

NEW BRUNSWICK STUDENT WELLNESS SURVEY 2012-2013

Anglophone West School District

The New Brunswick Student Wellness Survey: Feedback Report

provides highlights of major findings related to key provincial indicators that are considered crucial for monitoring student wellness behaviours and for developing a culture of well-being in our province.

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NEW BRUNSWICK STUDENT WELLNESS SURVEY

THE NEW BRUNSWICK STUDENT WELLNESS SURVEY (NBSWS) IS A PROVINCIAL INITIATIVE OF THE NEW BRUNSWICK DEPARTMENT OF HEALTHY AND INCLUSIVE COMMUNITIES (HIC). DATA COLLECTION AND ANALYSIS IS CARRIED OUT BY THE NEW BRUNSWICK HEALTH COUNCIL (NBHC) IN COOPERATION WITH THE DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT. THE PURPOSE OF THE SURVEY IS TO EXAMINE THE HEALTH AND WELLNESS ATTITUDES AND BEHAVIOURS OF STUDENTS IN GRADES 6-12.

INTRODUCTION

2012-2013 New Brunswick Student Wellness Survey

The questions on the New Brunswick Student Wellness Survey address four pillars of wellness: Healthy Eating, Physical Activity, Tobacco-free Living and Mental Fitness. In addition, the survey touches upon resilience related factors, alcohol and drug use, as well as, students' perceptions about wellness in general and their surrounding environment.

In the 2012-2013 survey over 35,000 students from 177 schools participated in the survey, as compared to over 21,000 students from 127 schools in the 2009-2010 survey. Each participating school receives a personalized School Feedback Report. This report provides results at the educational district level. Unless otherwise stated, all numbers listed in the report are presented as a percentage of total respondents in the educational district. The report is supplemented by detailed tables summarizing data on questions that relate to possible context, policies or programs.

In the
2012-2013 survey,
over 35,000
students from 177
schools participated
in the survey.

The organization of your Feedback Report recognizes the interrelatedness of the four wellness pillars and the importance that family influences, peer relationships and the school environment play in influencing students' health behaviour choices and attitudes. The information contained in this report is provided to each district to assist with the prioritization, development and implementation of initiatives that promote healthy lifestyle behaviours and attitudes among students. In many instances, reports are shared with other health and wellness stakeholders, such as parents, district-level personnel, departmental and community service providers, and business and civic leaders.

Importance of Student Wellness to Academic Development

The Feedback Report provides a unique opportunity to reinforce the importance of healthy lifestyle behaviours to student learning. Current research provides evidence of positive associations among the wellness pillars and measures of students' academic readiness, engagement and success. For example:

HEALTHY EATING

Eating breakfast every day can help improve concentration, and increase students' potential to learn (Public Health Agency of Canada, 2009). Body mass is an important indicator of scholastic achievement, attendance, behaviour and physical fitness (Shore, et al, 2008)

PHYSICAL ACTIVITY

Active and healthy students have increased levels of concentration, relaxation and focus. Participation in physical activity is positively related to academic performance in young people (Singh, A. et al, 2012)

TOBACCO USE

There is an association between tobacco use and low academic achievement and motivation in students; students who use tobacco tend to have lower academic grades than their peers (Morrison and Peterson, 2010). "Adolescents who do well in school are less likely to smoke "There is an association between academic achievement and rates of smoking initiation (Morin, et al, 2012)

MENTAL FITNESS

The satisfaction of mental fitness needs (competency, relatedness and autonomy) in the educational context has been associated with a range of positive personal and academic outcomes, including enhanced academic self-esteem and engagement, increased scholastic confidence and performance, and decreased likelihood of dropping out of school (Morrison and Peterson, 2010).

A Comprehensive Approach to School Health

The Joint Consortium for School Health recommends the use of a Comprehensive School Health framework in addressing both the academic development and wellness of students. The framework emphasizes the need for planning and implementing whole school approaches that incorporate key wellness perspectives and practices across four domains:

- Social and physical environment
- Teaching and learning
- Healthy school policy
- Partnerships and services

To learn more about the Comprehensive School Health framework and the Joint Consortium for School Health, please visit www.jcsh-cces.ca.

Your Feedback Report is a valuable source of information for planning initiatives using a Comprehensive School Health framework. The survey outcomes detailed in the report may assist in identifying areas of strength on which to build, as well as priority wellness areas that require further attention or promotion.

It is critical that all stakeholders work together, including students, teachers, parents, administrators, service providers, and members of the wider community. The following provides some key ideas on how to use your Feedback Report.

STUDENTS CAN USE THE RESULTS TO:

- Relate the results to curriculum concepts being taught in the classroom
- Engage in dialogue about the results to seek solutions and create student-driven action plans
- Participate in planning activities for programs like the School Wellness Grants
- Organize a school-based action team or student club in wellness
- Help organize new initiatives (e.g., start an intramural program, hold a health fair, create a video, develop a presentation, or explore health behaviours of another country)
- Share and use the data in class, at home and in the community

PARENTS AND COMMUNITIES CAN USE THE RESULTS TO:

- Plan activities with students, staff, community members and the Parent School Support Committee or Home and School Association
- Model healthy behaviours and support the adoption of healthy behaviours
- Share their skills, talents and expertise to support the school and the community
- Work with community groups to help address identified issues

SCHOOL STAFF CAN USE THE RESULTS TO:

- Communicate outcomes with students and staff and the Parent School Support Committee (PSSC) or Home and School Association (HSA)
- Incorporate wellness objectives into School Improvement Plans
- Develop class assignments and activities (e.g., grade 6-8 Curriculum Connectors at www.unbf.ca/education/herg/wellness/curriculum-connectors.php)
- Engage students in planning and delivering wellness activities
- Create opportunities for staff to model healthy behaviours
- Support requests for funding (e.g., Wellness Grant Programs)
- Support the development, monitoring and implementation of healthy school policies
- Enhance delivery of services or programs for students (e.g., counselling, breakfast program)
- Form new partnerships with parents and the wider community to take collective action
- Implement and evaluate actions to promote wellness ■



HEALTHY EATING

IN THE PAST 25 YEARS, THERE HAS BEEN A DRAMATIC INCREASE IN THE PERCENTAGE OF CANADIAN ADOLESCENTS WHO ARE CONSIDERED TO BE OVERWEIGHT OR OBESE (STATISTICS CANADA, 2005). OVERWEIGHT AND OBESITY RATES IN ADOLESCENCE OFTEN PERSIST INTO ADULTHOOD. FAST FOOD CONSUMPTION AND FOOD PORTION SIZES HAVE INCREASED SIGNIFICANTLY IN THE PAST 2-3 DECADES (ST-ONGE, M.P. ET. AL., 2003). DURING THE SAME PERIOD, YOUTH HAVE BECOME LESS PHYSICALLY ACTIVE OR SPEND MORE TIME ON SEDENTARY ACTIVITIES. THE FIRST SECTION DISCUSSES HEALTHY EATING, WHILE THE SECOND SECTION DISCUSSES PHYSICAL ACTIVITY. THE PREVALENCE OF OVERWEIGHT AND OBESITY IS DISCUSSED IN THE NEXT SECTION, AS A HEALTHY BODY WEIGHT DEPENDS ON BOTH HEALTHY EATING AND PHYSICAL ACTIVITY

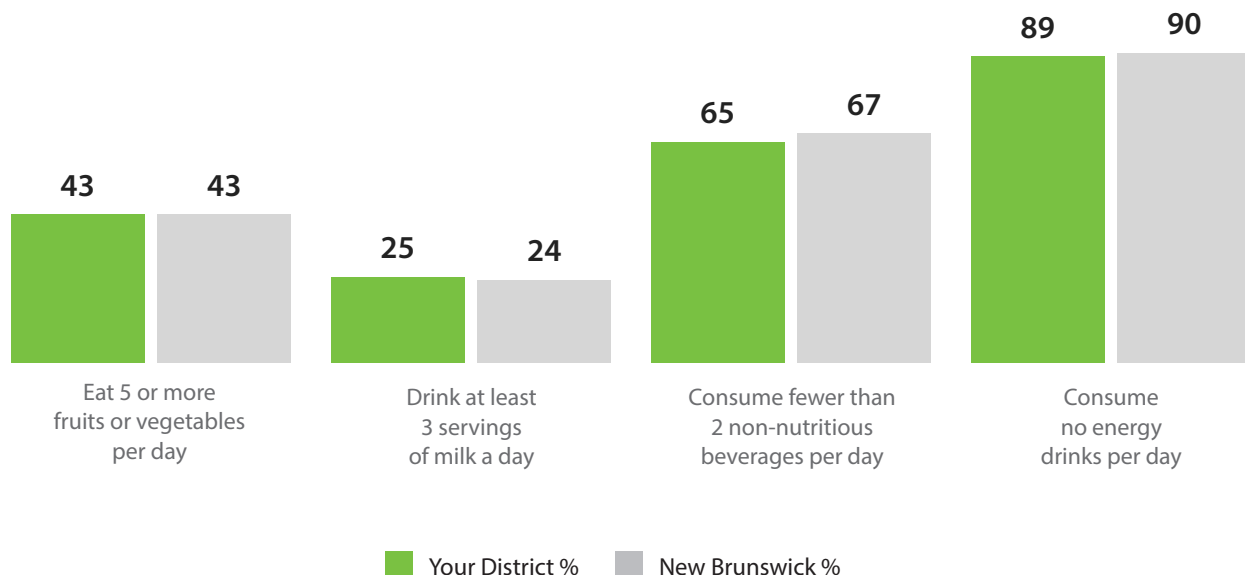
HEALTHY EATING

Food Intake

Children and adolescents who eat fruits and vegetables five or more times a day are substantially less likely to be overweight or obese than those whose fruit and vegetable consumption is less frequent (Tjepkema & Shields, 2005).

The amount of fruits and vegetables teens eat is an especially important marker. Children and adolescents who eat fruits and vegetables five or more times a day are substantially less likely to be overweight or obese than those whose fruit and vegetable consumption is less frequent (Tjepkema & Shields, 2005). Consuming an adequate amount of milk and milk products is also important. In addition, limiting food and beverages high in calories, fat, sugar and salt (sodium) is an important step towards better health and healthy body weight (Canada’s Food Guide). The demand for sports and energy drinks (rich in carbohydrates and caffeine) continues to grow. In 2011, retail sales of sports and energy drinks in Canada grew by 4% reaching just over 194 million litres (Euromonitor International, 2012). Excessive regular consumption of such drinks adversely affects the appropriate dietary balance of nutrients needed for optimal growth, development, body composition and health (Seifert, S.M. et al, 2011; Committee on Nutrition and the Council on Sports Medicine and Fitness, 2011). Figure 1 shows the food intake for key indicators of healthy eating.

