

RESULTS PROFILE FOR

PRINCE EDWARD ISLAND



YOUTH SMOKING
SURVEY 2012/2013

CSTADS.CA

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HEALTH PROFILE FOR PRINCE EDWARD ISLAND

The Propel Centre for Population Health Impact is proud to offer you this provincial profile of results from Health Canada's **2012/2013 Youth Smoking Survey (YSS)**. This profile provides provincial results on tobacco, alcohol and drug use in addition to school connectedness, bullying, healthy eating and physical activity. This provincial profile aggregates data representative of Prince Edward Island's grades 6 to 12 students. Each of the 53 participating Prince Edward Island schools received a school-specific profile of their results and were encouraged to share their results with their school community (teachers, parents, and students) to inform action on these findings. For copies of all provincial profiles across cycles, please visit cstads.ca/results.

We created this profile to assist provincial and community leaders (educators, students, and public health workers) to prioritize actions that will create the healthiest environment possible in which students can thrive. The Propel Centre for Population Health Impact (Propel) at the University of Waterloo has centrally coordinated the YSS across Canada since 2004. In 2012/2013, Propel collaborated with the following partners. Please note the province of Manitoba did not participate in the 2012/2013 YSS.

Memorial University of Newfoundland
University of Prince Edward Island
Dalhousie University
CHUM Research Centre (CRCHUM)

New Brunswick Health Council
University of Saskatchewan
University of Alberta
University of Victoria



**CANADIAN STUDENT
TOBACCO, ALCOHOL AND
DRUGS SURVEY**

Note: Beginning in 2014, the YSS will be renamed to the **Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)** to reflect an increased focus on alcohol and drug use.

For more information regarding this profile or the research project associated with it, **visit**

cstads.ca or contact:

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**UNIVERSITY OF
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The Youth Smoking Survey is centrally coordinated by the Propel Centre for Population Health Impact. Propel was founded by the Canadian Cancer Society and the University of Waterloo

The Government of Canada has contracted Propel to implement the YSS. The results of the survey were provided to Health Canada in a manner that did not identify any of the participants in the survey. Please note that in some cases results in table columns or rows and graphs may not add to 100% due to rounding.

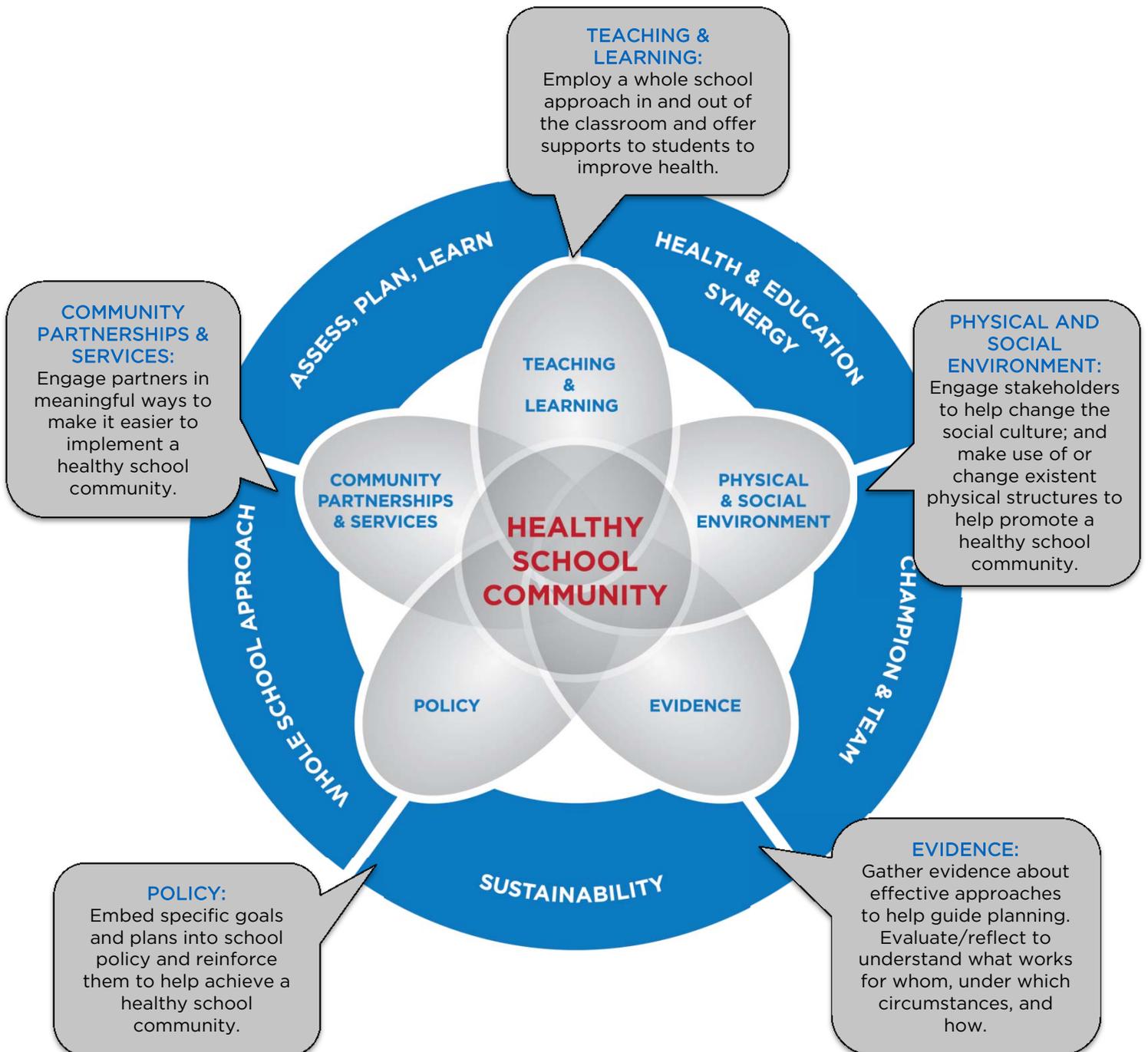
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THE APPROACH: HEALTHY SCHOOL COMMUNITIES

Underpinning this profile is a healthy school communities approach. It promotes a culture of wellness among all members: students, staff, administration, parents, and community partners. Together, the community implements plans to create a school environment that supports healthy choices among its members.

The inner circles of the model below represent the **5 core components** of a Healthy School Community: Policy^{1,2,3}; Community Partnerships & Services^{4,5,6}; Teaching and Learning; Physical & Social Environment⁷; and Evidence. The outer blue ring represents the essential principles of a Healthy School Community approach. Please refer to page 19 of this Profile for ideas on how to implement these essential principles in schools.



