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Health Behaviour in School-aged Children (HBSC) in Canada



FOCUS ON
RELATIONSHIPS



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hbSC
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN



PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



Overview

- Canadian HBSC Team
- Purpose and Objectives of HBSC Canada
- 2013/14 Canadian HBSC Sample
- 2013/14 HBSC National Report
- Opportunities for Surveillance and Policy



Canadian HBSC Team

Principal Investigators

Dr. John Freeman Education Kinesiology & Health Studies (Queen's University)

Dr. William Pickett Community Health & Epidemiology (Queen's University)

Co-investigators

Dr. Wendy Craig, Psychology (Queen's University)

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Dr. William Morrison, Educational Psychology (University of New Brunswick)

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Public Health Agency of Canada

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Blair Laugher, Senior Policy Analyst, Youth, Policies and Partnerships, Centre for Health Promotion

Purpose of HBSC Study in Canada

To gain new insight and increase our knowledge and understanding of adolescent health in social and developmental context.



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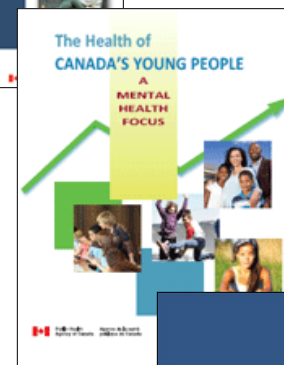
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Key Objectives of the HBSC in Canada

- To **initiate and sustain** national and international research on young people's health behaviour, health and wellbeing and social contexts.
- To **monitor and to compare** young people's health, health behaviour and social contexts in member countries.
- To **disseminate** findings to relevant audiences including researchers, policy and practice, and the public.

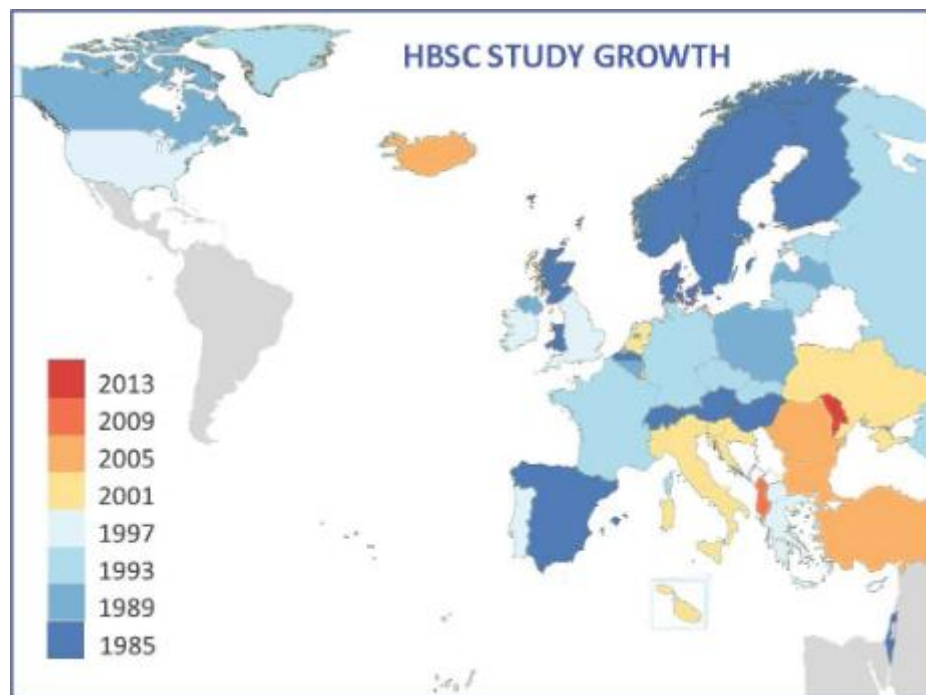
History of HBSC in Canada

- 1st HBSC study in 1982
- Adopted by WHO as an international collaborative study in 1983/84
- Canada first participated in 1989/90 and has participated every 4 years since
- Most recent Canadian Report from 2013/14
- Trends Report covers data from 1990 to 2010
- Now 42 participating countries/regions



Participating Countries and Regions

- | | |
|----------------------|------------------------|
| 1 Finland | 22 Lithuania |
| 2 Norway | 23 Russian Federation |
| 3 Austria | 24 Slovakia |
| 4 Belgium (French) | 25 England |
| 5 Hungary | 26 Greece |
| 6 Israel | 27 Portugal |
| 7 Scotland | 28 Ireland |
| 8 Spain | 29 Macedonia, MKD |
| 9 Sweden | 30 Netherlands |
| 10 Switzerland | 31 Italy |
| 11 Wales | 32 Croatia |
| 12 Denmark | 33 Malta |
| 13 Canada | 34 Slovenia |
| 14 Latvia | 35 Ukraine |
| 15 Poland | 36 Bulgaria |
| 16 Belgium (Flemish) | 37 Iceland |
| 17 Czech Republic | 38 Luxembourg |
| 18 Estonia | 39 Romania |
| 19 France | 40 Armenia |
| 20 Germany | 41 Albania |
| 21 Greenland | 42 Republic of Moldova |



HBSC Focus Areas

Measures	Behaviours and Outcomes
<i>Social Contexts</i> <ul style="list-style-type: none">• Home and Family• School• Peer• Community	<ul style="list-style-type: none">• Physical Activity• Sedentary Behaviour• Sleep Health• Healthy Eating• Healthy Weights• Injuries• Mental Health• Spiritual Health• Substance Use• Sexual Health• Bullying and Fighting
<i>Developmental Factors</i> <ul style="list-style-type: none">• Background• Individual factors	