Figure 1
Food intake for key indicators of healthy eating



Healthy Eating at Home

Healthy eating routines in both home and school settings play an important role in creating readiness for learning. For example, students who eat breakfast have improved memory, problem-solving skills and creative abilities (Health Canada, 2007c).

In New Brunswick, only 42% of the students ate breakfast every day in the previous week, while 27% reported eating breakfast 2 or fewer times per week. Figure 2 shows the results for your district compared with the provincial results. Figure 3 displays the percentage of students that gave various reasons for skipping breakfast.

Figure 2
Percentage of students eating breakfast two or fewer times per week

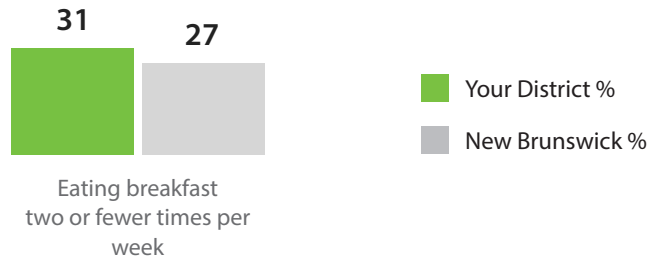
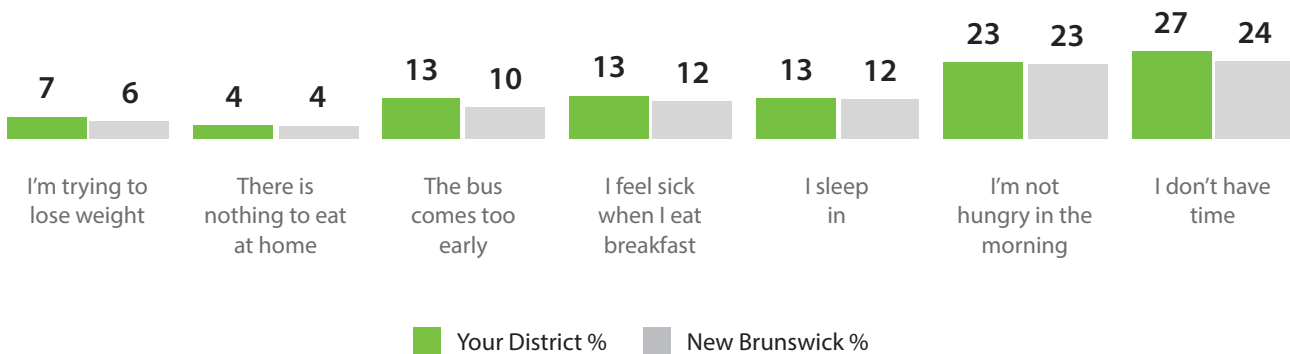


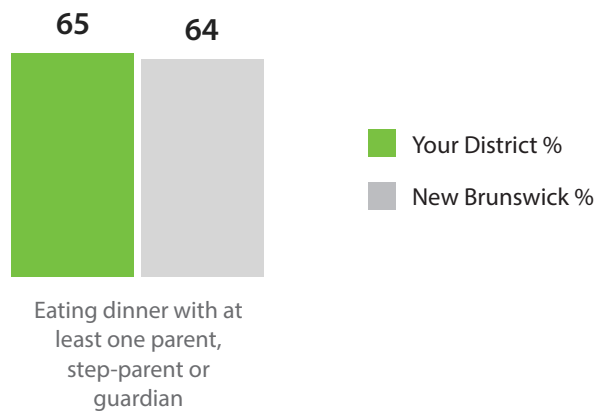
Figure 3
Reasons students give for skipping breakfast



Social Relations Influence Healthy Eating

Family members influence students' eating routines and choices. Parents can play an important role in helping students develop healthy attitudes toward food through establishing consistent meal-time routines and modelling healthy food choices. Eating the evening meal with the family is particularly important.

Figure 4
Percentage of students eating dinner with at least one parent, step-parent or guardian



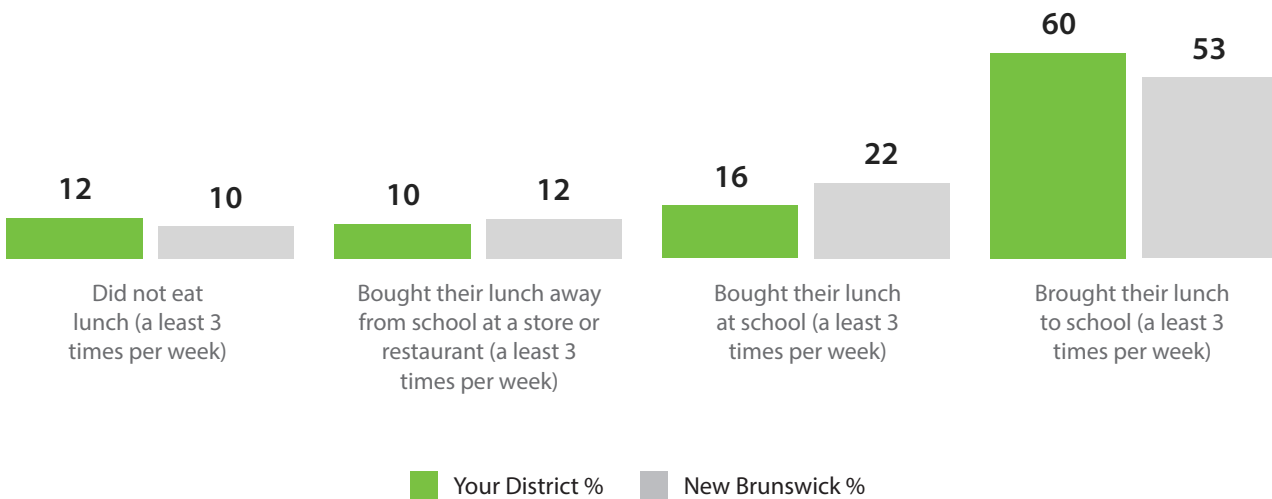
During the adolescent years, students' peers also play an important role in shaping attitudes and behaviours related to healthy eating routines and choices (Health Canada, 2007b).



Schools Influence Healthy Eating

Schools can also influence healthy eating habits. The nutritional value of the food eaten at lunch is an important indicator. Offering healthy foods at sports and fund-raising events, in vending machines, and in the cafeteria helps promote healthy eating. Figure below shows the students' lunch habits at school.

Figure 5
Students' lunch habits on school days

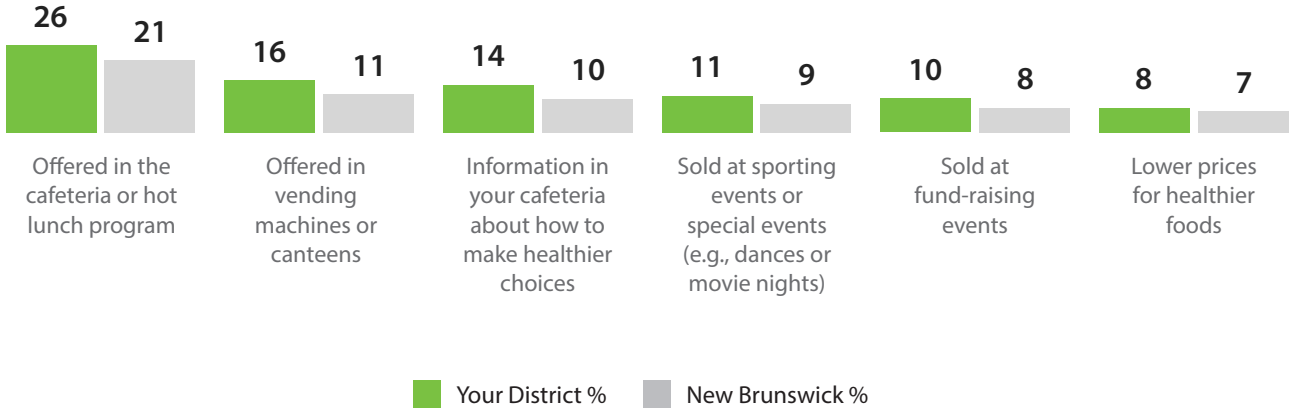


In New Brunswick, only 42% of the students ate breakfast every day in the previous week, while 27% reported eating breakfast 2 or fewer times per week.



Students were asked whether they noticed a trend in their school over the past 12 months related to the offering of healthier foods. The figure below shows the results for your district compared with the province. ■

Figure 6
Healthy foods offered at school





PHYSICAL ACTIVITY

TODAY, STUDENTS SPEND 40% LESS TIME BEING PHYSICALLY ACTIVE THAN STUDENTS DID 15 YEARS AGO (CANADIAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE, 2005). PHYSICAL ACTIVITY CAN HELP STUDENTS ACHIEVE AND MAINTAIN A HEALTHY BODY WEIGHT, REDUCE STRESS, INCREASE ENERGY LEVELS, AND IMPROVE THEIR OVERALL OUTLOOK ON LIFE (HEALTH CANADA, 2002). CHILDREN WHO ARE PHYSICALLY ACTIVE MAY EXPERIENCE IMMEDIATE AND LONG-TERM POSITIVE IMPACTS LIKE IMPROVED MENTAL HEALTH STATUS AND SELF-ESTEEM, INCREASED PHYSICAL FITNESS, WHICH IMPROVES PERFORMANCE OF DAILY ACTIVITIES (KREBS, N.F. ET AL, 2007)

PHYSICAL ACTIVITY

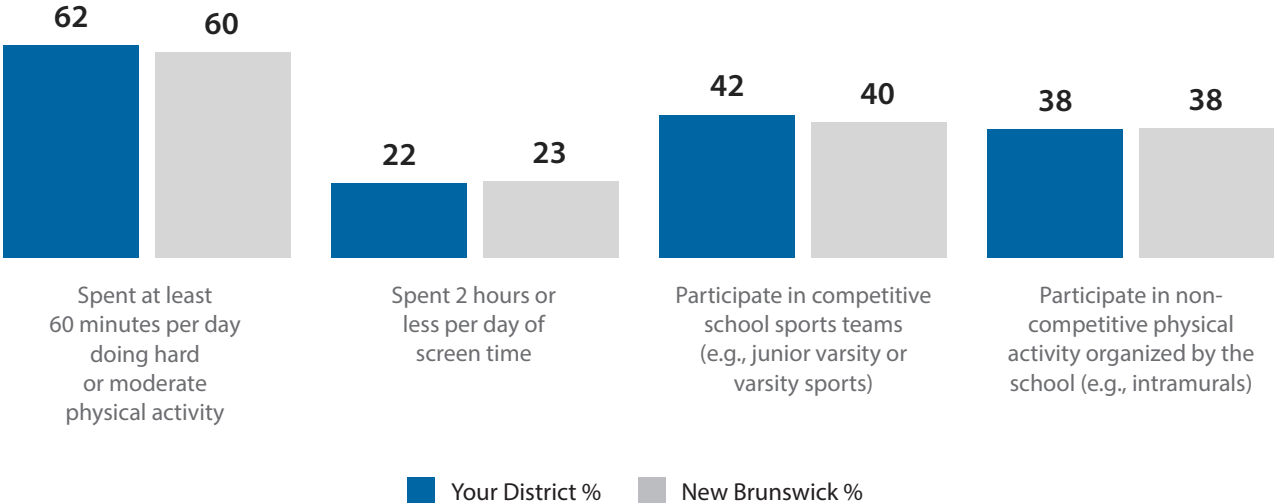
Canadian Physical Activity Guidelines recommend that students accumulate 60 minutes a day doing hard or moderate physical activity.

