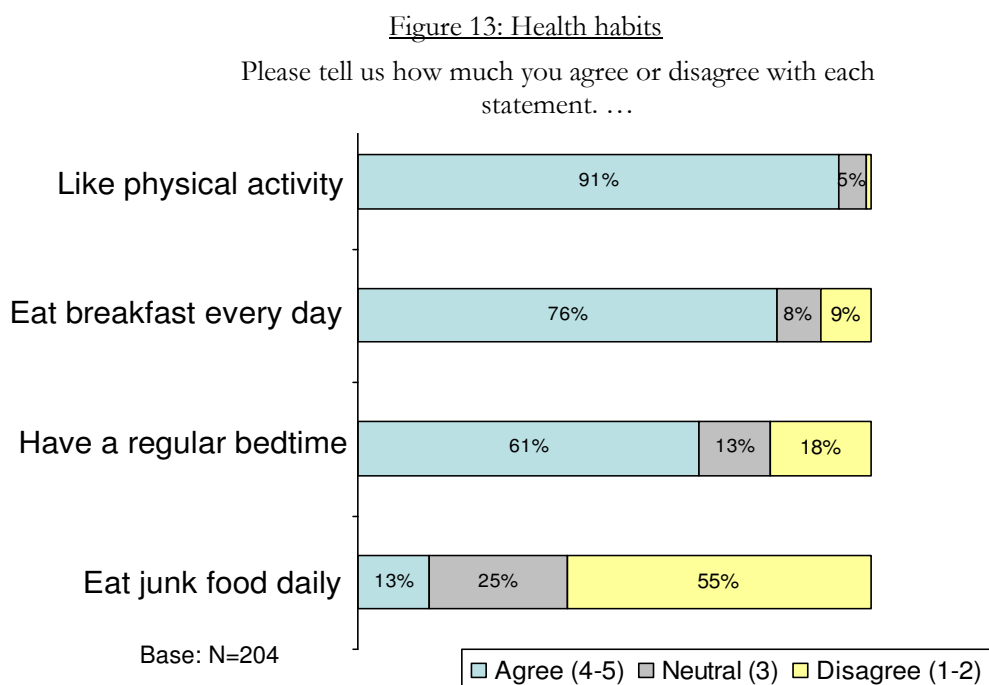
Young peoples' perception of health focuses mainly on healthy habits. Eating healthy (34%) and regular exercise (31%) are mentioned most often as the main reasons for health status. Absence of illness (22%) is also mentioned by many young people—few colds and recovering from illness quickly is an indicator to many young people that they are healthy.

A few young people feel they are not as healthy as they could be because they have had a lot of colds or other minor illnesses (5%), need healthier food (4%) or more exercise (3%).

5.0 HEALTHY LIFESTYLE, HEALTHY HABITS

5.1 Health habits

Research indicates that healthy habits developed in childhood are important for maintaining a healthy lifestyle as an adult (PHAC, 1999). Eating healthy food and exercising in childhood is a good indication that a young person will maintain these lifestyle habits as they age. To determine the health habits of young people, they were presented with a list of statements representing behaviour including healthy eating, exercise and bedtime that may affect young peoples’ health and asked if they agree or disagree on a 1 to 5 point scale. The results are presented in Figure 13.



Overall, BC young people report healthy behaviour. The majority of young people say that they like physical activity (91%) and report healthy habits such as eating breakfast every day (76%). Over half (61%) agree that they have a regular bed time.

Growing rates of obesity among youth has recently focused attention on the amount of junk food young people consume. According to the young people surveyed only 13% agree that they eat junk food every day. More than half (55%) disagree. A quarter (25%) are neutral indicating that they eat junk food but perhaps not every day.

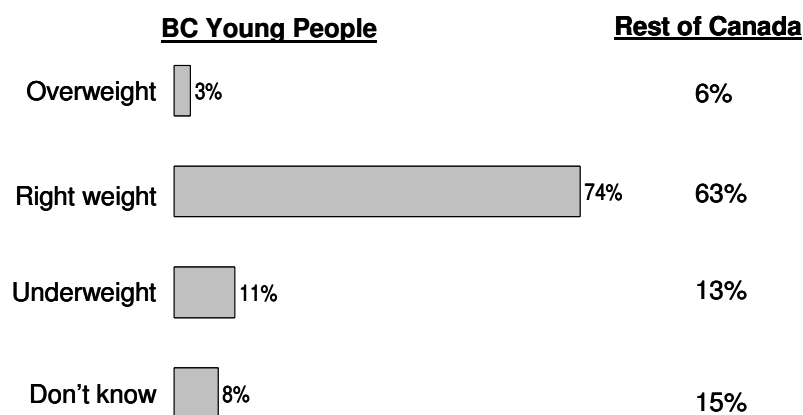


5.2 Self-reported weight

According to the Public Health Agency, overweight and obesity is a growing problem among youth in Canada and has increased dramatically over the past decade. They estimate that 14%-24% of girls and 18%-26% of boys, approximately one in four young people, are classified as overweight or obese.² Young people who are overweight/obese are at a greater risk of being overweight/obese as adults which can result in greater physical health risks. The incidence among young people of conditions associated with obesity such as diabetes is growing. In addition to physical health risks, overweight and obese young people are at a greater risk for depression, stress and other mental health risks. Figure 14 shows the percentage of young people who say they are overweight, obese or underweight in BC and the rest of Canada.

Figure 14: Self-reported body weight

How would you describe your own weight?



Base: BC respondents, N=204; Canadian, N=621

A majority (74%) of the young people surveyed believe that their weight is 'about right'. Only 3% report they are overweight. BC young people are more likely to believe that they are the 'right weight' compared to the rest of Canada (63%).

The low percentage of young people who say they are overweight in BC and across Canada may be an indication that young people are unsure how to define healthy weight and do not believe they are at risk. Young people may need more education about the risks of being overweight/obese. Given the serious risk overweight and obesity can have on health, it is an area of research that deserves greater attention.

² The age group is 17 years and under; percent for the 9-12 age group is not yet available.

6.0 SAFETY AND TAKING RISKS

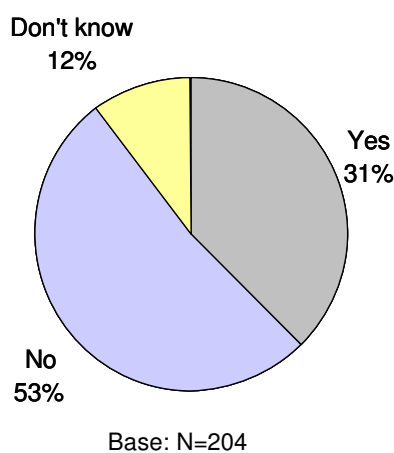
6.1 Clinic or hospital visits because of an accident

Injury as a result of an accident is still the leading cause of death for Canadian children (FPTAC-PH, 1999; PHAC, 2002). The survey included several risk-taking behaviours identified by PHAC as a concern including accidents in general, helmet use and substance use.

Accidents are associated with numerous indicators of young people's health including risky behaviour, alienation and child abuse. Most accidents among young people are considered preventable. Figure 15 shows the number of young people surveyed who say they have visited a medical clinic in the past year because of an accident.

Figure 15: Visits to the hospital because of an accident

In the past 12 months, have you visited a doctor, hospital or health clinic because you had an accident?



A third (31%) of the BC young people surveyed say they have been to a hospital or health clinic because of an accident in the past year. Just over half (52%) say no and 12% are not sure. Young people were also asked how many hospital visits they have made to a clinic or hospital. Few young people responded. Among those who did, the average number of visits was three and the range of visits was one to thirteen.

6.2 Accidents by region

Few differences in the rate of reported accidents occur across population groups (females are slightly less likely to report accidents requiring a hospital visit). A regional analysis, presented in Table 3 shows that reported accident rates varies across communities.