THE ISSUE

Smoking is a School Issue

- Youth who take up smoking show a decrease in academic achievement.⁸ Healthy school communities make a difference in tobacco use and academic success⁹.
- Smoking is associated with an increased risk of dropping out of high school; smoking is more predictive of dropping out than marijuana or alcohol use.¹⁰
- Starting smoking at an early age is predictive of a number of risky behaviours; these include fighting, drug use, and problems in school.^{11,12}

Smoking is a Student Issue

- 85% of current smokers start smoking by age 19.¹³ The average at which youth in grade 12 smoked their first cigarette is 14 years.¹⁴
- Results from the 2010/2011 YSS show that 26% of youth in grades 6 to 12 report having tried smoking and 3% of youth report that they currently smoke.¹⁴
- Students who smoke also tend to engage in other health risk behaviours including physical inactivity, unhealthy eating and alcohol consumption.^{15,16}

Smoking is a Community Issue

- 17% of all deaths in Canada (or approximately 37,200 deaths/year) are attributable to tobacco use.¹⁷ Tobacco kills three times more Canadians each year than alcohol, AIDS, illegal drugs, car accidents, suicide, and murder combined.¹⁸ Preventing or delaying smoking can reduce short- and long-term health risks.^{11,19}
- In 2010, 17% of the Canadian population aged 15 years and older currently smoke (approximately 4.7 million).²⁰ In spite of important advances, our youth are still at risk.

Smoking is Everyone's Responsibility

- We owe it to our kids to do whatever we can to keep them smoke-free and healthy.

SMOKING IN PRINCE EDWARD ISLAND

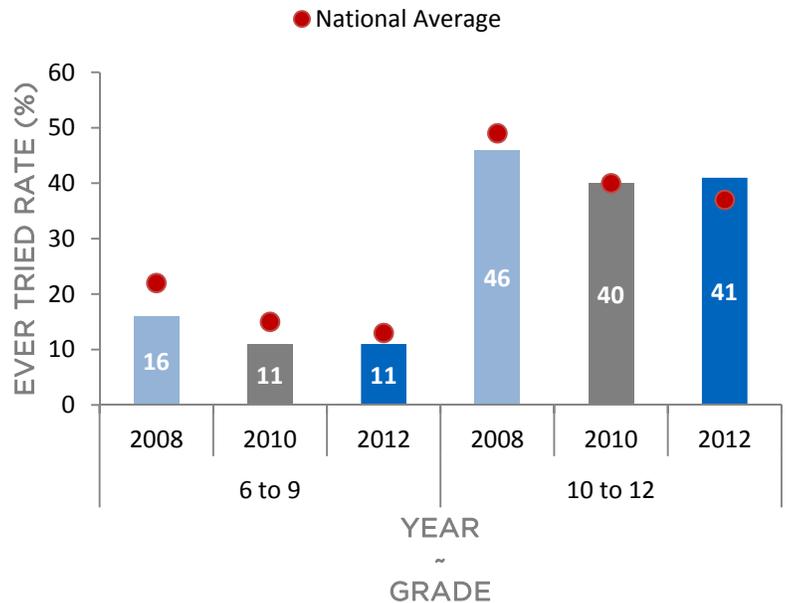
Our findings show that in Prince Edward Island

- **7%** of youth (9% of males and 5% of females) reported they **currently smoke**.
- **75%** of youth (73% of males and 78% of females) reported **never having tried** a cigarette even a few puffs, compared to **76% nationally**.
- **84%** of youth (87% of males and 81% of females) reported **never having smoked a whole cigarette**.

We need to be concerned about all youth since they are susceptible to experimenting and starting new habits.

The graph to the right shows YSS results in your province since 2008.

YOUTH WHO REPORT EVER TRYING A CIGARETTE IN PRINCE EDWARD ISLAND



PLEASE NOTE:

1. The graphs and tables in this profile represent **student self-reported data**.
2. A * indicates that data are NOT reportable due to low numbers. A † indicates scores should be interpreted with caution because of sampling variability. If sample sizes are small, the data in this profile may not be representative of your province, so please interpret with caution.
3. In some cases the results in table columns or rows and graphs may not add to 100% due to rounding.
4. [Canada] reports national averages.

Definitions used in this report:

EVER TRIED

Someone who has ever smoked a cigarette, even a puff.

TRYING

Someone who has ever smoked less than 100 cigarettes in their lifetime and has smoked or puffed cigarettes *in the past 30 days*.

CURRENTLY SMOKING

Someone who has smoked at least 100 cigarettes in their lifetime and has smoked at least one whole cigarette *in the past 30 days*.

NON SMOKING

Someone who has not smoked or puffed cigarettes *in the past 30 days* or has never smoked a cigarette, even a puff.

YOUTH SUSCEPTIBILITY TO SMOKING

There is a relatively small window in life when a person is *susceptible* to start smoking. Most established smokers began experimenting with cigarettes between the ages of 10 and 18. People who become dependent can find it very difficult to quit. **Therefore, we need to intervene before youth become dependent.**

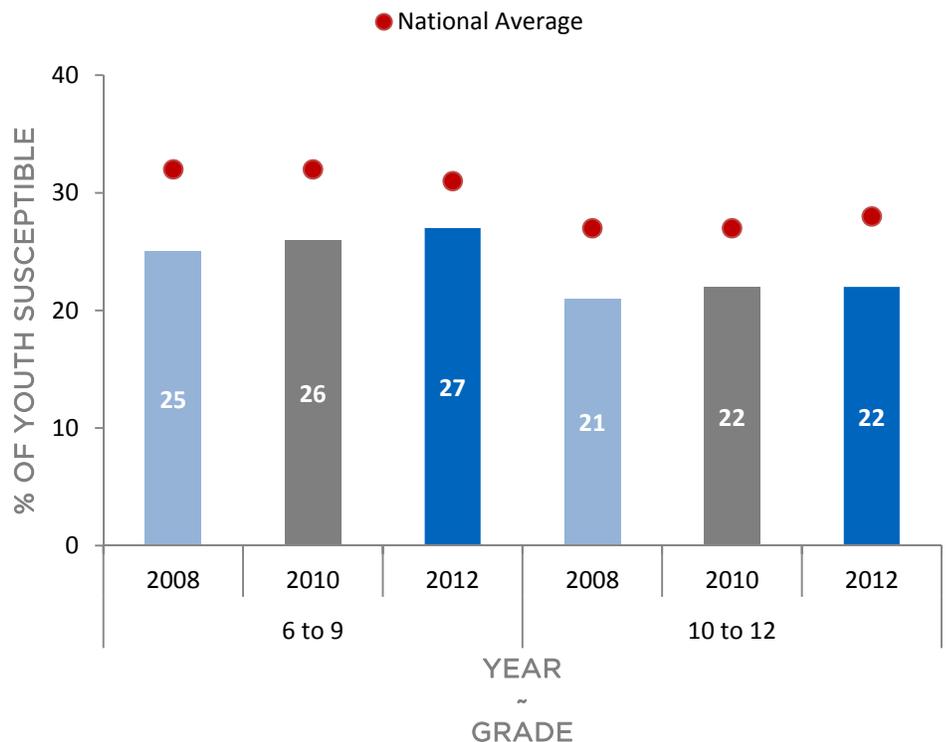
Youth are less likely to begin smoking in the future if they feel strongly that they can resist peer pressure and won't try smoking in the future.