Physical Activity

Canadian Physical Activity Guidelines recommend that students accumulate 60 minutes a day doing hard or moderate physical activity. The Guide also calls for students to spend less than two hours per day in sedentary activities such as watching TV or using a computer.

The after school period is a perfect time to introduce change from sedentary screen-related activities to those that will get students moving! About 40% of New Brunswick youth were not physically active in the week prior to the survey. The figure below shows the percentage of students that were physically active.

Figure 7
Physical activity and inactivity



Overweight and Obesity

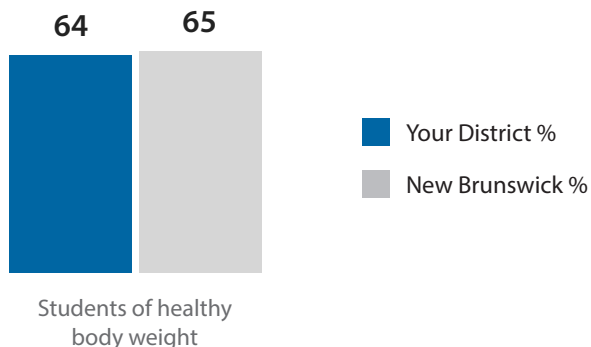
Overweight and obesity in childhood and adolescence have been associated with negative socioeconomic outcomes, elevated health risks and morbidities, and increased mortality rates in adulthood (Reilly, J.J. et al., 2003). They are risk factors for a large number of chronic health conditions like high blood pressure, heart disease, diabetes, and stroke (Li, Z. et al, 2005). In addition to direct health implications, unhealthy weights and obesity are associated with reduced academic achievement (Shore, S.M., et al, 2008) and bullying, with relationship to both being victims, as well being bullying perpetrators (for teen girls) (Kukaswadia. A., et al., 2011)

The prevalence of overweight and obese children aged 7 to 13 in Canada increased from 11.4% in 1981 to 29.3% in 1996; the increase in New Brunswick over that period was from 9.9% to 33.8% (Willms, Tremblay, & Katzmarzyk, 2003). The 2009 results from the Canadian Community Health Survey indicated that 28.1% of New Brunswick youth (12-17 years) are overweight or obese, which is well above the Canadian average of 19.7% (Statistics Canada, Canadian Community Health Survey (CCHS)).

Healthy body weight can be determined using the Body Mass Index (BMI). BMI is a measure of a person's weight in comparison to their height. International definitions for overweight and obesity based on the distribution of BMI for boys and girls at each age have been established (Cole et al., 2000). The figure below shows the percentage of students that were of healthy weight.

Figure 8

Prevalence of students of healthy body weight

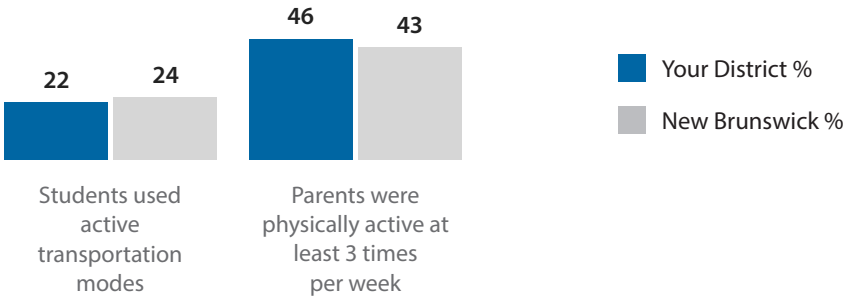


In addition to direct health implications, unhealthy weights and obesity are associated with reduced academic achievement (Shore, S.M., et al, 2008) and bullying. (Kukaswadia. A., et al., 2011)

Family Influences

Parents are important role models, and encourage healthy behaviours in their children through participation in regular physical activity and using active modes of transportation, such as cycling or walking. When parents have greater physical activity orientation, their children are more attracted to physical activity (Lau, P.W.C. et al, 2007; Zecevic, C.A. et al, 2010). In the 2012-2013 New Brunswick survey, 63% of the students of active parents were physically active, while only 51% of the students of inactive parents were physically active.

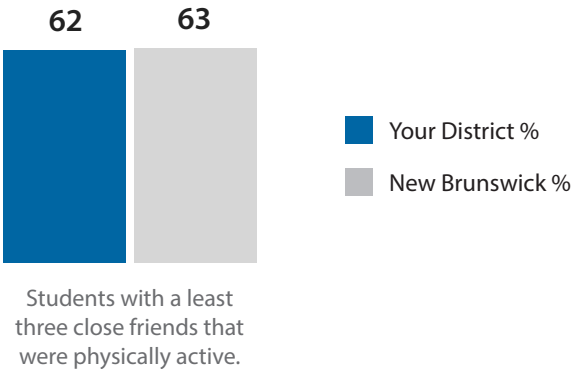
Figure 9
Physical activity in the family



Peer Influences

Students were asked “How many of your close friends are physically active?” Physically active students are more likely than those who are inactive to report that they have active friends. In the 2012-2013 New Brunswick survey, 63% of students had at least three physically active friends, and among those students, 63% were themselves physically active. In contrast, only 46% of those with less than three active friends were physically active.

Figure 10
Physically active friends

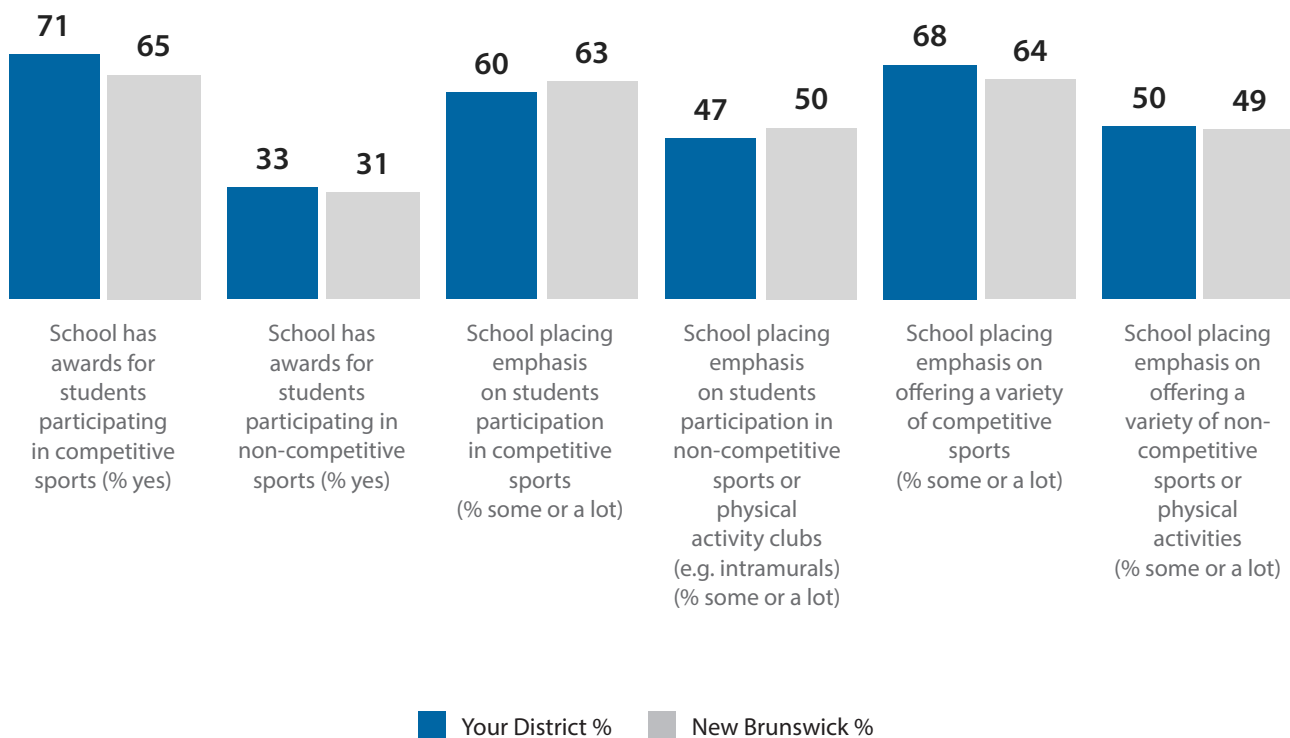


Physical Activity at School

School environments that support and encourage physical activity have been shown to be effective in increasing student activity levels (Heart and Stroke Foundation of Canada, 2005). Physical activities at school provide opportunities for students to be active and to form relationships that reinforce healthy lifestyle attitudes and behaviours.

Students were asked a number of questions about the opportunity to be engaged in school sports, whether they did engage in non-competitive sports, and the relative emphasis placed on competitive versus non-competitive sports. ■

Figure 11
Access, participation and support for physical activity at school



School environments that support and encourage physical activity have been shown to be effective in increasing student activity levels (Heart and Stroke Foundation of Canada, 2005).