Table 3: Accidents by region and community

Accidents by region			
		Yes	No
Region and community	BC	34%	54%
	Rest of Canada	31%	51%
	<i>BC communities:</i>		
	Castlegar	33%	46%
	Prince George	40%	43%
	Terrace	31	59%
	Vancouver	27%	59%

Reported accidents among BC youth closely resemble the number of accidents reported by young people in the rest of Canada. Approximately a third of young people say they have visited a medical clinic because of an accident.

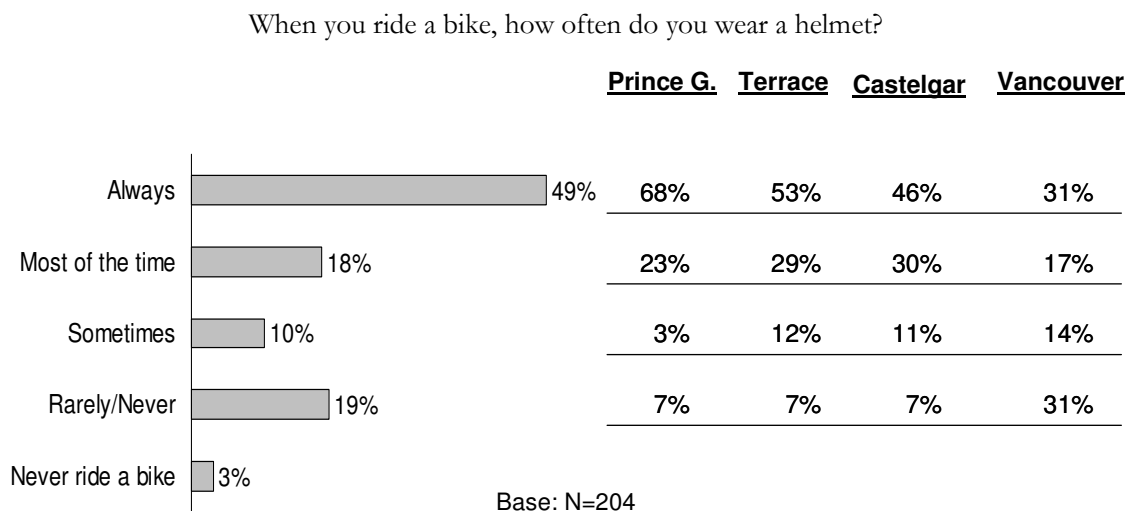
Differences in the reported accident rate does not vary broadly across BC communities. Prince George young people are slightly more likely to say they have had an accident (40%) compared to the other communities, particularly BC (27%). The survey was not able to ask numerous questions about young people’s safety habits because of School Board permission so the findings do not reveal why differences exist. Risky behaviour is a research area that deserves greater attention given the risk to serious harm and injury as a result of accidents.

6.3 Helmet use

To gauge the use of safety precautions to prevent injury, young people were asked how often they wear a helmet when riding a bike. As discussed, safety precautions such as wearing a helmet are considered an indication of risky behaviour as well as parental awareness regarding the prevention of injury. The response is presented in Figure 16.



Figure 16: Bike helmet use across BC



Less than half (49%) of BC young people say that they *always* wear a helmet when riding a bike (Percentage across Canada is identical). Less than a fifth (18%) say they ‘rarely’ or ‘never’ wear a helmet. Considering most communities across BC have helmet by-laws, the percentage of young people who do not always wear a helmet can be considered high and an indication that many youth engage in risky behaviour.

Young people from the BC interior are more likely to say they *always* wear a helmet, including Prince George (68%), Terrace (53%) and Castlegar (46%), compared to young people from Vancouver (31%).

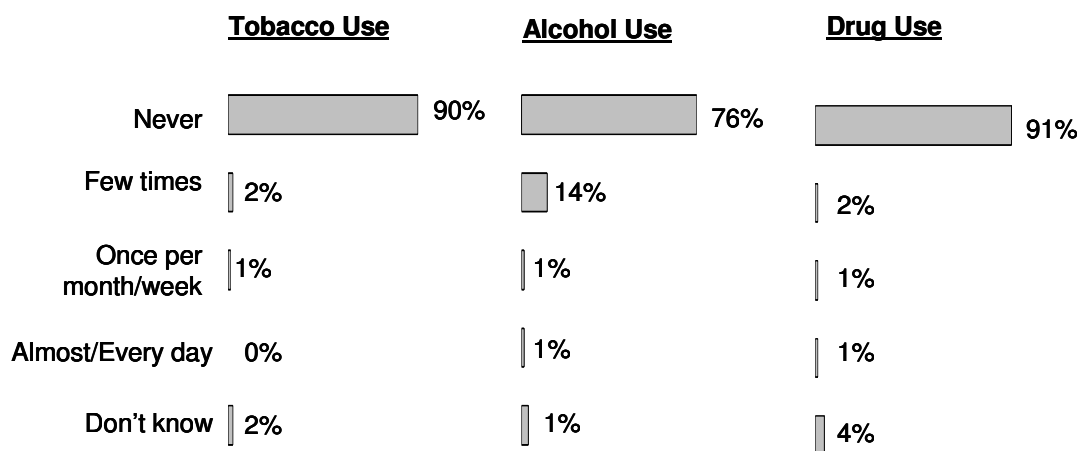
The high incidence of not wearing a helmet in Vancouver may be a reflection of attitudes toward risky behaviour in the community. Education and the presence/enforcement of by-laws requiring helmets may have an impact on how young people view bicycle safety and account for differences across communities.

6.4 Tobacco, drug and alcohol use

Education about youth substance use is a priority of the government (National Crime Prevention Centre). Many programs are aimed to reduce alcohol and drug consumption among youth. Young people who participated in the survey were asked about their consumption of tobacco (including chewing tobacco), alcohol and drugs. Responses are presented in Figure 17.



Figure 17: Tobacco, alcohol and drug use



Base: N=204

Very few young people in BC report that they use alcohol, drugs or tobacco. Almost no one reports that they are a regular user. Nine in ten say they never use tobacco (93%) or drugs (93%) and eight in ten say (77%) they have never tried alcohol. Only a few (15%) say they have tried alcohol ‘a few times’.

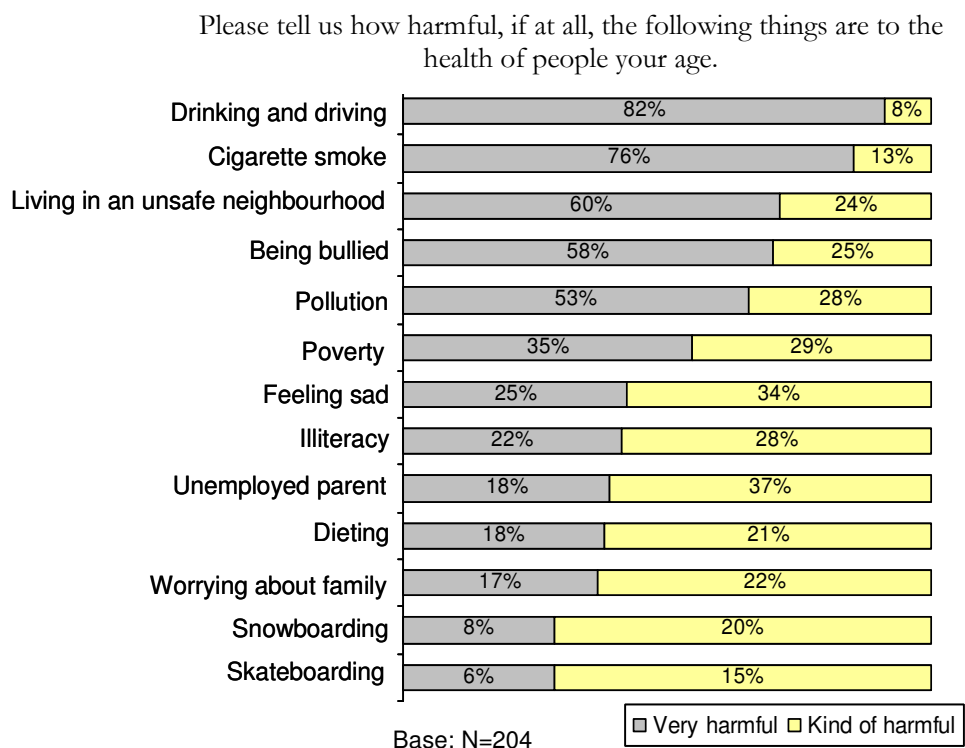
Many of the BC stakeholders interviewed as part of the overall research project support the self-reported substance use among young people in this age group. They say education programs have been effective and young people themselves are aware of the risks associated with substance use at a young age. While this is a positive finding, it does not mean that young people with risk factors associated with substance use will not become users at a later age. The findings show that awareness of the risk is high among youth.

