



STAFF REPORT ACTION REQUIRED

Healthy Futures: The 2014 Toronto Public Health Student Survey

Date:	February 23, 2015
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

The health of young people creates a foundation for health throughout the life course. Despite the importance of this age group, information on the health of Toronto's youth has been limited. To fill this gap, Toronto Public Health (TPH) with the support of Toronto's school boards, conducted a school-based student survey in 2014 to assess the health and health behaviours of adolescent students. This report (Attachment 1 - Healthy Futures: 2014 Toronto Public Health Student Survey) highlights some of the initial findings from the survey including selected examples of the important differences in health between groups of students.

The findings will be used by public health and school communities to identify priority issues and populations, and guide services and policies that promote the health and well-being of Toronto's students.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Medical Officer of Health work with the four Toronto school boards to develop a joint health strategy to maintain and improve youth health based on the results of the student health survey.
2. The Board of Health request the Ministry of Health and Long-Term Care to work with key stakeholders, including Public Health Ontario and local public health agencies to

implement systematic, timely, and locally representative and comparable data collection on the health of school-age children and youth across Ontario.

3. The Board of Health request the Ministry of Health and Long-Term Care to collect provincial level data on student dental health as a part of the redesign of the provincially funded dental program.
4. The Board of Health request the Ministry of Education to increase the number of required mandatory health and physical education credits to include one for each secondary school year, for grades 9 through 12.
5. The Board of Health request the Ministry of Education to report on school compliance with Daily Physical Activity Policy and if it is low, to implement strategies for full compliance.
6. The Board of Health request Toronto school boards to develop school travel plans for each Toronto school to promote active school travel.
7. The Board of Health request the Ministry of Education to report on school compliance with the School Food and Beverage Policy and if compliance is low, to implement strategies supporting full implementation as required.
8. The Board of Health request the Ministry of Education to implement at least one compulsory food literacy course in the Family Studies curriculum for students in grades 9 through 12.
9. The Board of Health urge the provincial government to ensure that comprehensive alcohol and other drug prevention programming is extended through all middle and high school grades, and integrated throughout the curriculum and school environment.
10. The Board of Health urge the provincial government to provide funding to school boards to provide teacher training and dedicated staff time to ensure early intervention, counselling and other supports are in place to assist students who may have alcohol or other drug issues.
11. The Board of Health support the implementation of the new Ontario Ministry of Education, Health and Physical Education curriculum.
12. This report be forwarded to the Chief Public Health Officer of Canada, Ontario Minister of Health and Long-Term Care, Chief Medical Officer of Health of Ontario, Public Health Ontario, Ontario Minister of Education, Ontario Minister of Children and Youth Services, Mental Health Commission of Canada, Canadian Mental Health Association, Centre for Mental Health, College of Physicians and Surgeons of Ontario, College of Nurses of Ontario, Royal College of Dental Surgeons of Ontario, Ontario Medical Association and the Registered Nurses Association of Ontario, Urban Public Health Network, the Canadian Public Health Association, the Ontario Public Health

Association, the Ontario Physical Health Education Association, Ontario Tobacco Research Unit, and the Sex Information and Education Council of Canada, for information.

Financial Impact

There is no financial impact arising from this report.

DECISION HISTORY

This is the first survey that TPH has conducted to collect comprehensive health data on Toronto's adolescent school population.

ISSUE BACKGROUND

The health of young people creates a foundation for health throughout the life course. Despite the importance of this age group, information on the health of Toronto's youth has been limited. To fill this gap, TPH, with the support of Toronto's school boards, conducted a school-based student survey between January and March 2014 to assess the health and health behaviours of adolescent students.

The purpose of the Student Survey was to:

1. Describe the health of Toronto students in grades 7 to 12
2. Show how their health is affected by the social determinants of health
3. Identify factors related to good health among youth

The survey included:

1. A written questionnaire asking students questions on a range of health topics
2. Measurement of students' height and weight by a Public Health Nurse
3. An oral health check done by a Dental Hygienist

Data were collected on the following health issues:

- mental health and wellbeing
- physical activity and body size
- nutrition
- tobacco, alcohol and other drugs
- violence and bullying
- dental and oral health
- sexual health

In order to assess the information according to important determinants of health, students were also asked questions related to their:

- ethno racial background
- immigration status
- family's socio-economic status
- sexual orientation

Prior to implementation, the project was approved by the ethics and research review processes of the participating boards of education and TPH. Students taking part in the survey required the consent of a parent or guardian and were able to withdraw before or at any time during the survey. Students were free to answer as many or as few questions as they wished. Public Health Nurses and Dental Hygienists received training on data collection techniques and visited 466 classrooms at 165 schools during a 7-week period. The final survey sample included 6053 students in grades 7 to 12. Private schools and youth not attending school were not included. All data were collected on an anonymous and confidential basis.