TOBACCO-FREE LIVING

LOWER ACADEMIC ACHIEVEMENT AND HIGHER RISK OF DROPPING OUT OF HIGH SCHOOL HAVE BEEN ASSOCIATED WITH SMOKING IN STUDENTS (TUCKER ET AL, 2008; TOWNSEND ET AL, 2007).

USING TOBACCO AT AN EARLY AGE HAS BEEN ASSOCIATED WITH OTHER RISK BEHAVIOURS, INCLUDING PROBLEM ALCOHOL AND SUBSTANCE USE (CDC, 2006; ELLIC KSON ET AL, 2008), AND THE YOUNGER ONE STARTS TO SMOKE THE MORE LIKELY HE/SHE TO BECOME STRONGLY DEPENDENT ON NICOTINE (JOHNSTON ET AL, 2008).

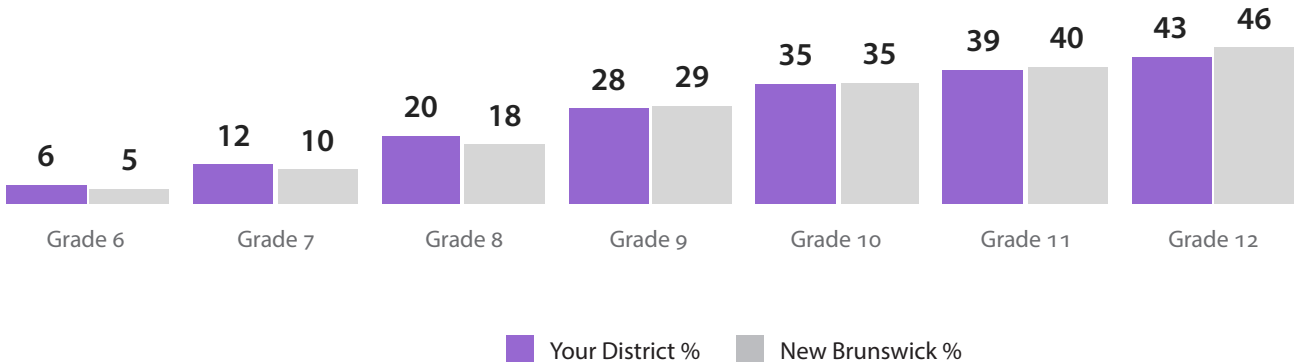
TOBACCO-FREE LIVING

In New Brunswick, the average age at which grade 12 students smoked their first whole cigarette is 14.2 years.

Smoking Initiation

In New Brunswick, the average age at which grade 12 students smoked their first whole cigarette is 14.2 years. Students were asked whether they have ever tried smoking, even just a few puffs. By grade 12, about 42% of girls and 50% of boys have tried smoking. This is a key indicator as students who try smoking at a young age are more susceptible to becoming regular smokers. The figure below shows the percentage of students that have tried smoking.

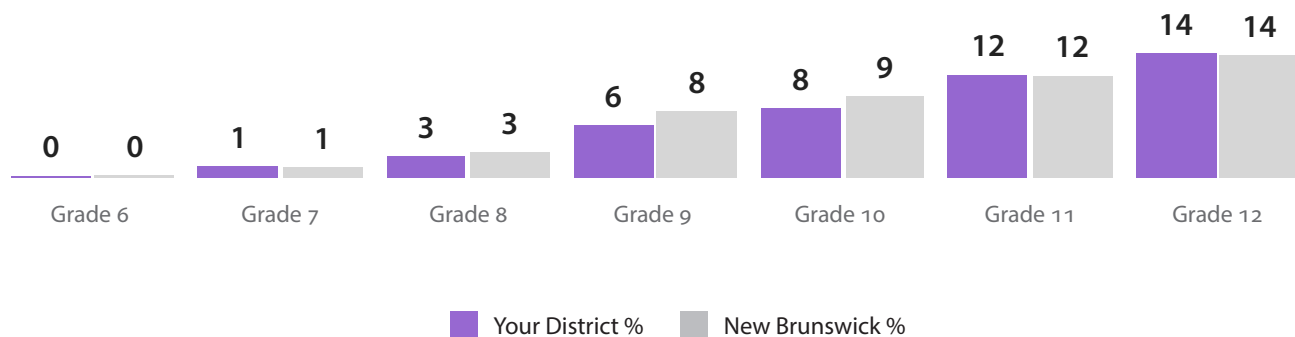
Figure 12
Students that have tried smoking



Regular Smoking

Students are considered current smokers if they smoked at least 100 cigarettes in their lifetime and have smoked in the past 30 days (Youth Smoking Survey Microdata User Guide, 2010/2011). In New Brunswick, 9% of girls and 17% of boys in grades 11 and 12 are current smokers. The figure below shows the percentage of students that are current smokers.

Figure 13
Students that are current smokers



Amongst students in grades 6 to 8, 4% of those who had tried using tobacco reported that they bought them at a store, while a further 30% received them from a friend or someone else. Older students – those in grades 9 to 12 – most often bought their cigarettes at a store (19%), bought them from a friend or someone else (13%) or asked someone to buy them for them (15%). About 31% were given their cigarettes by a friend or someone else.

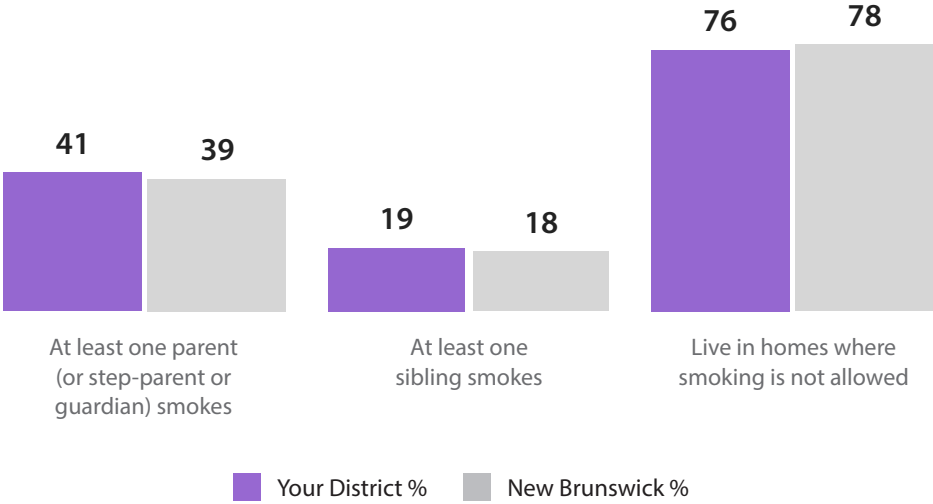
Family Influences

Smoking within the home is related to student smoking behaviour. When both parents smoke, students are more likely to smoke than when only one parent smokes. Students having family members who smoke are at a higher risk of beginning to smoke (Youth Smoking Survey 2008/2009 – Smoking Profile for New Brunswick Youth). In 2008-2009 Youth Smoking Survey, 76% of youth smokers in Canada had family members who smoke compared to 47% of non-smokers.

In New Brunswick, about 44% of all students have at least one family member that smokes. Among those students whose parents smoke, 22% are current smokers by grade 12, while only 7% of students whose parents do not smoke are current smokers by grade 12.

Students were asked about whether there were rules in their household about smoking, and amongst all New Brunswick students, 78% lived in homes where smoking was not allowed. Around 2% of students reported that only special guests were allowed to smoke, while 12% reported that there were designated areas for smoking and 8% reported that smoking was allowed anywhere in the home.

Figure 14
Smoking within the home



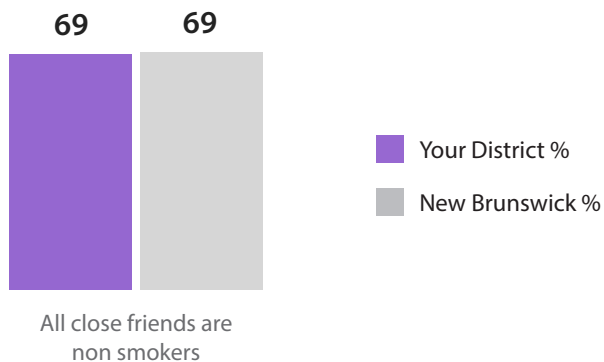
Amongst students in grades 6 to 8, 4% of those who had tried using tobacco reported that they bought them at a store, while a further 30% received them from a friend or someone else.



Peer Influences

Students who have close friends who smoke are more likely to smoke than those who have only non-smoking friends. In 2008-2009 Youth Smoking Survey, 95% of youth current smokers in Canada had friends who smoke compared to 28% of non-smokers. Non-smokers who have friends who smoke are the most susceptible to begin smoking themselves. In the 2012-2013 New Brunswick survey, among high school students that smoked, 92% had friends that smoked, while among non-smokers only 35% had close friends that smoked.

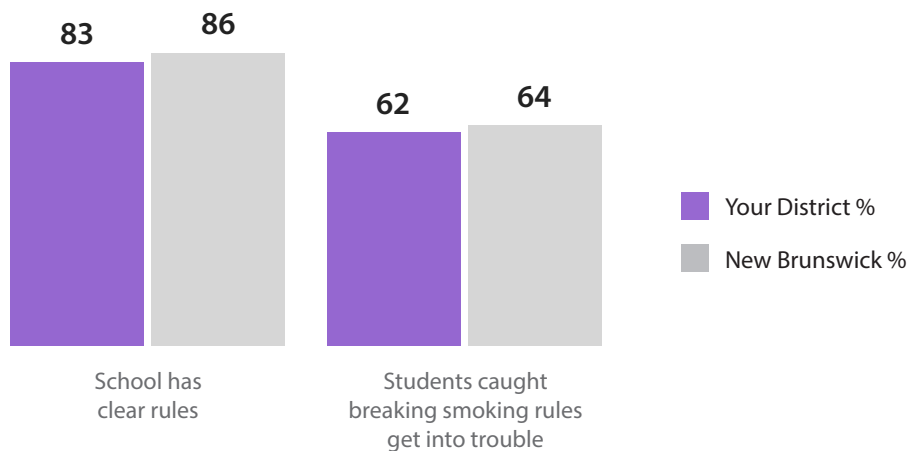
Figure 15
Students with close friends that do not smoke



Tobacco-free at School

Students were asked “Does your school have a clear set of rules about smoking for students to follow?” About 24% of the students did not know. The response pattern among those that did know is shown in the following figure.