7.0 MAKING CONNECTIONS: HARM TO HEALTH

7.1 What young people believe is harmful to their health

Obtaining young people’s input into the issues that are relevant to their health and perceptions of their health has been identified as an area needing more research. The survey included a list of items that could, or potentially could, harm a person’s health and young people were asked to indicate the perceived level of harm on a 5 point scale. The items included address the social determinants of health identified by PHAC as affecting the health of Canadians. This includes: depression, poverty, education, risky behaviour and stress. Figure 18 shows the response for ‘very’ or ‘kind of’ harmful.

Figure 18: Harm to health



Overall, BC young people agree that the majority of items presented including the social determinant of health may harm a person’s health. The items that were considered most harmful are associated with the potential for causing direct physical harm. A majority agree that drinking and driving (90%) and cigarette smoke (89%) are ‘very’ or ‘kind of’ harmful. Young people receive a considerable amount of information about the harm that these things cause.

A majority agree that living in an unsafe neighbourhood (84%) and being bullied (83%) are harmful to health. Bullying and an unsafe neighbourhood could have an impact on physical or emotional well-being and it is not known how young people interpret the harm. Regardless, the fear and stress of bullying or feeling unsafe has consequences to both physical and emotional health and young people make this connection.

Fewer, but still more than half of the young people agree that poverty (64%), feeling sad a lot of the time (59%), illiteracy (57%) or having an unemployed parent (58%) can be harmful to health. This suggests that many young people understand the connection between social determinants of health such as emotional well-being and poverty and a person’s health.

Less than half (39%) of young people agree that worrying about family is harmful to health. As discussed, worry is considered an indicator of stress which affects emotional well-being which can impact a young person’s health and future health outcomes. The findings throughout this report suggest that many young people do not recognize stress and other factors associated with emotional well-being as having an impact on health.



Few young people agree that snowboarding (28%) or skateboarding (21%) is harmful to young people's health. Snowboarding and skateboarding are activities that may lead to serious accidents if safety precautions are not taken. This issue was not fully explored but risk taking behaviour among youth needs greater attention.

8.0 YOUNG PEOPLE'S SOCIAL ENVIRONMENT

8.1 Defining the social environment

The presence of social support networks is a major determinant of health for young people in the target cohort. Between the ages of nine and twelve, considerable changes take place in the socialization experiences of children, and the nature and extent of available support networks has an impact on the outcome of this socialization process (FPTAC-PH, 1999; PHAC, 2002). The social environment provides support networks for individuals and is where young people learn healthy lifestyles and habits. A positive social environment can reinforce positive behaviour that can lead to improved health outcomes. Previous studies indicate that healthy childhood development during the early years is a factor in determining school-age educational readiness and that childhood development is correlated with the social environment and neighborhood status (FPTAC-PH, 1999, pp.71-80).

During the school years (measured by FPTAC-PH, 1999, as being from ages 6 to 12), developmental processes that are begun during early life are continued and intensified. Given that children of this age cohort spend a significant amount of time in school, a healthy school environment is considered essential for developmental progress. Peer group bonding and emotional/behavioural competence are key components of this developmental stage (Curtis et al., 2004; FPTAC-PH, 1999).

Young people have a broad social environment. To fully understand young people's social environment, they were asked about the following:

- School
- Community
- Personal relationships (friends)
- Family

Also included in this section is young people's level of participation. Participation is an indicator of the strength of social networks. For social networks to be effective, people must be engaged and active. Belonging to groups and involvement in activities contributes to individual and community well-being.

8.2 The school environment

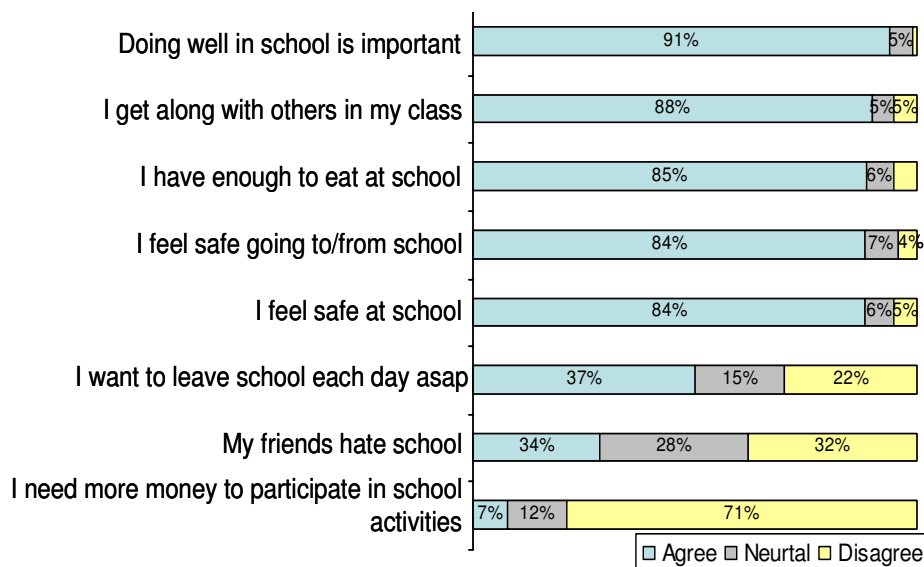
Young people spend a significant portion of their time at school. School is the main institution to educate young people. In addition to providing an education, school is a means to socialize young people and help

them develop habits that will impact their health and well-being as adults. The importance of a safe school environment to facilitate learning cannot be overstressed.

To determine young people’s attitudes toward school, they were asked if they agree or disagree on a one to five point scale to a series of statements about school life. The results are presented in Figure 19.

Figure 19: Attitudes toward school

Please tell us how much you agree or disagree with each statement.



Overall, BC young people have positive attitudes toward school and the school environment. A strong majority believe that doing well in school is important (91%) and report that they get along with others in their class (88%). Most say that that they have enough to eat (86%), feel safe going to and from school (85%) and feel safe at school (84%). As well, most disagree (71%) that they need more money for school activities.

Response to leaving school each day as soon as possible was mixed. More than a third (37%) agree that they want to leave as soon as possible while just over a third (39%) disagree.