HBSC Questionnaire Items

1) International Standard Mandatory Items

- *required for all countries*

2) International Optional Items

- *facilitate more in-depth research in focus areas*
- *countries select optional packages*

3) Canadian Items

- *national needs (no international comparisons)*

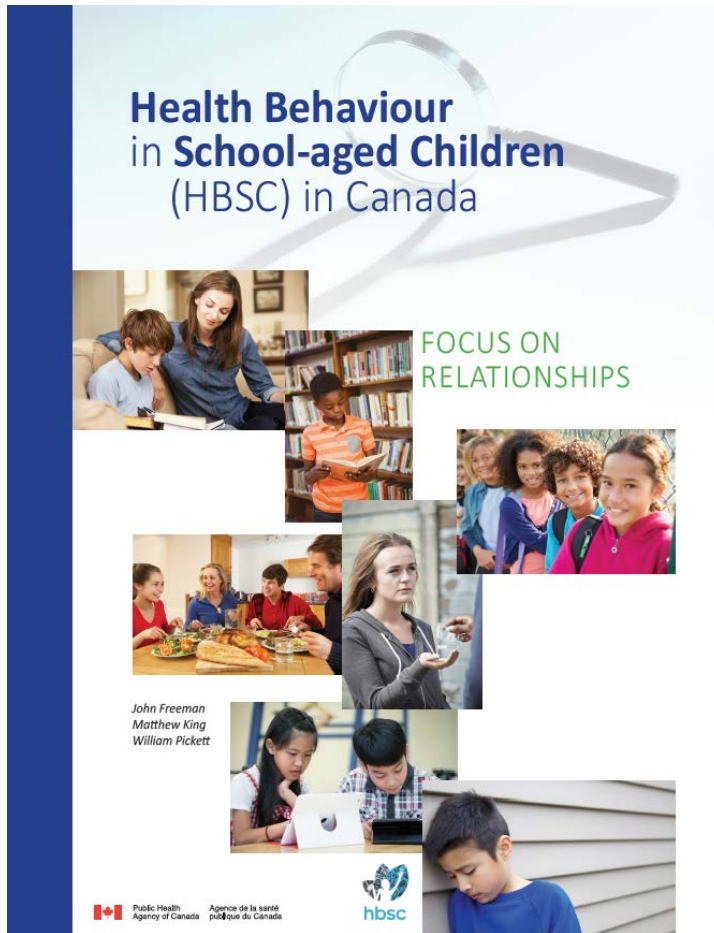
4) School Administrator Items

- *specific to Canada (no international comparisons)*

Notes:

- *1 and 2 must follow the international protocol*
- *3 and 4 are items of choice for national research teams*
- *Limited flexibility to add, remove, or modify items*

HBSC 2013/14 National Report



National report presents key findings from the 2013/14 cycle of HBSC.

Emphasizes current priorities for the public health system in Canada.

The report examines relationships of young Canadians as a primary theme.

Find it at HealthyCanadians.gc.ca

Summary of Key Findings: Support



- **Family support** was critical for better health outcomes.
- **School climate** was particularly important for reducing bullying and fighting among adolescents.
- **Community support** had consistent but relatively weak associations with positive health outcomes.
- The nature of **friend support** may be more important than the level of friend support.

Summary of Key Findings: Contexts



- **Home and Family:** Boys reported greater ease in communicating with their parents than did girls.
- **School:** Young people in Canada reported positively about their school experience.
- **Peers:** The majority of Canadian youth reported high levels of support from friends.
- **Community:** Reported distrust of neighbourhoods has increased in some groups over the last several cycles of HBSC, especially among girls.

Summary of Key Findings: Behaviours and Outcomes

- **Physical Activity:** Only a minority of young people met the Canadian guidelines for physical activity and sedentary behaviours.
- **Sleep Health:** Most young people reported that they received sufficient sleep.
- **Healthy Eating:** While some concerning dietary habits were reported, there were also some positive findings with respect to healthy eating.
- **Healthy Weights:** The epidemic of overweight and obesity is not declining in young Canadians.
- **Injury:** Injury prevention initiatives need to reflect the number of injuries, the activity of the injury, and associated preventive measures.
- **Mental Health:** Grade 9-10 girls reported more negatively on mental and emotional health outcomes across all measures than other groups.
- **Spiritual Health:** Spiritual health was strongly related to grade level of students.
- **Substance Use:** Reported declines in some substance use behaviours were encouraging.
- **Sexual Health:** While the majority of Grade 9-10 students reported not engaging in sexual intercourse, some reported higher-risk sexual activities.
- **Bullying and Fighting:** There has been a decreased prevalence of bullying and physical fighting among young people in Canada since 2010.

Opportunities for Surveillance and Policy

- Rich data source on health behaviours and attitudes of Canadian youth aged 11 to 15 years old.
- Sample is representative of all provinces and territories.
- Provincial/Territorial-level reports for provincial programming and policy-making.
- International comparisons dating back to 1983.
- Trend data on Canada dating back to 1990.





Thank you!

Visit www.HealthyCanadians.gc.ca to find a copy of the full Canadian HBSC report.

Copies of the *HBSC Report Summary* are available to take with you today.

For any other inquiries or for more information, please contact Blair.Laughter@Canada.ca