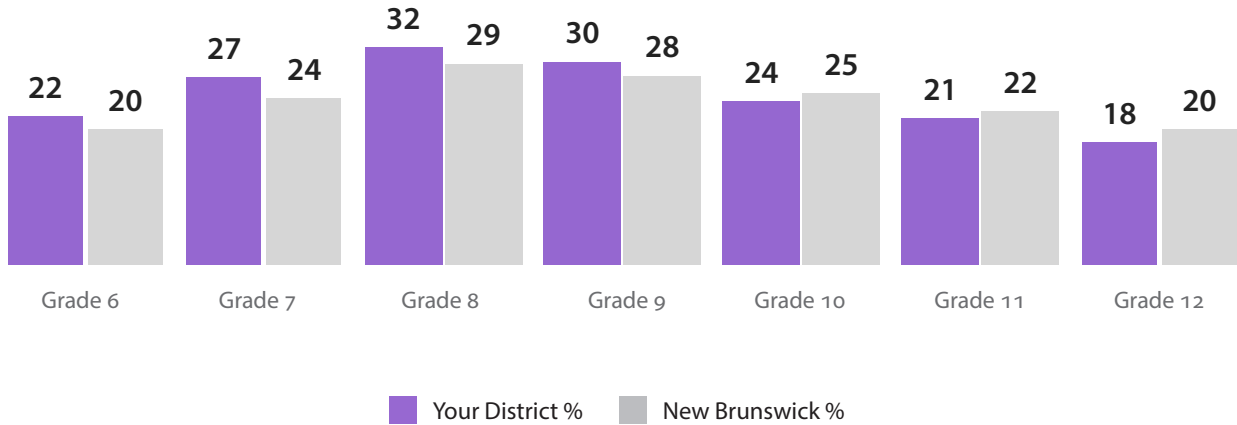
Figure 16
Rules about smoking at school



Susceptibility to Tobacco-use

Students who had never smoked were asked about their intentions to remain smoke-free and their confidence in resisting peer-pressure to smoke. The figure below shows the percentage of students in New Brunswick who had never tried smoking and who were susceptible to smoking in the future, i.e., are at risk of smoking initiation.

Figure 17
Student susceptibility to tobacco-use



Smoking and Substance Abuse

The use of tobacco tends to go hand-in-hand with drinking alcohol and using marijuana. Amongst students in grades 9 to 12, 96% of those who had smoked in the past 30 days had tried drinking alcohol and 86% had tried using marijuana. In contrast, 71% of non-smokers had drunk alcohol and 30% had tried using marijuana. ■

Among those students whose parents smoke, 22% are current smokers by grade 12, while only 7% of students whose parents do not smoke are current smokers by grade 12



MENTAL FITNESS

MENTAL FITNESS REFERS TO A STATE OF PSYCHOSOCIAL WELL-BEING THAT GOES BEYOND THE ABSENCE OF DISEASE OR SICKNESS. IT MEANS HAVING A POSITIVE SENSE OF HOW WE FEEL, THINK AND ACT WHICH IMPROVES OUR ABILITY TO ENJOY LIFE. IT ALSO IMPLIES THE ABILITY TO EFFICIENTLY RESPOND TO LIFE'S CHALLENGES, AND TO EFFECTIVELY RESTORE AND SUSTAIN A STATE OF BALANCE. HAVING A HIGHER LEVEL OF MENTAL FITNESS ENABLES US TO MORE FULLY ENJOY AND APPRECIATE OUR ENVIRONMENT AND THE PEOPLE IN IT. WHEN MENTAL FITNESS NEEDS ARE SUFFICIENTLY MET, PEOPLE ADOPT BEHAVIOURS THAT CONTRIBUTE TO THEIR OWN PERSONAL WELLNESS AND THAT OF OTHERS, AND THEY MAKE HEALTHIER CHOICES
(NEW BRUNSWICK WELLNESS STRATEGY, 2009).

MENTAL FITNESS

Mental Fitness

The Joint Consortium for School Health has recently published a resource document for schools. The publication outlines key perspectives and practices for applying comprehensive positive mental health approaches in the school context. This resource document can be accessed at <http://www.jcsh-cces.ca/>, by selecting Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives.

A recent review of 17 studies involving positive mental health promotion in schools reported that comprehensive school health approaches that were sustained beyond one year were more likely to be effective than singular interventions that were carried out for shorter periods of time (Stewart-Brown, 2006; Morrison & Peterson, 2010).

Analyses of data from 2012-2013 wellness survey confirm that high levels of mental fitness were associated with:

- higher levels of pro-social behaviours and fewer oppositional behaviours;
- a lower prevalence of smoking in the 30 days prior to the survey and a lower susceptibility to smoking
- engagement in competitive physical activities; and higher levels of school connectedness (Morrison & Peterson, 2010)

Mental fitness is fostered in environments and relationships that address three interrelated psychological needs: autonomy, relatedness, and competency.

AUTONOMY.

"I am able to make choices about things that are important to me."

Students need personal freedom to make choices or decisions that affect their lives. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others.

RELATEDNESS.

"I feel included, supported and encouraged by others."

Students need connection to and closeness with family, peers, teachers and other significant individuals. This need is met through interaction with others, membership in groups, and the support and encouragement students receive from others.

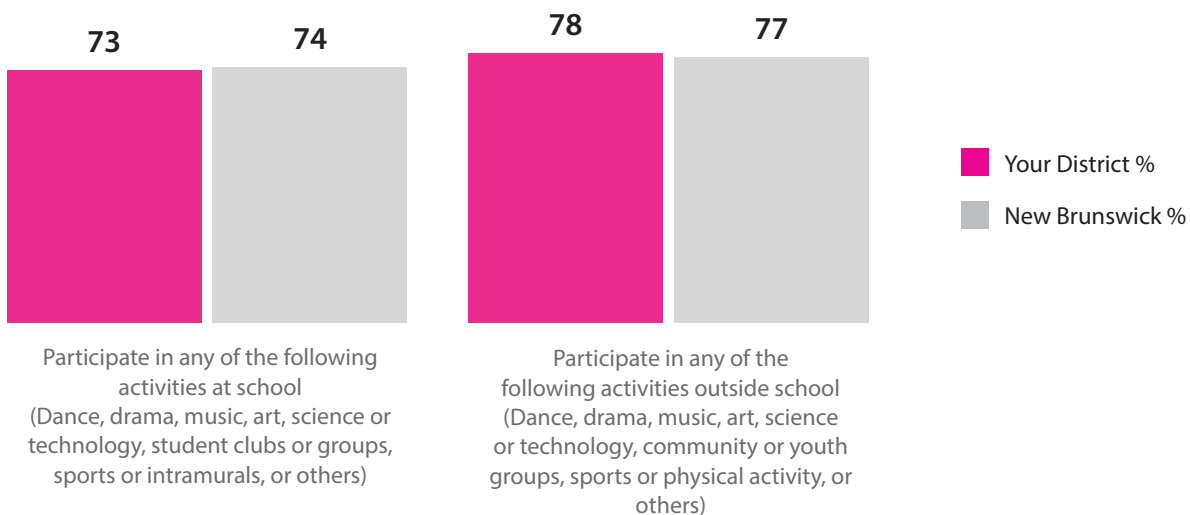
COMPETENCY.

"I have strengths and gifts that are recognized by myself and others."

Students need to recognize and use their personal gifts and strengths in achieving personal goals. Fulfillment of this need provides them with a sense of personal achievement and accomplishment.

As part of school routines, providing positive opportunities for students to interact with one another (relatedness), to use their strengths (competency), and to exercise choice (autonomy) is important for promoting mental fitness. In this regard, providing an array of diverse activities that reflect students’ interests is beneficial.

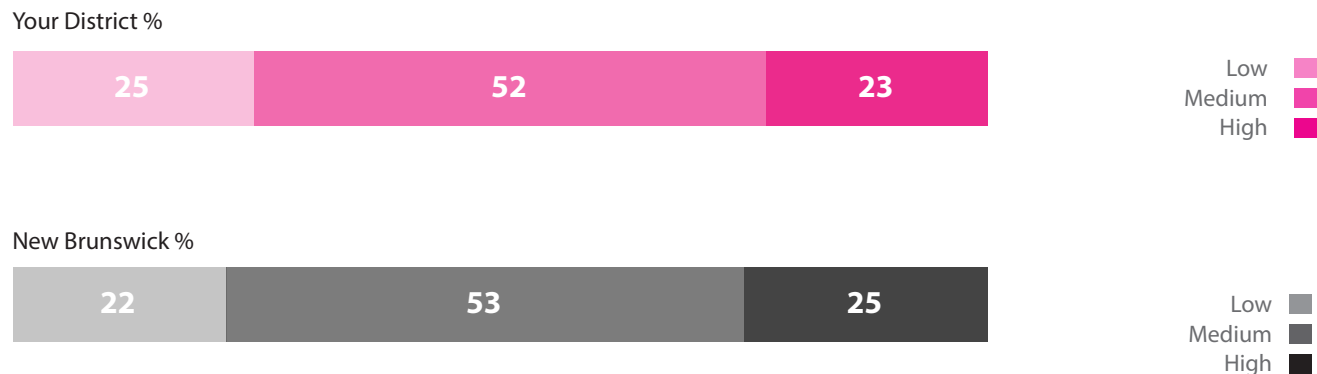
Figure 18
Percentage participating in any activity in school and outside school



Mental Fitness at Your School

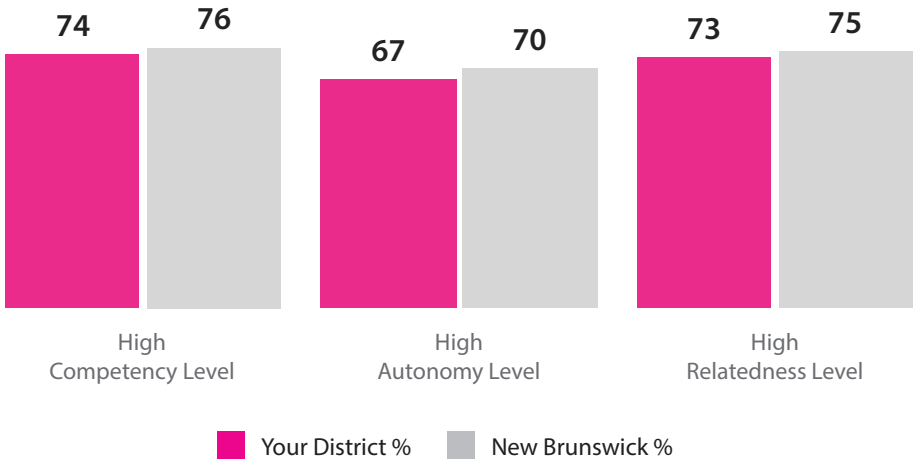
Students were asked six questions corresponding to each of the three aspects of mental fitness. The figure below shows the results for mental fitness at your district compared with the provincial results.