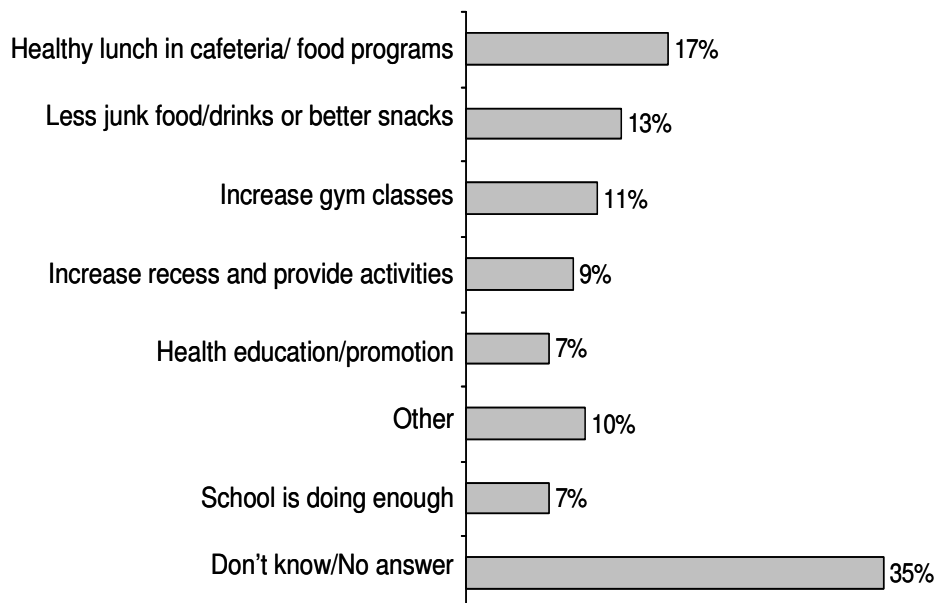
Just over a quarter (26%) of young people agree that their friends hate school and only a third (33%) disagree with this statement. This finding is not as positive as the other indicators. While a positive environment can reinforce positive behaviour, the social environment can also reinforce negative behaviour such as risk taking or school performance.

Young people were asked if there is anything the school could do to improve young people’s health. Responses are presented in Figure 20.



Figure 20: School: Enhancing children's health

Is there anything your school could do to help people your age stay healthy? (Multiple response)



Healthy eating (17%) and an increase in physical activity (13%) are mentioned most often as the way the school could improve young people's health. Suggestions for increased activity include increasing gym classes but also activities outside of gym including recess and lunch breaks. Several young people say they would appreciate more sports teams that do not require try outs. They also say that schools could limit/prohibit the sale of junk food and provide healthier snacks.

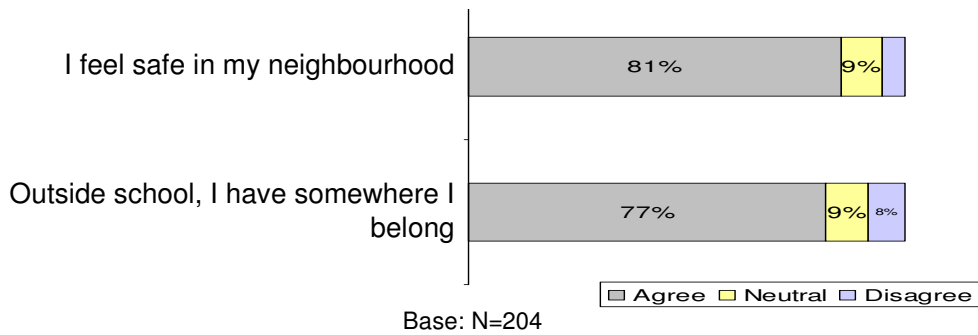
Few mention options that would directly address the social determinants of health. Health education and promotion includes general instruction about healthy lifestyles but also cigarette, drug and alcohol awareness.

8.3 Young peoples’ perceptions of the community

Positive feelings about the community have been associated with health outcomes (Canadian Community Health Survey). Two questions were included on the survey to determine young people’s attitudes about, and level of attachment to, the community—presented in Figure 21.

Figure 21: Attitudes toward the neighbourhood

Please tell us how much you agree or disagree with each statement.

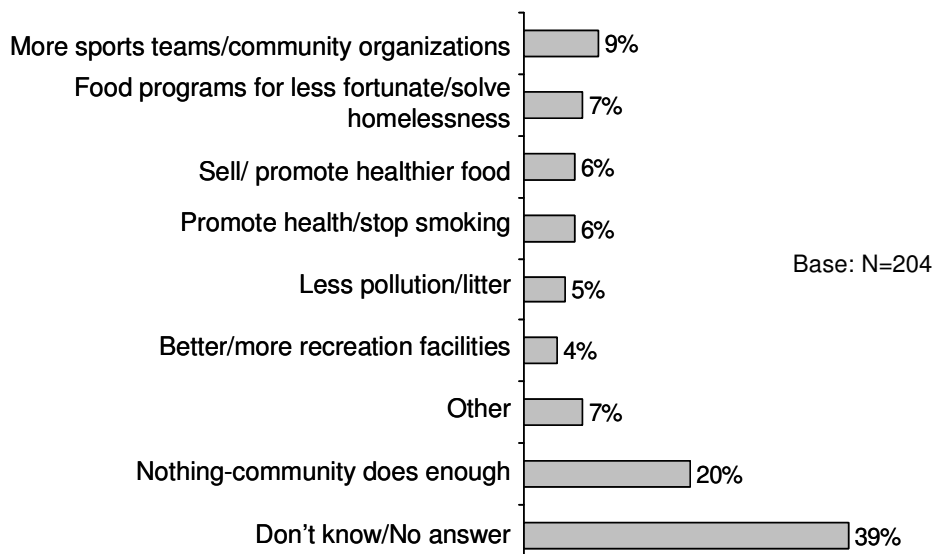


BC young people are positive about their neighbourhood/community. A majority of young people say they feel safe in their neighbourhood (81%) and have somewhere outside of school where they belong (77%).

When asked in an open-ended question what the community could do to enhance the health of young people, 59% of the participants made suggestions. The responses are presented in Figure 22.

Figure 22: Community: Enhancing children’s health

Is there anything the community could do to help young people your age stay healthy? (Multiple response)

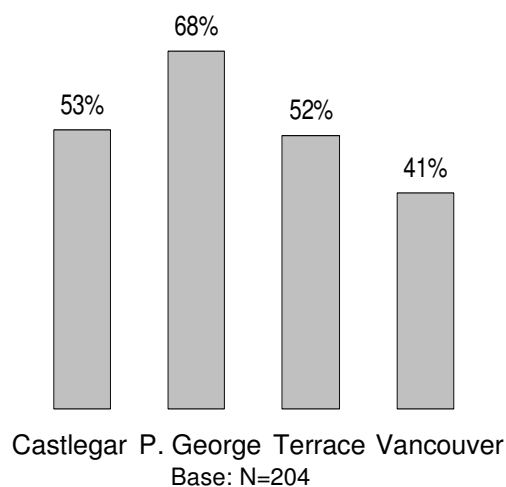


Activities are mentioned most often including sports teams and general activities, although fewer than 10% of young people gave this response. A few young people suggest food programs for those who need it and the promotion of healthy food in the community. A fifth (20%) say 'nothing' or that the community is doing enough.

8.4 Sense of belonging across BC communities

Positive feelings about the community have been associated with several indicators of overall well-being in adults including life satisfaction, health status and happiness (Canadian Community Health Survey, 2002-2003). Young people were asked if they have a place outside of school where they feel they belong, to determine young people's attitudes toward, and level of attachment to, the community—presented in Figure 23 (Total BC results reported in Figure 21).