To assess susceptibility to smoking, we asked youth at schools in your province the following questions:

- *Do you think in the future you might try smoking cigarettes?*
- *At any time during the next year do you think you will smoke a cigarette?*
- *If one of your best friends were to offer you a cigarette, would you smoke it?*

The graph below displays the percentage of youth since 2008 who were deemed susceptible to smoking, as compared to each year's national average.

SUSCEPTIBILITY TO SMOKING OF YOUTH WHO HAVE NEVER SMOKED IN PRINCE EDWARD ISLAND



In your province, **25%** of youth who have never smoked a cigarette have **low** confidence in their ability to remain smoke-free in the future. This compares to **30%** nationally. **These youth are at high risk to begin smoking.**

PEER AND FAMILY INFLUENCES

Youth take up smoking for a variety of reasons. Peers and family members influence youth smoking.²¹ These influences are sometimes direct (peer pressure) but more often indirect (modelling).

Youth in your province were asked, “How many of your closest friends smoke cigarettes?” Youth who currently smoke or are trying are more likely to have friends who smoke compared to non-smoking youth. **Non-smokers with friends and family members who smoke are the most susceptible to begin smoking themselves.**

Obtaining and Sharing Cigarettes

Smoking is a social activity and as a result youth often obtain their cigarettes from social sources in addition to retail outlets. At schools in Prince Edward Island:

- 41% of youth felt it would be “easy” to get cigarettes if they wanted to smoke. This compares to 39% across Canada.
- 34% of youth who currently smoke or are trying report “usually” or “always” sharing a cigarette with others when they smoke. This compares to 42% across Canada.
- 29% of youth who currently smoke or are trying report being given cigarettes by a friend, sibling, parent or someone else. This compares to 30% across Canada.
- 44% of youth who currently smoke or are trying report asking someone else to buy cigarettes for them or buying them from a friend or someone else. This compares to 30% across Canada.

Spending Money

We asked youth in your province about the amount of spending money they usually have each week to spend on themselves or save. The table to the right shows how youth who currently smoke, who are trying or who are non-smoking responded.

While social influences on youth smoking such as parents or peers who smoke are strong, young people are also more likely to smoke if they have a more disposable income and/or a job.²²

NUMBER OF FRIENDS WHO SMOKE	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	TRYING & CURRENTLY SMOKING	NON SMOKING
0 (NONE)	* [9%]	76% [77%]
1 OR MORE	93% [91%]	24% [23%]

* YSS 2012/2013, Grades 6-12, [CANADA]

FAMILY MEMBERS WHO SMOKE	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	TRYING & CURRENTLY SMOKING	NON SMOKING
0 PARENTS	29% [35%]	62% [63%]
1 OR MORE PARENTS	71% [65%]	38% [37%]
0 SIBLINGS	52% [55%]	86% [88%]
1 OR MORE SIBLINGS	48% [45%]	14% [12%]

* YSS 2012/2013, Grades 6-12, [CANADA]

AMOUNT OF MONEY PER WEEK	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	TRYING & CURRENTLY SMOKING	NON SMOKING
\$0 - 10	22% [24%]	46% [51%]
\$11 - 20	15% [13%]	19% [17%]
\$21 - 40	21% [19%]	15% [12%]
\$41 OR MORE	42% [43%]	20% [20%]

* YSS 2012/2013, Grades 6-12, [CANADA]

Smoking at Home and in Vehicles

Second-hand smoke is a health concern for those who are exposed to tobacco smoke in the home and/or vehicles.^{20,21, 23} Children and youth are particularly vulnerable to the adverse health effects of exposure to environmental smoke.²²

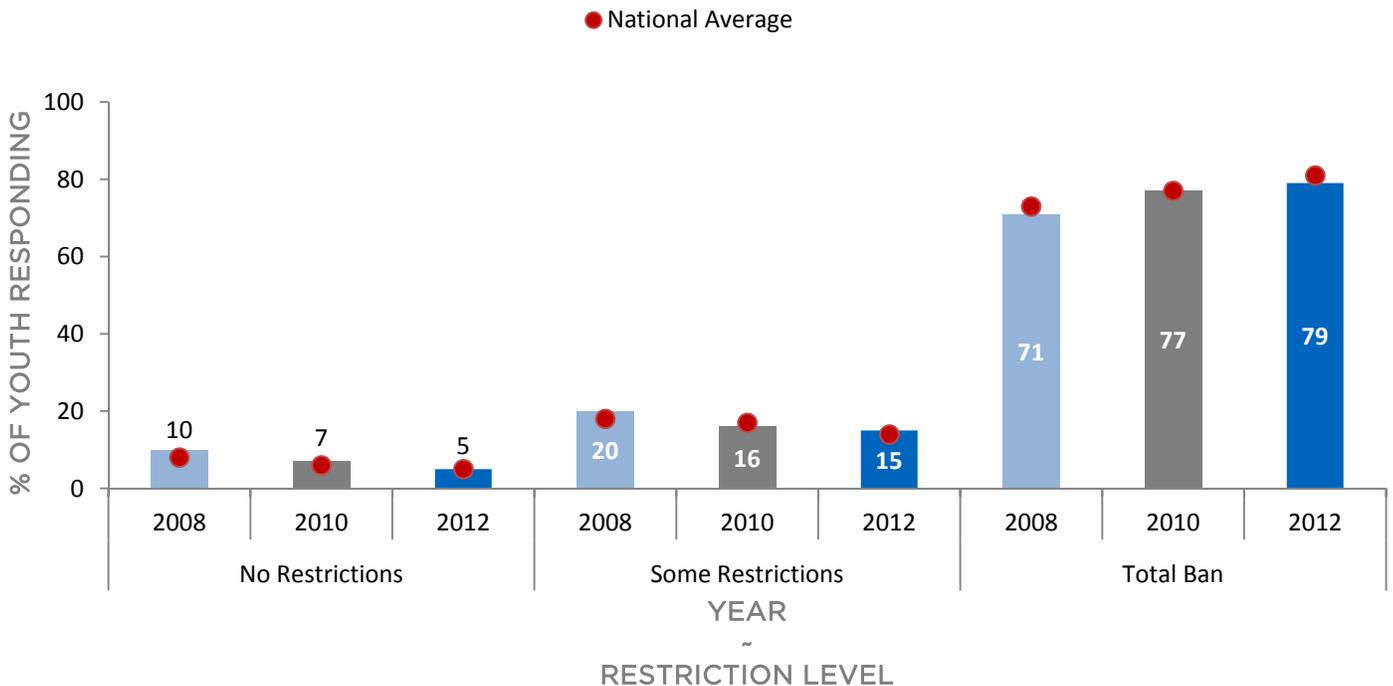
We are making great strides in terms of establishing smoke-free home environments. Despite the fact that nationally, 16% of adults smoke, in 2012 just 5% of youth nationally reported having no restrictions on smoking in the home. However, only 81% of youth reported having a total ban. See the graph below to see what youth in Prince Edward Island report regarding smoking restrictions at home.