Figure 19
Percentage of students by levels of mental fitness



Survey responses to several questions relating to mental fitness were combined to create a score on a 72-point scale, with a high score presenting a high level of mental fitness. Students with a score of 51 or less were considered to have a low level of mental fitness and students with a score of 66 or higher represented a high level of mental fitness.

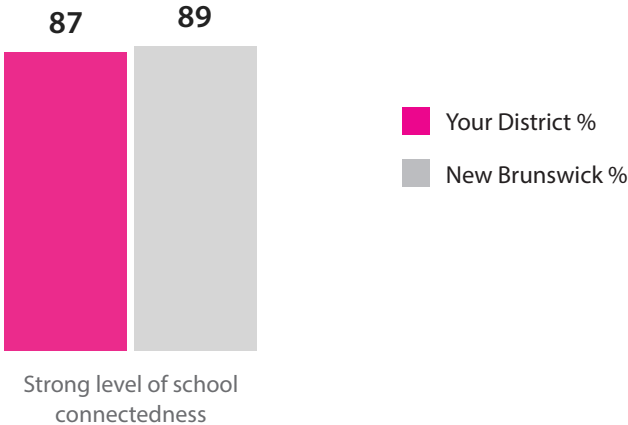
Figure 20
Percentage of students with high level of autonomy, competency and relatedness



School Connectedness

A sense of school connectedness can support students in making healthy choices. Students who feel an attachment to their school, and who consider their teachers to be supportive, are less likely to engage in unhealthy or high-risk behaviours. Students were asked about the extent to which they agreed or disagreed with six statements concerning their sense of connectedness to school. The figure below shows the results for school connectedness at your district compared with the provincial results. The table that follows shows the results for the questions that comprise the scale.

Figure 21
School connectedness



Survey responses to several questions relating to school connectedness were combined to create a score on a 20-point scale. Students with a score higher than 10 presented a strong level of school connectedness

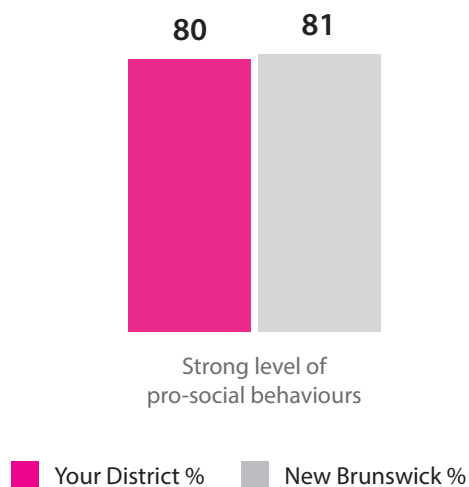
Table 1
School connectedness

| How strongly do you agree or disagree with the following statements? | Percentage of students responding | | | |
|--|-----------------------------------|-------|----------|-------------------|
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| I feel close to people at my school. | 23 | 53 | 17 | 6 |
| I feel I am part of my school | 20 | 52 | 19 | 8 |
| I am happy to be at my school. | 20 | 48 | 20 | 12 |
| I feel the teachers at my school treat me fairly. | 19 | 56 | 17 | 8 |
| I feel safe at school. | 21 | 58 | 14 | 7 |
| I feel my learning needs are met at my school | 20 | 56 | 17 | 8 |

Pro-social Behaviours

Students with higher levels of mental fitness tend to report more pro-social behaviours such as helping people and sharing things without being asked. Students were asked about the extent to which they engaged in five pro-social behaviours. The figure below shows the results for your district compared with the provincial results. ■

Figure 22
Pro-social behaviours



Survey responses to several questions relating to pro-social behaviour were combined to create a score on a 30-point scale. Students with a score of 15 or higher presented a strong level of pro-social behaviours.

Students with higher levels of mental fitness tend to report more pro-social behaviours such as helping people and sharing things without being asked.





ANNEX TABLES

The following section summarizes all the indicators listed in your district report.

It also provides additional data about relevant indicators that can help you identify areas of strength to build on, as well as areas of improvement that can be targeted to help empower students to adopt healthy life styles. The tables cover the following themes:

- Healthy Eating
- Physical Activity
- Tobacco and Substance Use
- Bullying
- Oppositional Behaviour
- Pro-Social Behaviour
- Mental Fitness
- School Connectedness
- Resilience Factors
- School Performance and Requirements
- Student Participation, Engagement, and Contribution to the Community.

Healthy Eating

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|--|-----------------------------------|-----------------------------------|
| Food intake for key indicators of healthy eating the day before the survey | | |
| <i>Eat 5 or more fruits and vegetables (%)</i> | 43 | 43 |
| <i>Drink at least 3 servings of milk (%)</i> | 25 | 24 |
| <i>Consume fewer than 2 non-nutritious beverages (%)</i> | 65 | 67 |
| <i>Consumes no energy drinks (%)</i> | 89 | 90 |
| Frequency of eating breakfast in the week prior to the survey | | |
| <i>Ate breakfast every day (%)</i> | 39 | 42 |
| <i>Ate breakfast 2 or fewer times (%)</i> | 31 | 27 |
| Reason for skipping breakfast | | |
| <i>I'm trying to lose weight (%)</i> | 7 | 6 |
| <i>There is nothing to eat at home (%)</i> | 4 | 4 |
| <i>The bus comes too early (%)</i> | 13 | 10 |
| <i>I feel sick when I eat breakfast (%)</i> | 13 | 12 |
| <i>I sleep in (%)</i> | 13 | 12 |
| <i>I'm not hungry in the morning (%)</i> | 23 | 23 |
| <i>I don't have time (%)</i> | 27 | 24 |
| Ate 3 main meals[†] the day before the survey (%) | 68 | 72 |
| Ate 2 or more snacks^{††} the day before the survey (%) | 67 | 65 |
| Ate lunch alone (by him/herself) the day before the survey (%) | 10 | 9 |
| At dinner with at least one parent, step-parent or guardian the day before the survey (%) | 65 | 64 |
| Ate at a fast food place or restaurant at least 3 times in the week prior to the survey (%) | 12 | 12 |
| Ate meals while watching television at least 3 times in the week prior to the survey (%) | 39 | 38 |

[†] Main meals: breakfast, lunch, dinner

^{††} Snacks: morning snack, afternoon snack, evening snack

Healthy Eating

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|---|-----------------------------------|-----------------------------------|
| Lunch habits on school in the week prior to the survey (at least 3 times) | | |
| <i>Did not eat lunch (%)</i> | 12 | 10 |
| <i>Bought their lunch away from school at a store or restaurant (%)</i> | 10 | 12 |
| <i>Bought their lunch at school (%)</i> | 16 | 22 |
| <i>Brought their lunch to school (%)</i> | 60 | 53 |
| Has enough time to eat lunch at school on most school days (%) | 68 | 72 |
| Healthy foods at school | | |
| <i>Offered in the cafeteria or hot lunch program (%)</i> | 26 | 21 |
| <i>Offered in vending machines or canteens (%)</i> | 16 | 11 |
| <i>Information in your cafeteria about how to make healthier choices (%)</i> | 14 | 10 |
| <i>Sold at sporting events or special events (e.g. dances or movie nights) (%)</i> | 11 | 9 |
| <i>Sold at fund-raising events (%)</i> | 10 | 8 |
| <i>Lower prices for healthier foods (%)</i> | 8 | 7 |
| Noticed a new fruit and vegetable snack program in school in the last 12 months (%) | 12 | 9 |
| See school staff eating healthy foods (% , most or some of them) | 59 | 55 |
| Believe that students who eat healthy do better at school (% agree and strongly agree) | 62 | 60 |

Physical Activity

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|--|-----------------------------------|-----------------------------------|
| Not physically active in the week prior to the survey (%) | 38 | 40 |
| Physical activity and inactivity | | |
| <i>Physically active at least 60 minutes daily (moderate and hard physical activity) (%)</i> | 62 | 60 |
| <i>Spent 2 hours or less per day of screen time</i> | 22 | 23 |
| <i>Participate in competitive school sports teams (e.g., junior varsity or varsity sports) (%)</i> | 42 | 40 |
| <i>Participate in non-competitive physical activity organized by the school (e.g., intramurals) (%)</i> | 38 | 38 |
| <i>Take part in non-competitive physical activity not organized by your school (%)</i> | 59 | 63 |
| <i>Take part in competitive physical activity not organized by your school (%)</i> | 56 | 57 |
| Has healthy weight (%) | 64 | 65 |
| Used active [†] transportation modes to and from school in the week prior to the survey (%) | 22 | 24 |
| Parents were physically active at least 3 times in the 7 days prior to the survey (%) | 46 | 43 |
| Has at least three physically active friends (%) | 62 | 63 |
| School has awards for students participating in: (as reported by students) | | |
| <i>Competitive sports (%)</i> | 71 | 65 |
| <i>Non-competitive sports (%)</i> | 33 | 31 |
| School places emphasis on student participation in: (as reported by students) | | |
| <i>Competitive sports (%,"a lot" or "some")</i> | 60 | 63 |
| <i>Non-competitive sports or physical activity clubs (e.g. intramurals) (%,"a lot" or "some")</i> | 47 | 50 |
| School places emphasis on offering a variety of: (as reported by students) | | |
| <i>Competitive sports (%,"a lot" or "some")</i> | 68 | 64 |
| <i>Non-competitive sports or physical activities (%,"a lot" or "some")</i> | 50 | 49 |
| School places emphasis on developing positive attitudes about physical activity (%,"some" or "a lot") | 62 | 63 |
| Seeing the school staff being physically active (%,"most" or "some" of them) | 40 | 37 |
| Had 3 Physical Education Classes or more at school in the 7 days prior to the survey (%) | 32 | 35 |
| Has the chance to be physically active in in some or in all other classes besides Physical Education at school (%,"some" or "all" other classes) | 26 | 27 |
| Parents, step-parents, or guardians support me being physically active (%,"very supportive" or "supportive") | 87 | 85 |
| Believe that students who are physically active do better at school (%,"strongly agree" and "agree") | 52 | 51 |
| Spent no time on reading not counting for homework, at school or at work in the 7 days prior to the survey (%) | 21 | 25 |

[†] Active: Only active or mixed (e.g. walk, bike, skateboard)