Figure 23: Outside of school I have somewhere to go where I feel I belong (% who agree)



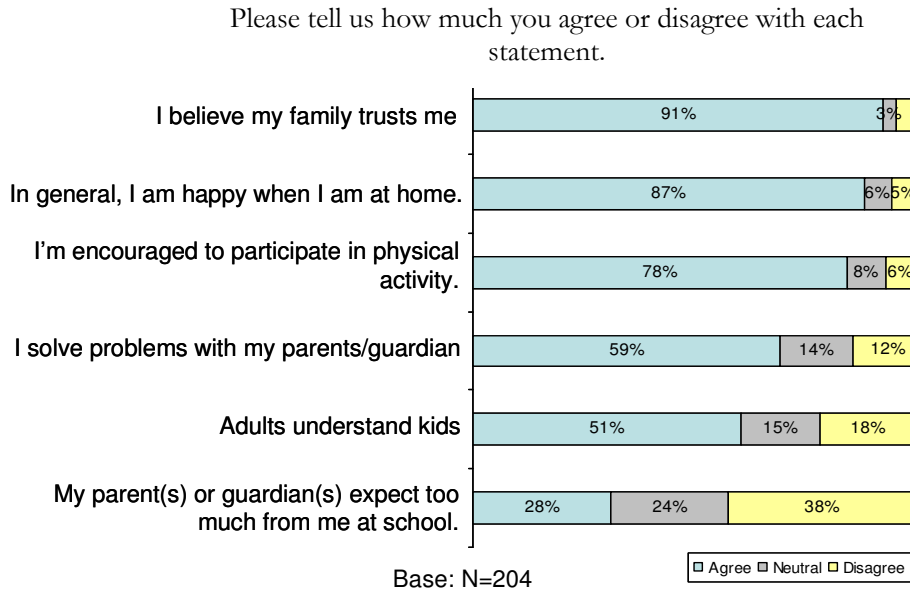
Prince George (68%) young people are more likely to say that they have somewhere outside of school and their family where they belong compared to Castlegar (53%), Terrace (52%) and Vancouver (41%).

8.5 Young people's attitudes toward their family

Family relationships can have an impact on young people's health and health outcomes. Most young people live with family members and this is the environment where they learn healthy habits including exercise, eating healthy food and risky behaviour (PHAC, 1999). Poor adult health practices can impact upon both the physical and mental well-being of young people. Additionally, one of the best ways to ensure that children are able to develop healthy behaviours and practices is to model them at the parental level.

The survey included a number of questions about young people's family environment. The results are presented in Figure 24.

Figure 24: Attitudes toward family



Overall, young people have positive attitudes toward their family, reporting that their family trusts them (91%) and that they are happy at home (87%). Approximately three out of four (78%) young people say that their families encourage them to engage in physical activities.

Only half (51%) of young people agree that adults understand kids. Just over a quarter (28%) say too much is expected of them at school.

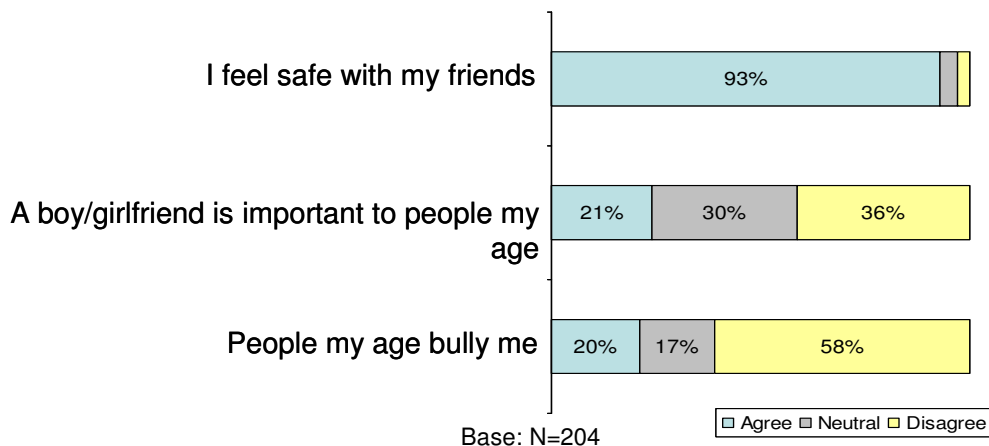
8.6 Friendships

Positive friendships play an important role in young people’s lives. Friendships are associated with positive health outcomes for both physical and emotional health. Young people were asked several questions about their friendships. The responses are shown in Figure 25.



Figure 25: Attitudes toward friends

Please tell us how much you agree or disagree with each statement.



A strong majority (93%) of young people say they feel safe with their friends. When asked how many friends they have, young people report having, on average, 7 close friends.

Response to the importance of a boy/girlfriend is mixed. More than a quarter (27%) agree that having a boy/girlfriend is important at this age.

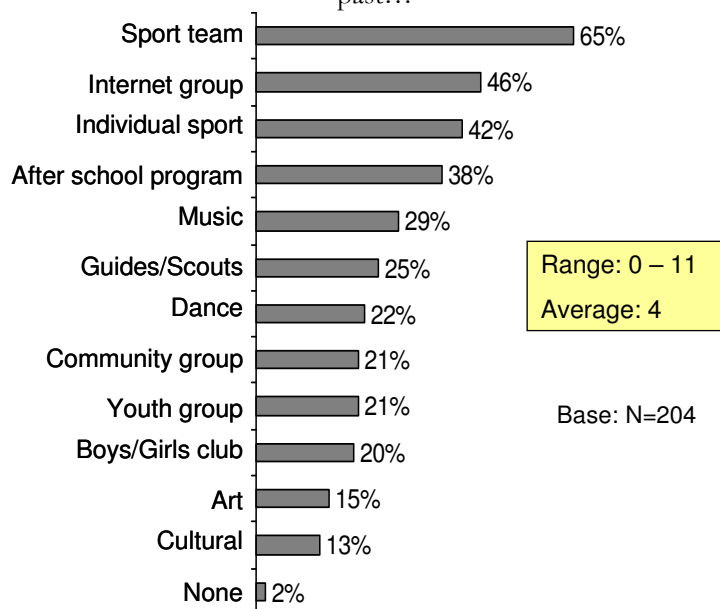
Bullying is considered a serious problem for young people. It is linked to increased rates of depression and suicide among youth (PHAC). Although most (58%) young people say they are not bullied, one in five (20%) admits that they are. The number of young people who say they are bullied may indicate the need for strengthening programs designed to prevent bullying and further exploring the consequences of bullying in the school.

8.7 Participation

Participation in extra-curricular activities is associated with greater health outcomes for both young people and adults. People who are involved in the community tend to indicate higher levels of life satisfaction, health and happiness (PHAC, 1999; Canadian Community Health Survey). Young people were presented with a list of activities and asked to indicate all the activities they are involved in. The responses are presented in Figure 26.

Figure 26: Activities

Please check any of the following activities you participated in now or in the past...



Overall, BC young people report that they are active. Almost all young people belong to some type of group, team or organization or are engaged in some type of activity. On average, young people belong to four activities. This finding is positive since it means that few young people have no outside activities.

The most common activities are sports teams/athletics (teams mentioned by 65% and individual sports by 42%). Also popular are Internet groups (46%), after school programs (38%) and music (29%).

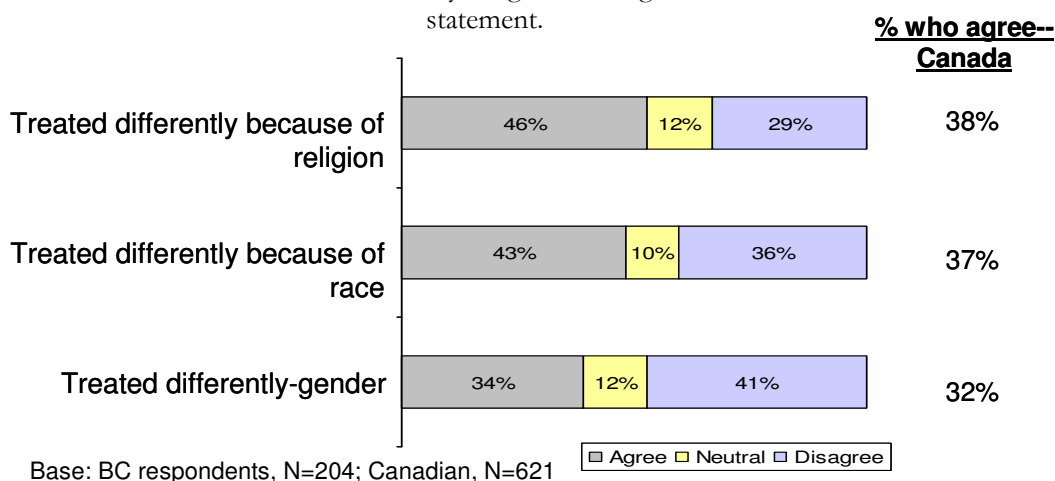
9.0 DISCRIMINATION

Discrimination was identified as one of the areas of research into young people’s health that needs greater emphasis. To understand young people’s attitudes toward racism, they were asked if they believe people are treated differently because of race, religion or gender. The responses are presented in Figure 27.