At schools in your province, 30% of youth who rode in a car in the last week, reported riding with someone who was smoking. Currently, Prince Edward Island is one of nine Canadian provinces/territories with smoke-free vehicle legislation forbidding adults from smoking in vehicles when children are present.²⁴

Did you know...

The 2010/2011 YSS revealed that youth who report exposure to smoking in vehicles or in their home are more likely to smoke themselves. These results hold true even when controlling for other important influences on susceptibility and smoking behaviour.²⁵

YOUTH REPORTED HOUSEHOLD RULES FOR SMOKING IN PRINCE EDWARD ISLAND



BEYOND CIGARETTES: EMERGING ISSUES

Nationally, 22% of youth have ever used the following tobacco products:

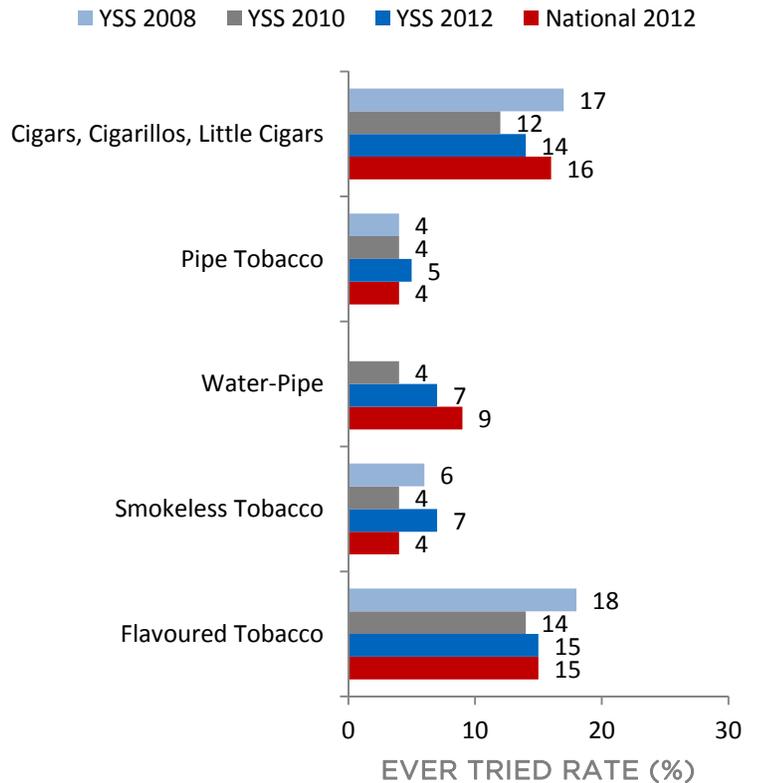
- cigars, cigarillos, little cigars,
- water-pipes,
- pipe tobacco,
- smokeless tobacco (e.g. chew)
- flavoured tobacco.

The growing popularity of these products raises concerns because **youth** commonly misconceive alternate forms of tobacco as being less harmful than cigarettes. **Research shows that some of these alternative tobacco products cause more harm than cigarettes.**^{26,27}

The graph to the right provides the percentage of youth in your province who reported ever trying various tobacco products.

Flavoured tobacco products have received attention in recent years. Among Canadian youth who have used tobacco products in the last 30 days, 53%* have also used flavoured products in the last 30 days. In Prince Edward Island, this figure is 43%. See the 2014 “Tobacco use in Canada: Patterns and Trends” for a special supplement on flavoured tobacco use.

ALTERNATE FORMS OF TOBACCO USE IN PRINCE EDWARD ISLAND



Did you know...

On July 5, 2010, the federal government banned the sale of flavoured cigarillos (Bill C-32). It also required mini cigars to be sold in packs of at least 20 instead of individually or in “kiddie packs” of 4 or 8. Cigarillo use declined after the law came into effect, however, through a loop-hole in the law, tobacco companies are now enticing kids with a similar product: flavoured small cigars.²⁸

*This figure only includes cigarettes, cigars, cigarillos, and water-pipes.



THE SCHOOL ENVIRONMENT

The school environment plays an important role in helping youth stay smoke-free. Research shows that schools influence smoking rates even after accounting for family, economic and community factors.²⁹ **Schools are uniquely positioned to influence the health and well-being of youth, ideally in partnership with parents and community members/organizations.**