Tobacco and Substance Use

| | Your District <i>n</i> =9,852 | New Brunswick <i>n</i> =35,954 |
|--|----------------------------------|-----------------------------------|
| Has ever tried smoking (%) | 27 | 27 |
| <i>Grade 6</i> | 6 | 4 |
| <i>Grade 7</i> | 12 | 10 |
| <i>Grade 8</i> | 20 | 18 |
| <i>Grade 9</i> | 28 | 29 |
| <i>Grade 10</i> | 35 | 35 |
| <i>Grade 11</i> | 39 | 40 |
| <i>Grade 12</i> | 43 | 47 |
| Average age at which grade 12 students smoked their first whole cigarette (years) | 14 | 14 |
| Students that are current smokers (%) | 7 | 7 |
| <i>Grade 6</i> | 0 | 0 |
| <i>Grade 7</i> | 1 | 1 |
| <i>Grade 8</i> | 3 | 3 |
| <i>Grade 9</i> | 6 | 8 |
| <i>Grade 10</i> | 8 | 9 |
| <i>Grade 11</i> | 12 | 12 |
| <i>Grade 12</i> | 14 | 14 |
| Source of cigarettes (among students who had tried smoking) | | |
| <i>Buy them at a store (%)</i> | 8 | 16 |
| <i>Buy them from a friend or someone else (%)</i> | 17 | 13 |
| <i>Ask someone to buy them for me (%)</i> | 10 | 14 |
| <i>Is given cigarettes by a parent, sibling, friend or someone else (%)</i> | 39 | 37 |
| Smoking within the home | | |
| <i>At least one parent (or step-parent or guardian) smokes (%)</i> | 41 | 39 |
| <i>At least one sibling smokes (%)</i> | 19 | 18 |

Tobacco and Substance Use

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|--|-----------------------------------|-----------------------------------|
| Smoking rules at home | | |
| <i>Live In homes where smoking was not allowed (%)</i> | 76 | 78 |
| <i>Only special guests are allowed to smoke (%)</i> | 2 | 2 |
| <i>There are designated areas for smoking (%)</i> | 14 | 12 |
| <i>Smoking is allowed anywhere in the home (%)</i> | 8 | 8 |
| Had friends that smoke | 31 | 31 |
| Does not know if school has a clear set of rules about smoking (%) | 25 | 24 |
| Rules about smoking at school (as reported by students who know if the school has clear rules about smoking) | | |
| <i>Students caught breaking smoking rules get into trouble (%)</i> | 62 | 64 |
| Was in a car with someone who was smoking cigarettes in the 7 days prior to the survey (% , one or more days) | 28 | 27 |
| Has positive attitudes about smoking/ Pro-smoking attitudes (%) ¹ | 36 | 33 |
| Has negative attitudes about smoking/ Anti-smoking attitudes (%) ² | 91 | 92 |
| See school staff being tobacco-free (% , most or some of them) | 59 | 56 |
| Students that are susceptible to smoking (among students who had never tried smoking (%)) | 25 | 24 |
| Has ever had a drink of alcohol that is more than just a sip (%) | 60 | 63 |
| Average age at which grade 12 students drank alcohol that was more than a sip (years) | 14 | 14 |
| Frequency of drinking alcohol in the last 12 months (% , once a month or more) | 26 | 30 |
| Has ever used or tried marijuana or cannabis (a joint, pot, weed, hash...) (%) | 30 | 31 |
| Average age at which grade 12 students first used or tried marijuana or cannabis (years) | 15 | 15 |

¹ *Smoking can help people when they are bored ; Smoking helps people stay slim; People who smoke become more popular; Smoking is cool; Smoking should be allowed around kids at home; Smoking should be allowed around kids in cars*

² *There is danger to my health from an occasional cigarette ; Quitting smoking reduces health damage even after many years of smoking ; People can become addicted to tobacco; Tobacco smoke can be harmful to the health of non-smokers; it is nicer to date people who do not smoke)*

Bullying

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|---|-----------------------------------|-----------------------------------|
| Have never bullied (%) | 60 | 63 |
| Have never been bullied (%) | 39 | 42 |
| Methods of being bullied at school in the past couple of months through: (% , at least once) | | |
| <i>Being called mean names, being made fun of, or teased in a hurtful way</i> | 45 | 41 |
| <i>Being left out of things, excluded from groups, ignored</i> | 34 | 30 |
| <i>Being hit, kicked, pushed, shoved around, or locked in or out</i> | 17 | 15 |
| <i>Other students telling lies or spreading false rumours about them and trying to make others dislike them</i> | 36 | 34 |
| <i>Mean names and comments about their race/ religion / personal features</i> | 24 | 20 |
| <i>Other students made sexual jokes, comments, or gestures to them</i> | 26 | 21 |
| <i>Using a computer or email messages or pictures</i> | 16 | 14 |
| <i>Using a cell phone.</i> | 13 | 12 |
| Reaction the last time when student saw or heard another student being bullied: | | |
| <i>I ignored it (%)</i> | 29 | 28 |
| <i>I told my parents about it (%)</i> | 21 | 19 |
| <i>I told my teacher about it (%)</i> | 12 | 11 |
| <i>I told my principal or vice-principal about it (%)</i> | 7 | 7 |
| <i>I told an adult at the school about it (%)</i> | 9 | 8 |
| <i>I joined in the bullying (%)</i> | 2 | 2 |
| If a student complains to an adult at school about bullying, how often is something done about it? (% reported often and always) | 36 | 40 |

■ Oppositional Behaviour

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|---|-----------------------------------|-----------------------------------|
| High level of oppositional behaviours | 22 | 22 |
| <i>I cut classes or skip school (%)</i> [†] | 16 | 16 |
| <i>I make other people do what I want (%)</i> [†] | 17 | 18 |
| <i>I disobey my parents (%)</i> [†] | 22 | 22 |
| <i>I talk back to my teachers (%)</i> [†] | 17 | 18 |
| <i>I get into fights (%)</i> [†] | 13 | 13 |
| <i>I often say mean things to people to get what I want (%)</i> [†] | 9 | 9 |
| <i>I take things that are not mine from home, school, or elsewhere (%)</i> [†] | 7 | 7 |

■ Pro-Social Behaviour

| | <i>n</i> = 9,852 | <i>n</i> =35,954 |
|---|------------------|------------------|
| Strong level of pro-social behaviours | 80 | 81 |
| I often... | | |
| <i>Do favours for people without being asked</i> ^{††} | 61 | 64 |
| <i>Lend things to people without being asked</i> ^{††} | 48 | 50 |
| <i>Help people without being asked</i> ^{††} | 64 | 66 |
| <i>Compliment people without being asked</i> ^{††} | 70 | 69 |
| <i>Share things with people without being asked</i> ^{††} | 62 | 63 |

[†] % of students reporting 3,4,5 or 6 on a scale from 1 to 6

^{††} % of students reporting 4,5, or 6 on a scale of 1 to 6

Mental Fitness

| | Your District | New Brunswick |
|---|------------------|------------------|
| | <i>n</i> = 9,852 | <i>n</i> =35,954 |
| Participation in any activities | | |
| <i>At school</i> [†] (%) | 73 | 74 |
| <i>Outside school</i> ^{††} (%) | 78 | 77 |
| Levels of mental fitness | | |
| <i>High mental fitness</i> (%) | 23 | 25 |
| <i>Medium mental fitness</i> (%) | 52 | 53 |
| <i>Low mental fitness</i> (%) | 25 | 22 |
| Components of mental fitness: autonomy, competency and relatedness | | |
| <i>High competency level</i> (%) | 74 | 76 |
| <i>High autonomy level</i> (%) | 67 | 70 |
| <i>High relatedness level</i> (%) | 73 | 75 |
| Satisfaction of mental fitness needs | | |
| <i>High level of family-related mental fitness</i> (%) | 76 | 77 |
| <i>High level of school-related mental fitness</i> (%) | 56 | 59 |
| <i>High level of friends-related mental fitness</i> (%) | 81 | 82 |

[†] % Activities at school: Dance, drama, music, art, science or technology, student clubs or groups, sports or intramurals, or others

^{††} % Activities outside of school: Dance, drama, music, art, science or technology, community or youth groups, sports or physical activities, or others

School Connectedness

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|---|-----------------------------------|-----------------------------------|
| Strong level of school connectedness | 87 | 89 |
| I feel close to people at my school (%) | | |
| <i>Strongly Agree</i> | 23 | 24 |
| <i>Agree</i> | 53 | 54 |
| <i>Disagree</i> | 17 | 16 |
| <i>Strongly Disagree</i> | 6 | 6 |
| I feel I am part of my school (%) | | |
| <i>Strongly Agree</i> | 20 | 24 |
| <i>Agree</i> | 52 | 52 |
| <i>Disagree</i> | 19 | 16 |
| <i>Strongly Disagree</i> | 8 | 7 |
| I am happy to be at my school (%) | | |
| <i>Strongly Agree</i> | 20 | 24 |
| <i>Agree</i> | 48 | 49 |
| <i>Disagree</i> | 20 | 17 |
| <i>Strongly Disagree</i> | 12 | 10 |
| I feel the teachers at my school treat me fairly (%) | | |
| <i>Strongly Agree</i> | 19 | 23 |
| <i>Agree</i> | 56 | 54 |
| <i>Disagree</i> | 17 | 15 |
| <i>Strongly Disagree</i> | 8 | 8 |
| I feel safe in my school (%) | | |
| <i>Strongly Agree</i> | 21 | 25 |
| <i>Agree</i> | 58 | 56 |
| <i>Disagree</i> | 14 | 12 |
| <i>Strongly Disagree</i> | 7 | 6 |
| I feel my learning needs are met at my school (%) | | |
| <i>Strongly Agree</i> | 20 | 23 |
| <i>Agree</i> | 56 | 56 |
| <i>Disagree</i> | 17 | 14 |
| <i>Strongly Disagree</i> | 8 | 6 |

Resilience Factors

| | Your District <i>n</i> =9,852 | New Brunswick <i>n</i> =35,954 |
|--|----------------------------------|-----------------------------------|
| I am able to solve problems without harming myself or others (%) † | 45 | 44 |
| I know where to go in my community to get help (%) † | 25 | 26 |
| Getting an education is important to me (%) † | 56 | 59 |
| I try to finish what I start (%) † | 45 | 46 |
| I have people I look up to (%) † | 46 | 47 |
| My parent(s)/caregiver(s) know a lot about me (%) † | 48 | 50 |
| My family stands by me during difficult times (%) † | 49 | 50 |
| My friends stand by me during difficult times (%) † | 46 | 46 |
| I have opportunities to develop skills that will be useful (%) † | 43 | 44 |
| I am treated fairly in my community (%) † | 35 | 37 |
| I feel I belong(ed) at my school (%) † | 30 | 31 |
| I enjoyed my cultural and family traditions (%) † | 43 | 42 |