Figure 27: Racism, religious intolerance and sexism

Please tell us how much you agree or disagree with each statement.



Forty six percent of BC young people agree that people are treated differently because of religion (46%) or race (43%) and approximately a third believe people are treated differently because of gender (34%). BC young people are slightly more likely to agree that people are treated differently because of race and religion compared to the rest of Canada. Just over a third agree that people are treated differently because of religion and race (38% and 37%).

Table 4 below compares the agreement that people are treated differently because of religion, race and gender across socio-economic and population groups.

Table 4: Religion, racism and sexism by community

% who agree people treated differently			
	Religion	Race	Gender
Castlegar	46%	42%	35%
Prince George	68%	56%	52%
Terrace	48%	45%	37%
Vancouver	62%	54%	36%

Young people from Prince George followed by Vancouver are the most likely to agree that people are treated differently because of religion and race. For example, 68% of Prince George young people agree that people

are treated differently because of religion compared to 62% in Vancouver and less than half in terrace and Castlegar (48% and 46%). Young people in Prince George are the most likely to agree that people are treated differently because of gender.

The scope of this report does not allow for a full exploration of why such differences occur across communities. It may be attributed to overall attitudes in the community, ethnic profile or education programs within the school system.

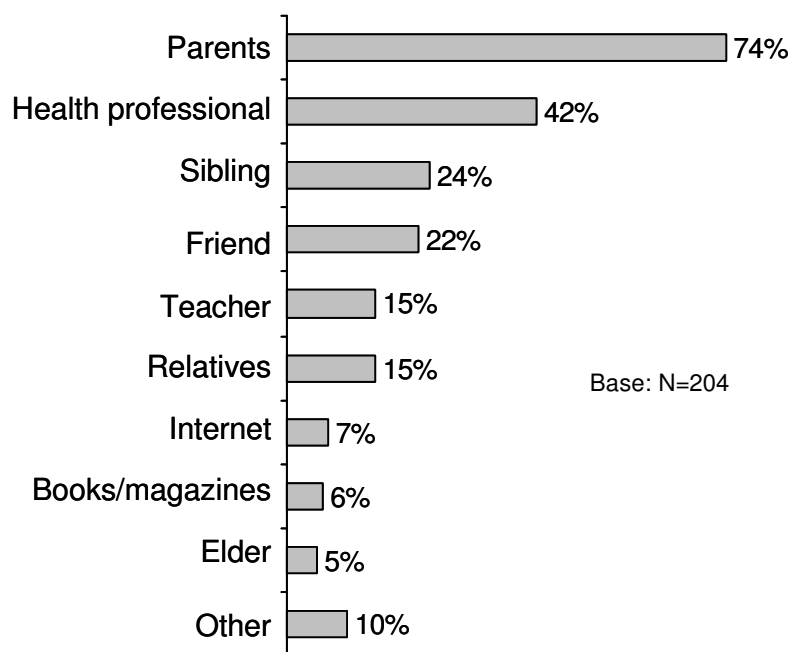
10.0 HEALTH AND SEXUALITY INFORMATION

10.1 Information about health

One of the objectives of this research is to identify the health information needs of young people. A series of questions were included that asked where young people get their health information, what information they receive and what information they need. Figure 28 shows the responses.

Figure 28: Preferred person for health information

If you have a question about your health, where are three places you usually go first? (Multiple response)



Young people were asked to indicate the three places they would go first with health questions. A majority (77%) of young people say they would go to their parents. Forty one percent mention healthcare professionals and 38% say another family member such as a sibling (23%) or a relative (15%).

Fewer young people report that they go to other adults in the community such as a teacher (16%), coach or youth leader (less than 5%).

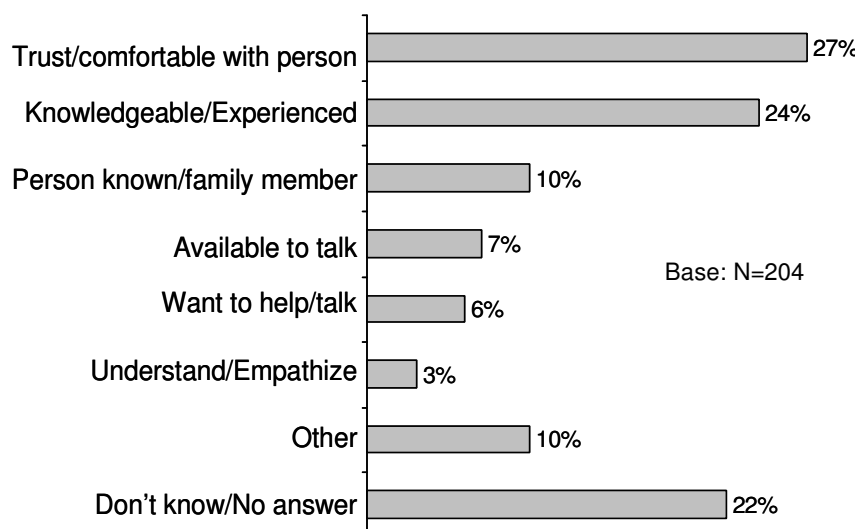


Very few young people say they do not have a place to go for health information. It is also a positive finding that so many young people are comfortable speaking with their parents since parents about health issues.

Young people were asked why they choose these sources of information in an open-ended question. The results are presented in Figure 29.

Figure 29: Why this person is preferred for information about health.

Why do you go to these people or places first?



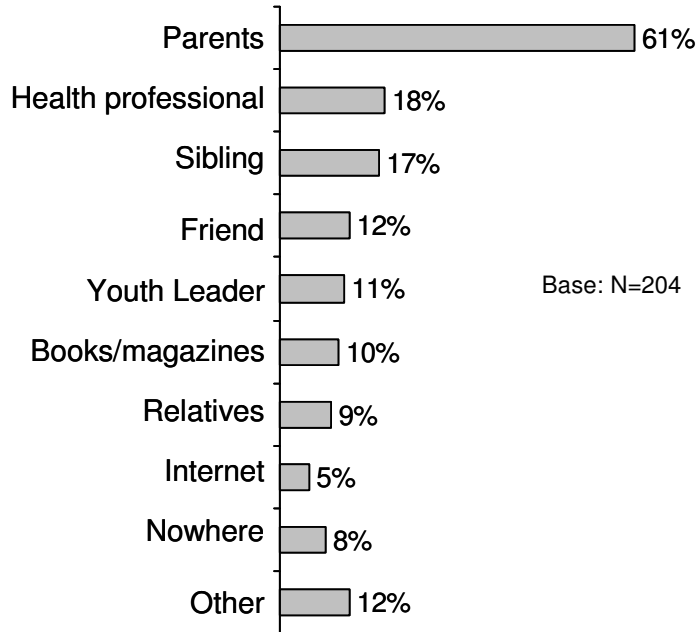
Trust (mentioned by 27%), followed by knowledge and experience (24%) are the main reasons young people cited.

10.2 Information about sex and sexuality

Dealing with issues concerning sexuality can be difficult for young people in this age group and has been identified as an issue that has an impact on young people's health and well-being. Young people were asked where they would go first for information about sexuality. The responses are presented in Figure 30.