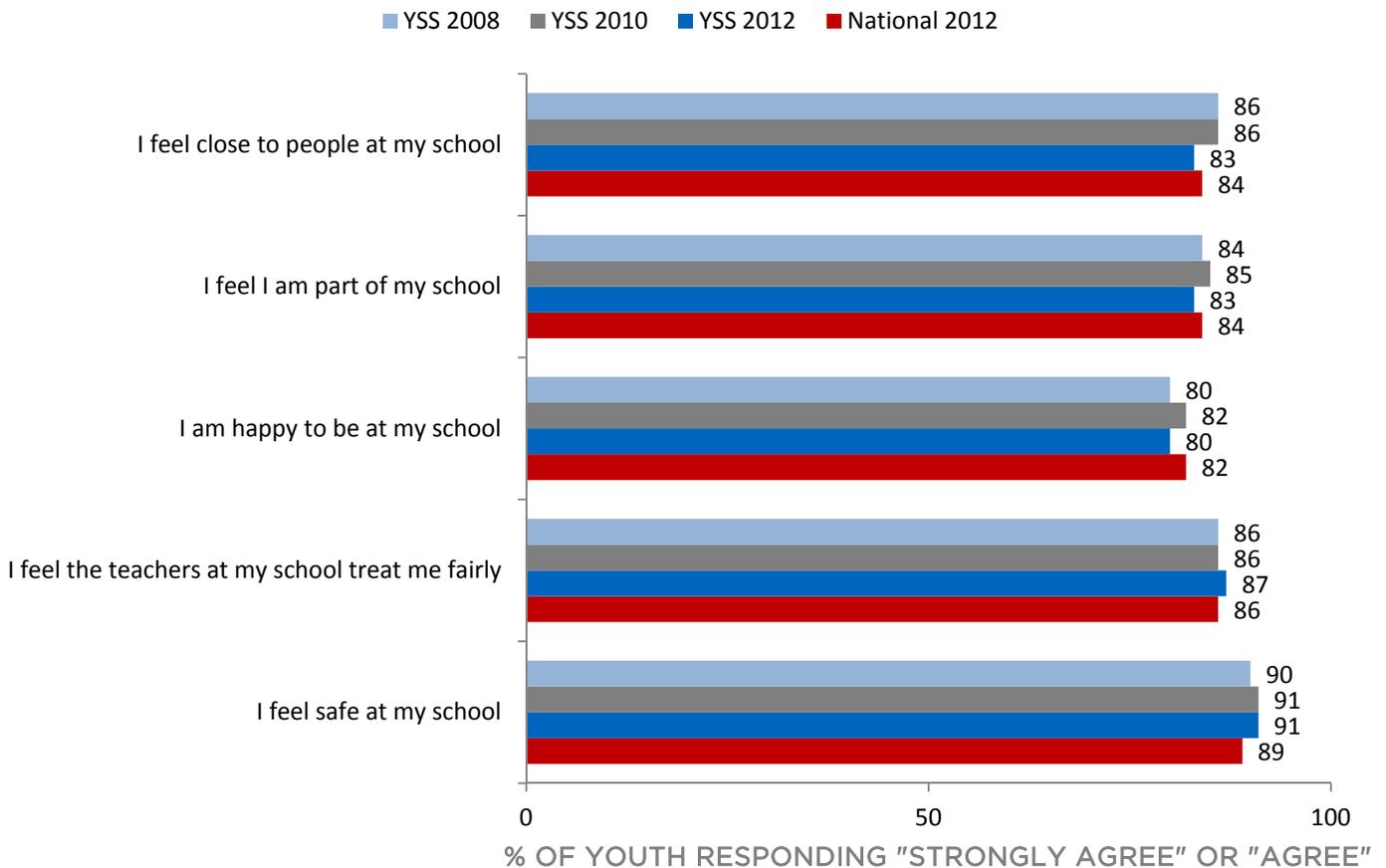
School Connectedness

A sense of connection to the school and school rules can support youth in making healthy choices. Youth who feel an attachment to their school and who consider their teachers to be supportive are less likely to smoke or engage in other unhealthy or risky behaviours.²⁹

The graph below shows responses from youth in your province to individual statements regarding school connectedness since 2008. These are compared to the 2012/2013 YSS national results.



SCHOOL CONNECTEDNESS IN PRINCE EDWARD ISLAND



Student Success

We asked youth in your province what grades they usually achieved in the past year. The table to the right shows the self-reported academic standing of youth who are trying, currently smoking or non-smoking.

Smoking and student success seem to influence each other. Decreased student success contributes to smoking uptake. The reverse is true too, that progressive stages in uptake in smoking leads to deteriorating school achievement. In fact, youth who smoke are at increased risk of dropping out. Schools that improve school connectedness may “hold on” to youth who smoke.³⁰

Academic Grade Reported	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	Trying & Currently Smoking	Non Smoking
MOSTLY A'S AND B'S	48% [50%]	86% [78%]
MOSTLY B'S AND C'S	43% [44%]	13% [21%]

PLEASE NOTE:
 MOSTLY A'S AND B'S IS EQUIVALENT TO 70% OR HIGHER (LEVEL 3 OR 4)
 MOSTLY B'S AND C'S IS EQUIVALENT TO 50-70% OR HIGHER (LEVEL 2 OR 3)

* YSS 2012/2013, Grades 6-12, [CANADA]

Absenteeism

Youth in your province were asked how many days they missed in the last four weeks due to poor health/illness. The results for Prince Edward Island and Canada are shown in the table on the right.

Besides the obvious lost time spent learning, school absenteeism may be considered both a cause and a consequence for smoking. For example, high school smokers were more likely than non-smokers to be absent from school as far back as second grade.³¹

In addition, children who are exposed to second-hand smoke (SHS) in the home have higher school absence rates when compared to children not exposed to SHS. One study found that children exposed to SHS had 32% higher absence rates for non-illnesses, 34% higher due to respiratory illness and 39% higher due to gastrointestinal illness than children not exposed.³¹

NUMBER OF DAYS REPORTED MISSED DUE TO HEALTH	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	Trying & Currently Smoking and Youth Exposed to SHS at Home	Non Smoking and Youth Not Exposed to SHS at Home
0 (NONE)	58% [61%]	67% [71%]
1 TO 2	29% [26%]	26% [22%]
3 OR MORE	14% [13%]	7% [6%]

* YSS 2012/2013, Grades 6-12, [CANADA]

Emotional Well-Being

The table to the right shows the percentage of youth in your province who reported “true” or “mostly true” to statements regarding their emotional well-being.

EMOTIONAL WELL-BEING	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	Trying & Currently Smoking	Non Smoking
IN GENERAL, I LIKE THE WAY I AM	63% [71%]	81% [81%]
WHEN I DO SOMETHING, I DO IT	66% [70%]	79% [78%]
I LIKE THE WAY I LOOK	58% [64%]	71% [70%]

* YSS 2012/2013, Grades 6-12, [CANADA]

BULLYING

Bullying is a form of abuse at the hands of peers that takes different forms at different ages. Bullying is often an aggressive behaviour imposed from a position of power, which is repeated over time. With each repeated bullying incident, the child who is bullying increases in power while the child being victimized loses power.³²

The table to the right reflects the percentage of youth in Prince Edward Island and across Canada who reported having bullied or being bullied by other youth in the last month. Methods of bullying may include physical attacks, verbal attacks, cyber attacks or having personal belongings stolen or damaged.

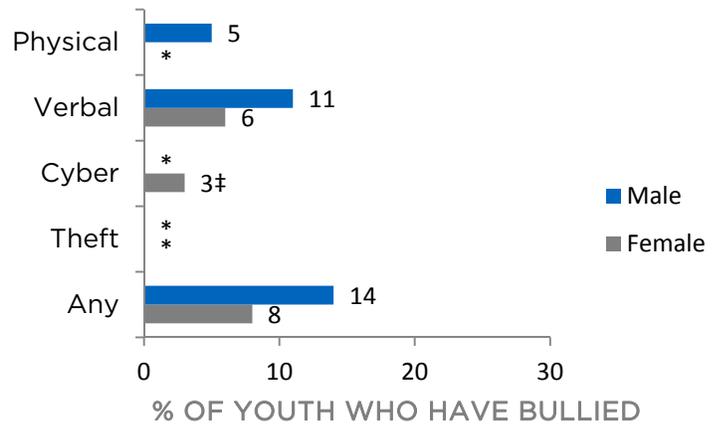
Research has shown a link between bullying and smoking. Youth who currently smoke are more likely to be bullies than those who never smoked.³³ Also, girls were at much higher risk for involvement in bullying if they smoked, although girls were less frequently involved in bullying.