COMMENTS

Ninety-two percent (92%) of grade 7 to 12 students in Toronto report that their health is good or better. On the surface, this looks like good news. But a closer look at the data shows that students are facing many issues that can affect health now and later in life. It also becomes clear that particular groups of students are not faring as well as others. The following key findings highlight some of these issues.

Emerging Themes

Initial analysis of the data has revealed a number of key themes.

Mental Health and Bullying

Self-harm, bullying, and violence are major concerns. While students commonly reported traits associated with positive mental health, such as high self-esteem and infrequent symptoms of emotional anxiety, 11% of students reported cutting, burning or otherwise hurting themselves. About the same number seriously considered killing themselves. These are serious symptoms of poor mental health and a lack of social support. Twenty percent (20%) reported being bullied in the past 12 months, and 6% had been threatened or injured with a weapon on school property. Beyond physical trauma, these actions can leave emotional scars on victims, witnesses, and perpetrators.

Physical Activity

Students are not getting enough physical activity. While walking and cycling are the most commonly used forms of transport to and/or from school for about 40% of students, only 10% meet Canada's physical activity guidelines. In addition, students are too sedentary, with only 27% reporting less than two hours of screen time outside school every day of the past week. Almost 30% are overweight or obese, putting them at higher risk for heart disease, diabetes and some cancers later in life.

Adolescence is a critical time when rates of physical activity decrease for both boys and girls. It is a prime time to provide opportunities to address this decrease and ensure that students have the skills and knowledge they need for lifelong physical activity and health. Health and physical education teaches students how to become active in a variety of physical activities. Currently, the Ontario Secondary School Diploma requires only one credit in health and physical education. Other provinces require more physical activity credits to meet their diploma requirements. For example, in Manitoba and British

Columbia four health and physical education credits are required for students to receive their secondary school diploma. An increase in compulsory physical education credits would allow more youth to meet Canada's physical activity guidelines.

In 2005, the Ontario Ministry of Education developed the Daily Physical Activity (DPA) policy as part of the Healthy Schools Program. The DPA policy requires school boards to ensure that all elementary students have a minimum of 20 minutes of sustained moderate to vigorous physical activity each day during instructional time. This policy was fully implemented by the end of the 2006 school year. The goal of DPA is to enable all elementary students to improve or maintain their physical fitness and their overall health and wellness and to enhance their learning opportunities. The initiative is based on the belief that 20 minutes of daily physical activity is critical for student health as well improving student achievement and making schools a healthier place to learn. To date, compliance with this policy has not been documented.

In October 2013, the Toronto District School Board (TDSB) passed the TDSB Charter for Active, Safe and Sustainable Transportation. Active transportation is also an element in the Transportation Demand Management Plan of the Toronto Catholic District School Board, which is currently developing a charter. Both of these initiatives support the concept of active transportation and school travel planning. School Travel Planning is a comprehensive process designed to increase local ownership of school walking programs by engaging local stakeholders including the schools, students, school staff, parents, public health, transportation, planners and police. The City of Toronto currently has ten schools participating in School Travel Planning. These schools were chosen based on a report on high student collision areas in the City of Toronto.

Eating Behaviours

Only 13% of students meet the guidelines for daily vegetable and fruit intake. In 2008, the Ontario government passed the Healthy Food for Healthy Schools Act to make schools healthier places for students to learn. The School Food and Beverage Policy with nutrition standards was announced in January 2010 to be implemented by September 1, 2011. The policy applies to food and beverages sold in all venues on school property such as cafeterias, vending machines and tuck shops; through all programs, including catered lunch programs; and at all events on school property, including bake sales and sporting events. It is an important step toward enhancing students' health. It reinforces the knowledge, skills, and attitudes regarding healthy eating developed through the Ontario curriculum.