Figure 30: Preferred person for sexuality information

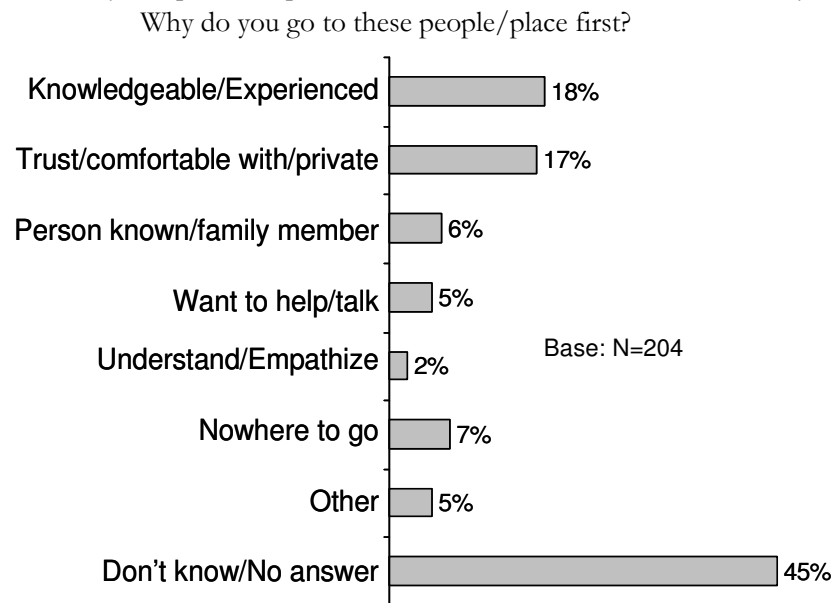
If you have a question about your health, where are three places you usually go first? (Multiple response)



Parents (mentioned by 59%) or a family member (siblings mentioned by 16% and relatives 9%) are the most common source of information about sex and sexuality. A fifth (20%) say they would speak with a healthcare professional. Few young people rely entirely on written materials or the Internet for sex and sexuality information. A few (8%) young people say they have nowhere to go.

Young people were again asked why they choose these people/person. The results are presented in Figure 31.

Figure 31: Why this person is preferred for information on sex and sexuality

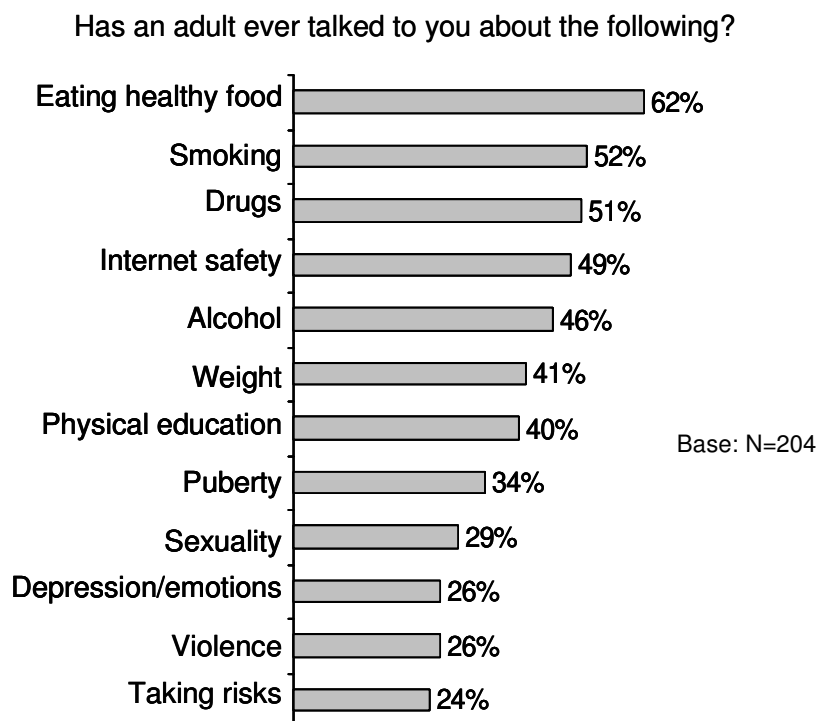


Again, knowledge and experience (18%) and trust (17%) are mentioned most often as the reason young people choose this person.

10.3 Health topics young people have discussed

To identify gaps in health information, young people were presented with a list of health topics and asked to check of all topics that an adult spoke to them about. The results are presented below in Figure 32.

Figure 32: Health topics discussed



Eating healthy food (mentioned by 62%), smoking (52%) and drugs (51%) are the most common topics young people say they have discussed with adults.

Sexuality, depression, violence and taking risks are discussed less often. These are topics that parents, teachers and community leaders may want to consider addressing with young people. The findings of this research suggest that many young people do not rate as high on emotional health indicators as general health, think about their health in terms of behaviour, and do not see worrying and other social indicators of health as harmful. This indicates that it would be beneficial for youth to receive more information about these subjects.

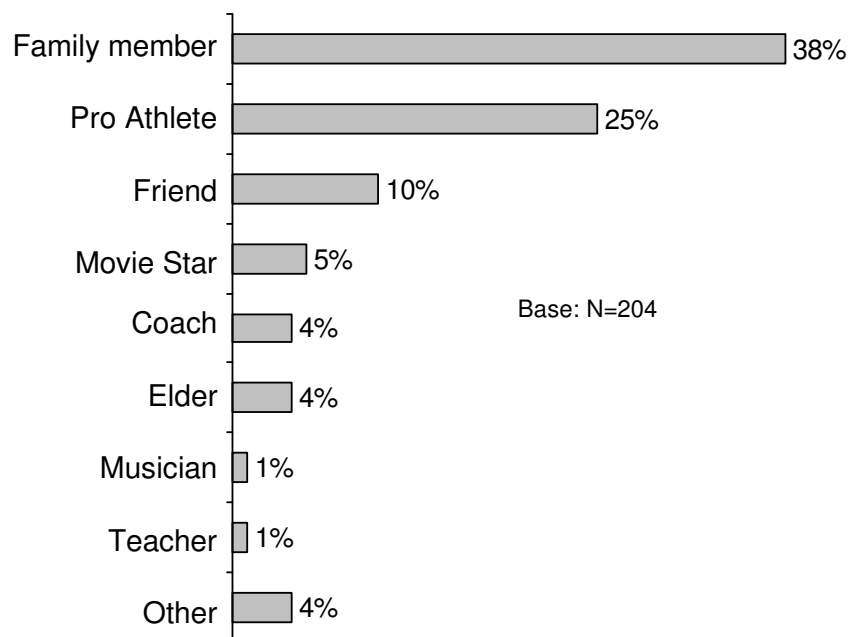
11.0 HEALTHY ROLE MODELS

Who do young people believe is a healthy role model? Young people were presented with a list that included family members, members of the community and people in the media and asked to check the one person they believe is very healthy. The results are presented in Figure 33.



Figure 33: Healthy role models

I would like you to think about one person who you think is very healthy. How would you describe this person?

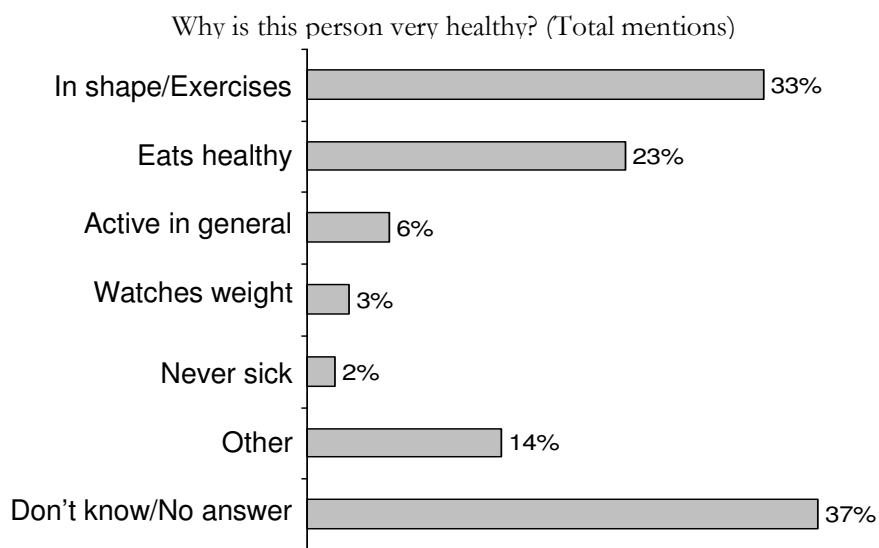


More than half of young people name a person from their community as a healthy role model including a family member (mentioned by 39%), a friend (10%) or a coach (4%). A fifth say a pro athlete (21%) and a few say a movie star (5%).