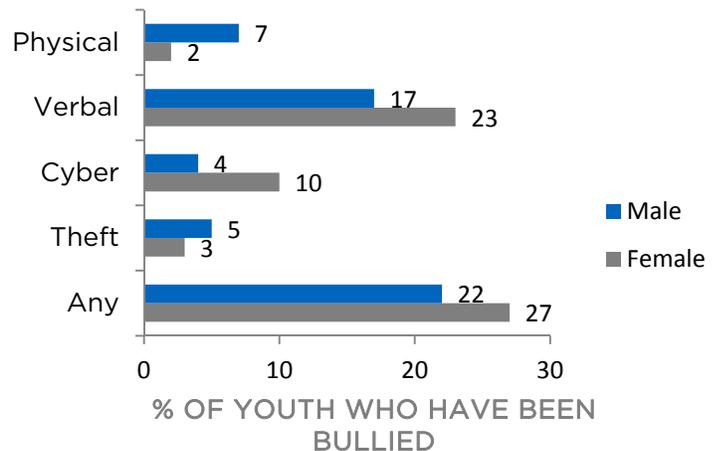
	PERCENT OF YOUTH RESPONDING IN PRINCE EDWARD ISLAND*	
	YOUTH WHO BULLIED OTHERS	YOUTH WHO WERE BULLIED
MALE	14% [11%]	22% [17%]
FEMALE	8% [8%]	27% [23%]

* YSS 2012/2013, Grades 6-12, [CANADA]

TYPES OF BULLYING REPORTED BY YOUTH WHO HAVE BULLIED OTHERS IN PRINCE EDWARD ISLAND



TYPES OF BULLYING REPORTED BY YOUTH WHO HAVE BEEN BULLIED IN PRINCE EDWARD ISLAND



ALCOHOL AND MARIJUANA USE

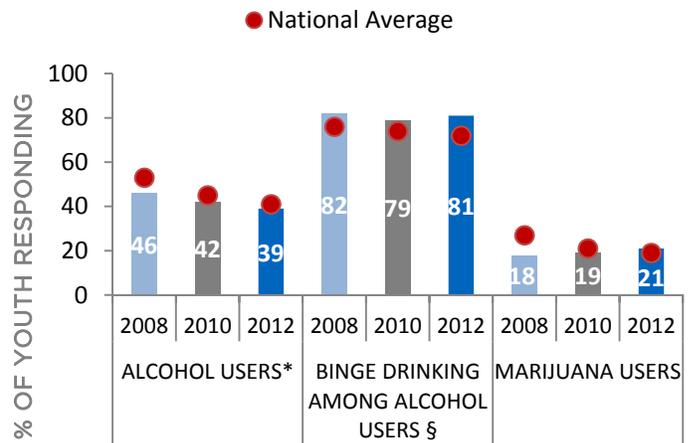
Youth in grades 7 and above were asked about alcohol and marijuana use. In Prince Edward Island, in the last 12 months:

- 39% (**41% nationally**) of youth reported having a drink of alcohol that was more than just a sip.
- Of those who had more than just a sip of alcohol, 81% (**72% nationally**) reported having 5 drinks or more of alcohol on one occasion.
- 21% (**19% nationally**) reported having used marijuana.

Among youth in your province who have tried smoking, 38% (31% nationally) did so while drinking alcohol.

The graph to the right shows the percentage of youth in your province that reported having a drink of alcohol, having 5 or more drinks of alcohol on one or more occasion, and using marijuana in the last 12 months for each of three cycles of YSS.

ALCOHOL AND MARIJUANA USE IN THE LAST 12 MONTHS, GRADES 7-12



* Those who have had a drink of alcohol that was more than just a sip
 § Percent is of those who have had a drink of alcohol that was more than just a sip

Age of Uptake

It is startling to note the young age at which youth first engage in these risky behaviours. Besides being illegal, youth are making decisions to engage in these behaviours before they are developmentally capable of fully understanding the consequences. The table to the right shows the average age at which grade 12 youth in your province reported having first tried various substances, as compared to the average nationally.

SUBSTANCE USE UPTAKE	AVERAGE AGE OF UPTAKE (YEARS) IN PRINCE EDWARD ISLAND*
FIRST TRIED SMOKING CIGARETTES	14 [14]
HAVING A DRINK OF ALCOHOL THAT WAS MORE THAN JUST A SIP	14 [14]
HAVING 5 OR MORE DRINKS OF ALCOHOL ON ONE OCCASION	15 [15]
EVER USED OR TRIED MARIJUANA	15 [15]

*2012/2013 YSS, GRADE 12, [CANADA]

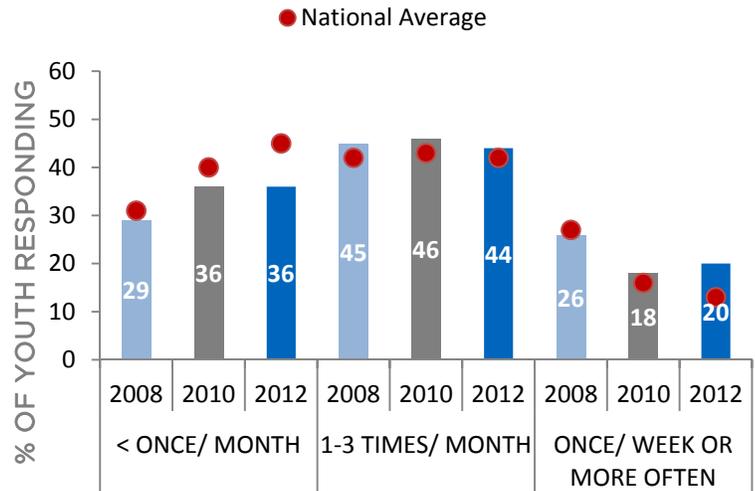
Did you know...

In the 2012/2013 YSS, 88% of currently smoking or trying youth have had a drink of alcohol in the last year, versus 36% of non-smoking. In addition, 78% of currently smoking and trying youth in Canada have used marijuana over the last year, compared to only 14% of non-smoking youth.³⁴

Binge Drinking

Binge drinking can be defined as drinking five or more drinks on a single occasion and it is the most common pattern of consumption among youth who drink alcohol.¹⁶ The graph to the right shows the frequency of youth who reported binge drinking, in the last 12 months, in your province since 2008.

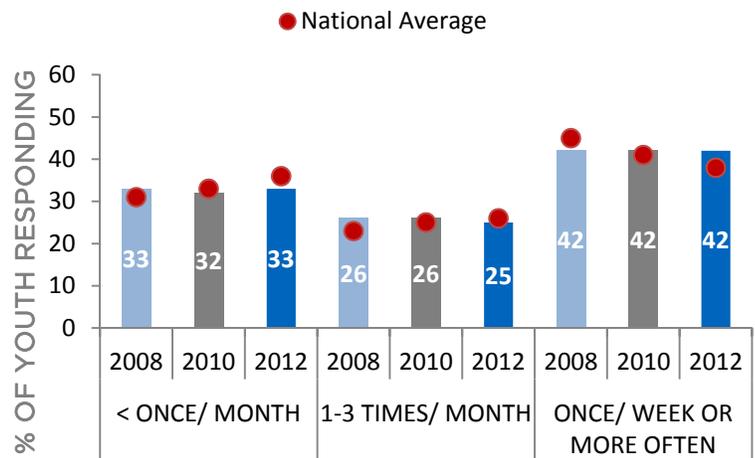
FREQUENCY OF BINGE DRINKING AMONG ALCOHOL USERS, GRADES 7-12



Marijuana Use

Youth who reported using marijuana were also asked how often they engaged in this behaviour. The graph to the right shows the reported frequency of marijuana use by youth in your province, in the last 12 months since 2008.