The policy encourages school boards to consult with their board of health to implement the nutrition standards. School boards are responsible for monitoring the implementation of the policy. According to a 2013 report from the Auditor General of Ontario, none of the three school boards assessed had reviewed the food and beverages sold in their cafeterias to ensure that the items met nutrition standards. It was found that centralized school board efforts to ensure compliance were either not in place or were limited. At all three school boards in the review, the responsibility to ensure compliance with the policy had been delegated in whole or in part to school principals.

Food literacy is an additional asset that can help with healthy eating behaviours. Food literacy is defined as skills and knowledge that allow people to prepare healthy, tasty, affordable meals for themselves and their families. Despite healthy lifestyle trends, there is growing concern about a general lack of time, knowledge, and skills to prepare healthful, affordable meals at home. Research suggests that frequent consumption of restaurant food, take-out food, and prepared snacks lowers dietary quality and promotes weight gain, and that food preparation by adolescents and young adults may have the opposite effect by displacing poor choices made outside the home. The increase in consumption of meals and snacks prepared away from home, now exceeding one-third of total calories among children and adolescents, appears related to the obesity epidemic.

Torontonians have indicated they want to know more about the food they eat and they are concerned that children are growing up without the skills and information they need to choose a healthy diet. Parents have also indicated they want schools to teach food literacy to reinforce what children learn at home. Understanding food labels, making a meal at home, sticking to a food budget or reducing food waste, all of these topics are integral parts of the high school Family Studies curricula. The Ministry of Education released the new family studies curricula in 2013 which contains seven food and nutrition courses.

Tobacco, Alcohol and Other Drugs

Sixteen percent (16%) of grade 7 to 12 students had ever tried a cigarette, and 5% of students had smoked in the last 30 days. Although these numbers indicate that tobacco use is lower than it has been in the past, it is still problematic, particularly in some specific populations of Toronto students, such as certain ethno-racial groups and students who report their sexual orientation as gay, lesbian, bisexual, pansexual, other, or not sure. In addition, the literature shows that youth with mental illness or addictions, homeless/underhoused, and indigenous populations experience higher rates of tobacco use.

Alcohol is the primary drug of choice of youth and the use of other drugs is also worrisome. According to the Student Survey data, 26% of secondary students reported risky drinking behaviours, including binge-drinking (more than five drinks on one occasion) or mixing alcohol with caffeinated energy drinks. Twenty-five percent (25%) of all students had used a drug other than alcohol in the past 12 months. In addition to marijuana, new problems are emerging, such as the use of pain medication (e.g., Percocet, Tylenol #3, oxycontin) without a prescription. Each of these types of drugs was used by more than 10% of students in the past 12 months. These behaviours can increase the risk of injury and other harms, including negative effects on the development of the adolescent brain.

Effective substance misuse prevention begins early in life and continues through adolescence and into adulthood. It includes a range of health promotion strategies such as skill building, youth engagement, parent engagement, and ensuring that environmental supports are in place, such as positive school culture, and strong family supports. In Ontario, school-based prevention programming is not mandatory in high school. Given the prevalence of youth experimenting with substances during this developmental stage of life,

mandatory programming is critical. School policies and culture, including teacher training, extracurricular activities and early intervention programming are important parts of school-based prevention.

Provincial changes in the early 1990s resulted in the loss of school guidance counsellors, social workers and other supports for students. In 2005, Toronto City Council approved the Toronto Drug Strategy (TDS), which provides a comprehensive approach to substance use. Among its recommendations, the drug strategy called on the provincial government to ensure that comprehensive alcohol and other drug prevention programming was extended through all high school grades, and integrated throughout the curriculum and school environment. The evidence suggests that experimenting with alcohol and other drugs often begins in pre-teen youth and interventions during these transition years are beneficial to prevent substance misuse in adolescence and later life. The TDS also urged the Province to fund school boards to provide teacher training and dedicated staff time to ensure that early intervention, counselling and other supports are in place to assist students who may have alcohol or other drug issues.

In 2011, the Ministry of Health and Long-Term Care released their mental health and addiction strategy in a report entitled, *Open Minds, Healthy Minds*. While some new resources were allocated to schools, including nurses, the focus has been on mental health issues with little to no attention to substance misuse. Given that little action has been taken on this issue, it is recommended that the Board of Health again urge action on the TDS recommendations noted above.

Dental and Oral Health

Eight percent (8%) of students had untreated dental caries. Dental caries include teeth that are decayed or missing due to decay. Dental caries can be prevented by regular care, including brushing, flossing, and visiting a dentist regularly. Ninety-one percent (91%) of students brushed their teeth once per day or more, but only 26% flossed every day. Seventy-seven percent (77%) of students visited the dentist once per year or more. Systematic surveillance and assessment of dental health is essential to inform service provision, both locally and provincially.