Choosing a member of the community is a positive sign. As noted previously in this report, young people with healthy adults and people in their life are more likely to develop healthy habits and lifestyles as an adult.

Young people were also asked why they believe this person is healthy in an open ended question. The responses are presented in Figure 34.

Figure 34: Why this person is a healthy role model



The main reasons young people give are that the person is in shape and exercises (33%) and eats healthy (23%). This reinforces the association young people make between exercise, eating and healthy outcomes.

12.0 CONCLUSION

Young people in BC and the rest of Canada associate health mainly with physical activity and healthy eating. BC youth are even more likely to place an emphasis on physical activity, reporting a high rate of participation in sports and having pro-athletes as role models. Despite a strong emphasis on physical health, young people also recognize the importance that other social factors in the environment and the impact which they have on their health.

Emotional well-being is also incredibly important in this age group. Large discrepancies are seen between population groups and a child's well-being. Aboriginal young people score lower on all measure of health presented in this research.

There are discrepancies that exist concerning sources of health information. Young people do not seem to receive information on some of the topics which have a severe impact on their health, such as depression and emotions. More attention must be made on integrating youth voices into program design in order to ensure effective engagement.



APPENDIX ONE—SUMMARY OF REVIEWED SURVEYS

Survey	Age range	Number of participants	Methods	Major findings
The National Longitudinal Survey of Children and Youth (NLSCY)	Adults, youth (16-19 yrs) and children (10-19 yrs)	Cycle 5 consisted of a total of 30,800 children.	All 10 provinces included. A longitudinal design with cross-sectional samples	See report titled “Improving the Health of Young Canadian.” Identifies 12 social determinants of health from this survey.
Health Behaviour in School Aged Children (HBSC) Survey 2001-2002	Students aged 11, 13 and 15	Approx. 80 classes per grade, with a target sample size of 4600 students	The sampling procedure was based on a systematic single-cluster procedure where the cluster was the school class.	Most important determinants of physical and emotional health were gender, family affluence, school conditions and influence of peers on risk taking behaviours.
The First Nations Regional Longitudinal Health Survey 2002-03	Adults, youth (12-17yrs) and children (0-11yrs)	4983 youth (12-17 yrs), and 6657 children (0-11 yrs)	The study included ten regions which incorporated all the provinces and Nunavut/ Yellowknife except Nunavut, in total 238 Communities were included in the study.	Homes are often crowded. There is a high suicide rate especially among boys. Obesity is increasing. A significant number of children repeat a grade from low income homes. The highest rate in injuries is among children living on reserve.
McCreary Society Health Survey	Centre Adolescent 7-12.	BC students in grades 7-12.	The previous two surveys had nearly 16,000 students in Grades 7-12 participated in the first one and over 25,000 students in the second.	Schools and classes were selected randomly. Most youth are healthy, exercise regularly, feel close to families, enjoy school and have future aspirations. Results confirmed that protective factors can



					promote health. Youth who feel connected and safe have consistently better health, take fewer risks.
The Campbell Survey 1991	The are range was 10-24 years, divided into three cohorts 10-14 yrs, 15-19 yrs and 20-24 yrs.	4000 Canadian youth participated in the survey.	The questionnaire was completed by selected households	Physical activity was highest for 10-14 year olds, with 11% more males likely to participate in regular activity than females.	A strong correlation was found between the amount of social support and activity level.
Colorado Child Health Survey 2004	The surveys targeted parents of children 1-14 years	997 interviews were conducted.	Parents were contacted by a random-digital dialing telephone method, and screened by the Behavioural Risk Factor Surveillance System.	Access to health care was associated with insurance. Over a ¼ of children 5-14 get less than 5 hours per week of physical exercise. Only 5.4% of children 1-14 ate 3+ vegetables a day.	
Health Youth Survey for the Centre For Youth and Society at the University of Victoria BC	Initial age range 12-18 in 2003	664 participants in early 2003 and 580 participants agreed to repeat the survey in early 2005.	The study was a two phase longitudinal survey conducted in the Victoria Census Metropolitan Area. The survey was randomly administered	The results are still being analysed and compiled.	



APPENDIX TWO—TABLES

TABLE A1: HEALTH STATUS BY PROVINCE

		Health Status		
		Fair/poor*	Good	V. good/excellent
Province	Nova Scotia	14	33	54
	Quebec	2	18	80
	Ontario	4	28	68
	Alberta	0	15	85
	BC	6	27	67
	NTN	2	18	80

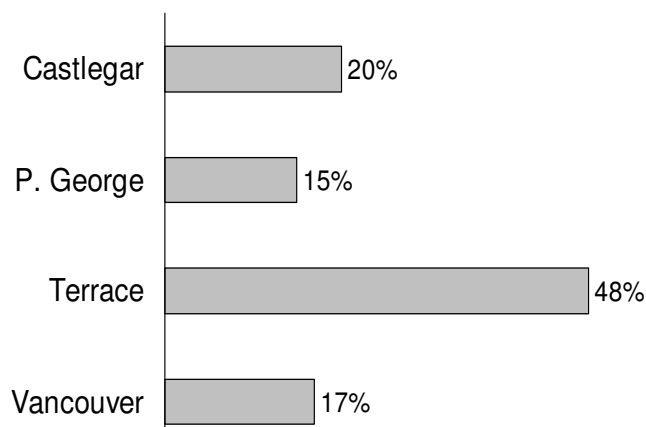
* Small base size

TABLE A2: NUMBER OF YOUNG PEOPLE SURVEYED BY REGION

		Number of young people
Community	Antigonish	68
	Montreal	97
	Ottawa	274
	Peterborough & Toronto	72
	Calgary	51
	Rural BC	169
	Vancouver	35
	Yellowknife and Behchoko	59



% of young people from each BC community



Base: N=204

APPENDIX THREE—VARIABLE CONSTRUCTION

Socio economic status

(25) If one or more parent(s) or guardian(s) that you live with have jobs, please list the jobs below. Write all that apply.

(26) If one or more parent(s) or guardian(s) that you live with do not have jobs, please check the boxes below that apply. Check all that apply.

¹He/she is looking for a job

²He/she stays home to look after children in the house

³He/she is gets money from the government (For example: welfare, employment insurance)

⁴He/she is in school

⁵He/she has a disability and cannot work

⁶He/she is retired

⁷All my parents(s)/guardian(s) have jobs

⁸I don't know

⁹No answer



APPENDIX FOUR—SURVEY DETAILS

Child survey details

- The survey was administered in 12 communities across Canada in classrooms and in two Boys and Girls Clubs. It was administered in four BC Communities.
- Prior to conducting the survey, permission was granted from each School Board or organization;
- Young people who participated in the survey were given permission to do so by their parents; and
- The survey took approximately 30 to 60 minutes to administer.
- The survey was administered by two facilitators from UNA-Canada who introduced the survey, the concept of social research and engaged with the young people in talking about critical international issues and the United Nations system. Facilitators remained throughout the duration of the surveying in order to answer any questions that the young people had.



BC's Children are Talking Back to Grownups: Healthy Children, Healthy Communities

"To change the world for and with children."

-A World Fit for Children, United Nations-



United Nations Association in Canada
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