FREQUENCY OF MARIJUANA USE AMONG USERS, GRADES 7-12



Other Substance Use

There are other substance-use concerns beyond tobacco, alcohol, and marijuana. The table to the right shows the percentage of youth in your province who reported trying illicit drugs (other than marijuana) and who have used medication for the purpose of getting high in the last 12 months.

OTHER SUBSTANCES USED TO GET HIGH	% OF YOUTH IN PRINCE EDWARD ISLAND*
DRUGS USED TO GET HIGH (EXCLUDING MARIJUANA)	6% [5%]
MEDICATIONS USED TO GET HIGH	6% [5%]
GLUE, GASOLINE, OTHER SOLVENTS OR SALVIA	2±% [2%]

PLEASE NOTE:
DRUGS USED TO GET HIGH INCLUDE AMPHETAMINES, MDMA, HALLUCINOGENS, HEROIN, COCAINE.
MEDICATIONS USED TO GET HIGH INCLUDE SEDATIVES, SLEEPING MEDICINE, STIMULANTS, PAIN RELIEVERS, DEXTROMETHORPHAN.

*2012/2013 YSS, GRADES 7-12, [CANADA]

PHYSICAL ACTIVITY

Meeting Canada's Physical Activity Guidelines

Research shows that physical activity in children and youth can:

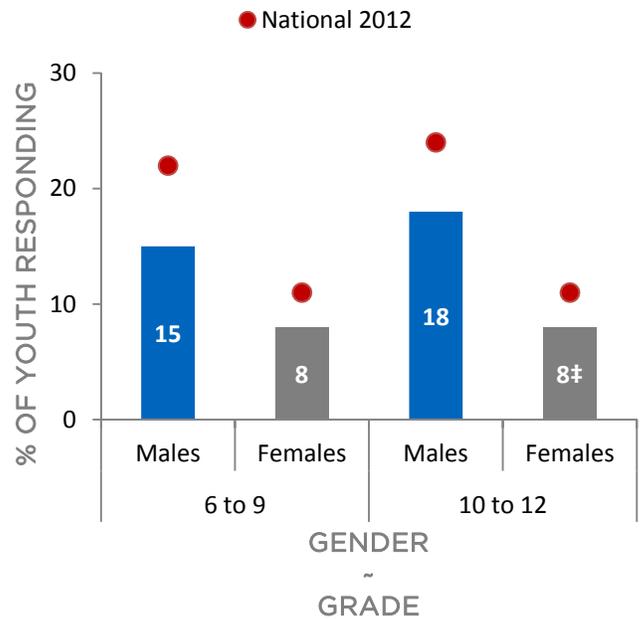
- Increase academic performance, social skills and self-esteem
- Decrease depression and anxiety³⁵
- Help achieve a healthy body weight³⁶

Canada's Physical Activity Guide recommends that children and youth should be physically active at least 60 minutes each day and engage in vigorous intensity activities at least 3 days per week.

Youth in your province were asked how many minutes of hard physical activity they engaged in on a daily basis over the previous week. Hard physical activities include those that make you breathe hard and sweat. The graph to the right shows the percentage of youth in Prince Edward Island who report doing 60 minutes of vigorous physical activity each day over the last week, as compared to the national average.

Research shows that **only 7% of Canadian children and youth are meeting the recommended 60 minutes per day of physical activity when measured by objective means.**³⁷ A much higher percentage: 44% have 60 minutes of vigorous activity at least 3 days a week. This suggests that young Canadians tend to have longer within-day sessions of activity rather than shorter episodes spread across more days of the week.³⁸

YOUTH WHO REPORT AT LEAST 60 MINUTES PER DAY OF VIGOROUS PHYSICAL ACTIVITY OVER THE LAST WEEK



Did you know...

In 2004, 26% of Canadian children and adolescents aged 2 to 17 were overweight or obese; 8% were obese. The overweight/obesity rate for both boys and girls was about 70% higher than it had been in 1978/79, and the obesity rate was 2.5 times higher.³⁹

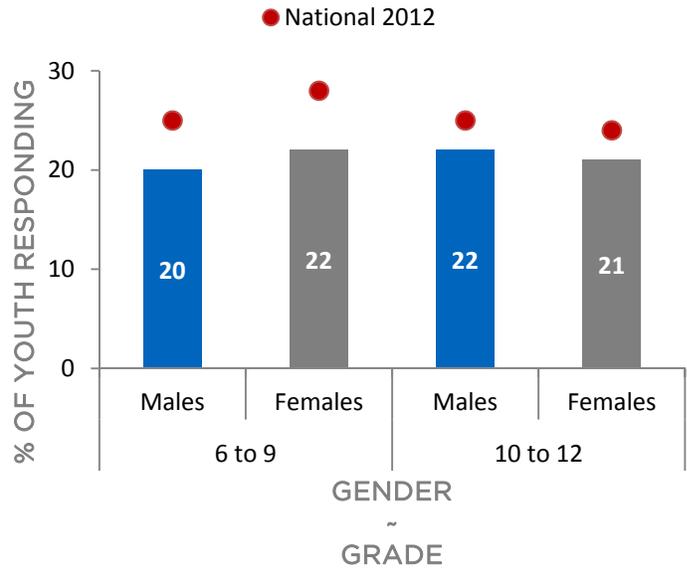
Meeting Canada's Sedentary Behaviour Guidelines

Canada's Sedentary Behaviour Guidelines state that to achieve greater health benefits, we should limit recreational screen time to no more than 2 hours per day; and minimize sedentary (motorized) transport, extended sitting and time spent indoors throughout the day. Lower levels of sedentary behaviour are consistently associated with improved academic achievement, body composition, cardiorespiratory and musculoskeletal fitness, and even self-esteem.⁴⁰

After school is a critical period in the physical activity and sedentary behaviour patterns of young people.⁴¹ In fact, youth may get a large portion of their daily physical activity - as much as 30% - after school.⁴²

In your province, **21% of males compared to 22% of females exceeded the two hour maximum recommended guidelines for watching TV.** The graph to the right shows the amount of time youth in your province reported watching TV/videos as compared to the national average.