Sexual Health

Many older students are having sex but not practicing safer sex. By grade 12, 34% of students reported having had sex and 31% of sexually active students had more than one partner in the last 12 months. Only 60% had used a condom or other barrier the last time they had sex, increasing the likelihood of a sexually transmitted infection or pregnancy. Only 37% reported that their school sexual health class was very useful or essential. Ten percent (10%) found it not at all useful, 9% didn't remember, and another 9% reported never having learned about sexual health at school.

In January 2010, the Ontario Ministry of Education (MOE) released a revised elementary Health and Physical Education (H&PE) curriculum that would enable students to make good decisions for their personal health and wellbeing. In April 2010, concerns were raised

by some community members about content related to the human development and sexual health component. The MOE subsequently withdrew the full release of the elementary curriculum. A few months later, the MOE also decided to delay the release of the new secondary school H&PE curriculum which had been scheduled to be in place by Fall, 2012. As a result Ontario elementary students are currently being taught from 1998 H&PE human development and sexual health curriculum, and secondary students from 1999 H&PE secondary curriculum.

The new curriculum was the result of a comprehensive two-year research and consultation process and it builds awareness of mental health, anatomy and care of the body, gender identity, sexual orientation, cybersafety, sexting, social interaction and respect for our environment and diversity. Many of these issues are currently not being addressed because the provincial elementary and secondary H&PE curriculum is out of date. Toronto students would benefit from an updated curriculum that is current, relevant, and age-appropriate and will provide students with the skills and information they need to make informed decisions about their health and well-being.

Spotlight on Inequity

In addition to the above information, the Student Survey report also highlights inequities in health in the Toronto student population. For many important indicators, particularly those related to mental health, girls are faring worse than boys. Compared to boys, girls reported lower levels of self-rated health and self-esteem. Girls reported feeling “too fat” more than boys, and reported higher levels of emotional anxiety, self-harm, suicidal thoughts, and having been bullied. Girls were also less likely to be physical active and more susceptible to smoking.

Students who reported their sexual orientation as gay, lesbian, bisexual, pansexual, other, or unsure reported poorer self-rated health and were more likely to be bullied than heterosexual students. Students with lower socio-economic access also reported poorer general health, less frequent visits to the dentist, and were more likely to be overweight or obese compared to students with higher socio-economic access. Additional health inequities exist based on immigrant status and ethno-racial identity.

From Data to Action

This is the first time TPH has collected comprehensive data on Toronto's adolescent school population. Many of the findings in this report point to strategies that build mental health and resiliency, as part of a holistic and interdisciplinary approach to youth health. Effective interventions focus on the development of healthy relationships and social support at the family, school, and community level. The need is evident for an urban environment that promotes physical activity, provides healthy food options, and gives youth choices that enable them to avoid substance use. Increasing the landscape of youth health is a shared responsibility for many stakeholders including families, government, schools, communities, and youth. Youth engagement and peer leadership are cornerstones of the healthy student community.

The social determinants of health also affect the youth population, pointing to the need for services and policies that support opportunities for all youth. The initial findings point to inequities in many areas of health, particularly for female students, those who identify their sexual orientation as gay, lesbian, bisexual, pansexual, other, or not sure, and students with lower socio-economic access. These inequities identify priority populations for programs, services and advocacy in Toronto's schools and communities. Continuing analysis will provide more detailed findings for the subject areas assessed by the 2014 survey. Future surveys will be carried out in order to monitor trends and identify future issues.

TPH has organized a number of knowledge translation activities with public health and school communities in Toronto. These will include sharing results and developing meaningful actions based on the findings of the Student Survey. The accompanying summary report will be provided to the Toronto District School Board (TDSB) and the Toronto Catholic District School Board (TCDSB). French versions will be provided to Conseil scolaire de district catholique Centre-Sud and Conseil scolaire Viamonde.

The TPH Student Survey provides essential information on the health of Toronto's youth that can be used by public health, school communities, and other agencies to identify priority issues and populations, and guide services and policies that promote the health and well-being of Toronto's students.

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SIGNATURE

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ATTACHMENTS

Attachment 1 - Healthy Futures: 2014 Toronto Public Health Student Survey