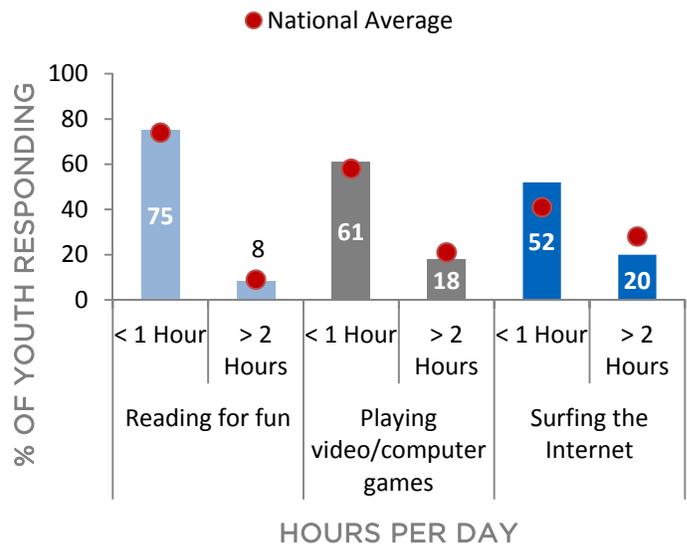
YOUTH WHO SPEND >2 HOURS PER DAY WATCHING TV/VIDEOS



Other Screen Time and Reading Time

Besides watching TV, youth are engaged in playing video games and playing/surfing on the computer in their leisure time. The graph to the right shows the average number of hours per day youth in your province reported doing these activities, as well as time spent reading for fun (not for school).

HOURS SPENT READING, PLAYING VIDEO GAMES & SURFING THE INTERNET



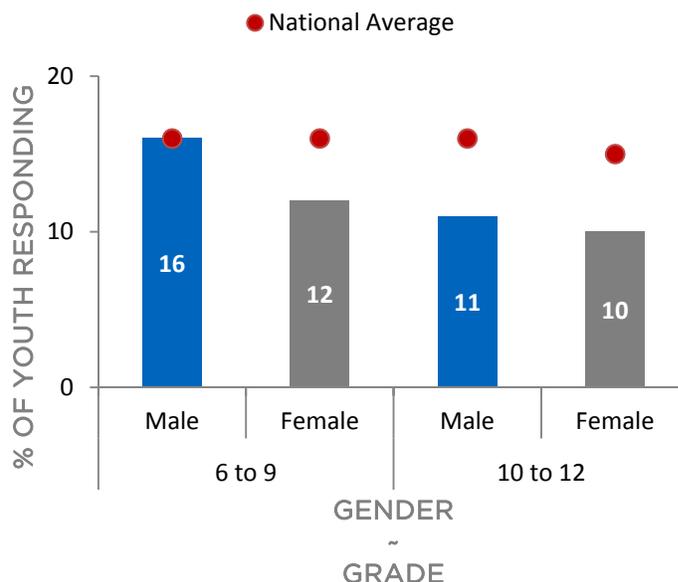
HEALTHY EATING

Sufficient daily consumption of fruits and vegetables in childhood and adolescence is associated with:^{43,44,45,46,47}

- Healthy body weight
- Prevention of certain types of cancer
- Continued healthy eating patterns into adulthood
- Reduced risk for cardiovascular disease
- Improved growth and development during at time when nutrient needs are especially high

Canada's Food Guide recommends 6-8 servings of fruits and vegetables per day for children aged 9-18 years.⁴³ The graph to the right shows the percentage of youth in your province who report meeting Canada's Food Guide recommendations for fruit and vegetable consumption for a usual day.

YOUTH WHO CONSUME 6+ FRUIT AND VEGETABLE SERVINGS ON A USUAL DAY



Healthy Eating and Academics

A healthy diet is important for school performance. Research shows that **youth who eat an adequate amount of fruit, vegetables, protein, fibre and other beneficial dietary components, and those who eat breakfast daily perform better in school** than those who do not follow these guidelines.⁴⁸

The table below shows the self-reported academic standing of youth in your province and how many servings of fruit and vegetables they consume per day. Youth who have a less healthy diet usually report lower grades.

Did you know...

In February 2011, Federal, Provincial and Territorial Ministers responsible for Sport, Physical Activity and Recreation endorsed the Framework for Action to Promote Healthy Weights.⁴⁹

They recommended that these sectors work together to identify opportunities to enhance food skills and create supportive environments both at school and in the after-school time period.

ACADEMIC GRADES	# OF SERVINGS OF FRUITS & VEGETABLES CONSUMED ON A USUAL DAY		
	0-2 SERVINGS	3-5 SERVINGS	6 OR MORE SERVINGS
MOSTLY A'S AND B'S	76% [67%]	86% [79%]	88% [82%]
MOSTLY B'S AND C'S	21% [31%]	14% [20%]	11% [17%]

PLEASE NOTE: MOSTLY A'S AND B'S IS EQUIVALENT TO 70% OR HIGHER AND LEVEL 3 OR 4; MOSTLY B'S AND C'S IS EQUIVALENT TO 50-70% AND LEVEL 2 OR 3. [CANADA]

RECOMMENDATIONS FOR SCHOOLS

The Principles of a Healthy School Communities Approach

The individual school profiles provided to participating 2012/2013 YSS schools outlined the Healthy School Communities (HSC) approach, which considers 5 fundamental principles required for successful implementation of any component of the Healthy School Community framework presented on page 1 of this Profile. For additional details on the Healthy School Communities Approach, visit the Joint Consortium for School Health (www.jcsh-cces.ca) and read the Healthy School Communities Concept Paper (<http://www.phecanada.ca/programs/health-promoting-schools/concept-paper>).

Assess, Plan, Learn

Does your school community need to focus on a particular area (e.g., physical activity, nutrition, tobacco control)? Or building the basic foundations for a healthy school? **Assess** needs and **plan** accordingly. Test what works for your school community and **learn** to adapt.

Champion and Team

Identify a **champion** and form a healthy school community **team**. It's best to include teaching and non-teaching staff, students, parents, and community partners. Use expertise of stakeholder groups like public health.

Sustainability

Focus on the long term health of your school community. Plan and implement policies and projects that will lead to lasting changes.

Whole School Approach

Whole school approaches use multiple strategies to promote health and well-being. They focus on the five core components of a healthy school community illustrated in the grey circles of the model: teaching and learning, the physical and social environment, policy, partnerships with the community, and evidence. They consider "HOW" you do something as much as "WHAT" you do and target the **whole school** community.

Health and Education Synergy

Look for synergy where advancing health can also advance education goals. Engage joint planning and coordinate resources (e.g., funding, time).

Individual school summaries referenced a set of resources, which are not duplicated here.

Top 5 Benefits of Building Healthy School Communities

1. Greater overall achievement

Students in healthy school communities learn better and score higher on standardized tests and report cards.

2. Well-rounded students

Healthy School Communities positively impact self-esteem and social well-being. Healthy students have an increased capacity to learn and develop the values, attitudes and skills necessary to be competent, effective and resilient adults.

3. Decreased discipline problems and improved attendance

Healthy School Communities experience fewer student behaviour problems and better attendance.

4. Improved lifelong health

Healthy kids become healthy adults. Many healthy (or unhealthy) behaviours/ habits we develop in school stick with us into adulthood.

5. Reduced disparities

Approaches to creating healthy school communities can reduce both health and education disparities.

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