† Describes me a lot

School Performance and Requirements

| | Your District <i>n</i> = 9,852 | New Brunswick <i>n</i> =35,954 |
|---|-----------------------------------|-----------------------------------|
| Students describing their marks in the past year as: | | |
| <i>Excellent (90% or more) (%)</i> | 25 | 23 |
| <i>Above average (80-89%) (%)</i> | 35 | 36 |
| <i>Average (70-79%) (%)</i> | 29 | 30 |
| <i>Below average (60-69%) (%)</i> | 9 | 9 |
| <i>Poor (59% or less) (%)</i> | 2 | 2 |
| Time spent doing homework in 7 days prior to the survey: | | |
| <i>Total of <1 hour (%)</i> | 48 | 51 |
| <i>Total of 1-6 hour (%)</i> | 41 | 39 |
| <i>Total of 7 hours or more (%)</i> | 11 | 10 |
| Reporting usually getting 8 hours of sleep or more each night (%) | 35 | 38 |
| Having a part-time job outside of school (%) | 33 | 36 |
| Work at part time job on weekdays usually (% sometimes or often of those who have part-time job) | 84 | 82 |
| Students preferences (% , very important or important): | | |
| <i>Getting good grades</i> | 92 | 94 |
| <i>Making friends</i> | 85 | 85 |
| <i>Participating in school activities outside of class</i> | 51 | 50 |
| <i>Getting to class on time</i> | 79 | 80 |
| <i>Learning new things</i> | 84 | 84 |
| <i>Expressing my opinion in class</i> | 58 | 57 |
| <i>Getting involved in the student council or other similar groups</i> | 25 | 26 |
| <i>Learning about my culture/heritage (e.g., Francophone, First Nations, Irish)</i> | 48 | 48 |

Student Participation in the Community

| | Your District <i>n= 9,852</i> | New Brunswick <i>n=35,954</i> |
|---|----------------------------------|----------------------------------|
| Volunteering at least monthly (% , sometimes or usually) | 65 | 62 |
| Type of volunteering activities volunteering (outside of school requirements and without being paid) in the last 12 month | | |
| <i>Helping in my community (%)</i> | 35 | 33 |
| <i>Helping neighbours or relatives (%)</i> | 58 | 62 |
| Helped in activities of healthy eating, physical activity or tobacco free living, organized by your school in the last 12 months (%) ¹ | 36 | 36 |
| Participation in any activities | | |
| <i>At school (%)</i> | 73 | 74 |
| <i>Outside school (%)</i> | 78 | 77 |
| Participation in activities outside of school (%): | | |
| <i>Dance</i> | 9 | 9 |
| <i>Drama</i> | 4 | 4 |
| <i>Music</i> | 15 | 13 |
| <i>Art</i> | 9 | 9 |
| <i>Science or technology</i> | 3 | 3 |
| <i>Community or Youth groups</i> | 20 | 15 |
| <i>Sports or physical activities</i> | 48 | 48 |
| <i>Other activities</i> | 21 | 22 |
| Participation in activities at school (%): | | |
| <i>Dance</i> | 8 | 8 |
| <i>Drama</i> | 8 | 9 |
| <i>Music</i> | 12 | 13 |
| <i>Art</i> | 13 | 13 |
| <i>Science or technology</i> | 11 | 10 |
| <i>Student Clubs/groups</i> | 17 | 15 |
| <i>Sports or intramurals</i> | 41 | 40 |
| <i>Other activities</i> | 21 | 22 |

¹ Activities like: School assembly, class activity, school health fair, breakfast or lunch program, healthy living promotion, healthy living contest, counseling or support program, presentations to other students, noon or after school activities)

References

- Active Healthy Kids Canada (2012). Report Card on Physical Activity for Children and Youth. Is active play Extinct? <http://dvqdas9jty7g6.cloudfront.net/reportcards2012/AHKC%202012%20-%20Report%20Card%20Long%20Form%20-%20FINAL.pdf>
- Canadian Association for Health, Physical Education, Recreation and Dance. (2005). Take action: What teachers can do. Available online: <http://www.cahperd.ca/eng/advocacy/action/teachers.cfm>.
- The Canadian Society for Exercise Physiology (CSEP) (2012). Canadian Physical Activity Guidelines/ Canadian Sedentary Behaviour Guidelines. Available online: http://www.csep.ca/CMFiles/Guidelines/CSEP_Guidelines_Handbook.pdf
- CDC (Centers for Disease Control and Prevention), 2006. Youth risk behavior surveillance—United States, 2005. Surveillance Summaries, June 9, 2006. MMWR 2006; 55 (No. SS-5).
- Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. (2000). Establishing a standard definition for child overweight and obesity worldwide: international survey. *Br Med J* 320:1-6.
- Committee on Nutrition and the Council on Sports Medicine and Fitness (USA). (2011). Sports drinks and energy drinks for children and adolescents: Are they appropriate? *Pediatrics*. 127(6):1182-1189
- Ellickson, P.L., Tucker, J.S., Klein, D.J. (2008). Reducing early smokers' risk for future smoking and other problem behavior: Insights from a five-year longitudinal study. *Journal of Adolescent Health*, 43(4), 394-400.
- Euromonitor International. (2012). Sports and Energy Drinks in Canada, Country Report. <http://www.euromonitor.com/sports-and-energy-drinks-in-canada/report>
- Health Canada. (2002). Youth Smoking Survey Technical Report (Cat.: H46- 1/44-2002E, ISBN: 0-662-40683-4). Ottawa.
- Health Canada. (2007a). Canadian Tobacco Use Monitory Survey (CTUMS). Retrieved November 11, 2008 from <http://nesstar.tdr.uoguelph.ca/webview/index.jsp>
- Health Canada. (2007b). Eating Well with Canada's Food Guide: A Resource for Educators and Communicators (Cat.: H164-38/2-2007E-PDF, ISBN: 0-662- 44470-1).
- Health Canada. (2007c). Reaching for the Top: A Report by the Advisor for Healthy Children and Youth (Cat.: H21-296/2007E, ISBN: 978-0-662-46455-6).
- Health Canada & University of Waterloo (2008-2009). Youth Smoking Survey 2008/2009 – Smoking Profile for New Brunswick Youth. http://www.yss.uwaterloo.ca/results/yss08_provincial_report_NB.pdf
- Heart and Stroke Foundation of Canada. (2005). Schools and physical activity. Heart and Stroke Foundation of Canada Position Statement.
- Heart and Stroke Foundation of Canada. (2006). Overweight Canadian Children and Adolescents. Heart and Stroke Foundation of Canada Position Statement.
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E. (2008). Monitoring the Future national survey results on drug use, 1975–2007: Volume I, Secondary school students (NIH Publication No. 08-6418A). Bethesda, MD: National Institute on Drug Abuse. http://monitoringthefuture.org/pubs/monographs/vol1_2007.pdf
- Kukawadiah, A., Craig, W., Janssen, I., & Pickett, W. (2011). Obesity as a determinant of two forms of bullying in Ontario youth: A short report. *Obesity Facts*. 4:469-472
- Krebs, N.F., Himes, J., Jacobson, D., Nicklas, T.A., Guilday, P. and Styne D. (2007). Assessment of child and adolescent overweight and obesity. *Pediatrics*. 120(S4): S193-S228.
- Lau, P.W.C., Lee, A. and Ransdell, L. (2007). Parenting Style and Cultural Influences on Overweight Children's Attraction to Physical Activity. *Obesity*. 15(9): 2293-2302
- Li, Z., Bowerman, S., & Herber, D. (2005). Health ramifications of the obesity epidemic. *Surg Clin North Am.*, 85: 681-701

- Morin, A.J.S., Rodriguez, D., Fallu, J.-S., Maiano, C. and Janosz, M. (2012). Academic achievement and smoking initiation in adolescence : a general mixture analysis. *Addiction*, 107: 819-828
- Morrison, W. & Peterson, P. (2010). Schools as a setting for positive mental health: Better practices and perspectives. Joint Consortium for School Health, January 2010.
- Penedo, F.J., Dhan J.R. (2005). Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Curr Opin Psychiatry*. 18(2): 189-193
- Province of New Brunswick (2009). Live Well, Be Well: New Brunswick's Wellness Strategy 2009-2013. Department of Wellness, Culture and Sport. ISBN 978-1- 55471-203-8.
- Public Health Agency of Canada. (2002). Canada's Physical Activity Guide to Healthy Active Living. Available online: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pag-gap/cy-ej/index-eng.php>
- Public Health Agency of Canada. (2009). Tracking heart disease and stroke in Canada (Cat.: HP32-3/2009E ISBN: 978-1-100-12541-1).
- Reilly, J.J., Methven, E., McDowell, Z.C., et al. (2003). Health consequences of obesity. *Arch Dis Child*. 88:748-752
- Seigel, D. (2005). The short- and long-term effects of quality physical education. *Journal of Physical Education, Recreation and Dance*, 76 (8), 13.
- Singh, A., Uijtewilligen, L., Twisk, J.W.R., van Mechelen, W. and Chinapaw, M.J.M. (2012). Physical activity and performance at school. A systematic review of the literature including a methodological quality assessment. *Arch Pediatr Adolesc Med*. 166(1): 49-55
- Seifert, S.M., Schaechter, J.L., Hershorer, E.R. and Lipshultz, S.E. (2011). Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics*. 127(3): 511-528
- Shore, S.M., Sachs, M.L., Lidicker, J.R., Brett, S.N., Wright, A.R. and Libonati, J.R. (2008). Decreased scholastic achievement in overweight middle school students. *Obesity*, 16(7), 1535-1538
- St-Onge, M.P., Keller, K.L., & Heymsfield, S.B. (2003). Changes in childhood food consumption patterns: a cause for concern in light of increased body weights. *Am J Clin Nutr*. 78:1068-1073
- Statistics Canada (2005). Canadian Community Health Survey: Obesity among children and adults, 2004. The Daily. Released July 6th, 2005. <http://www.statcan.gc.ca/daily-quotidien/050706/dq050706a-eng.htm>
- Statistics Canada, Canadian Community Health Survey (CCHS) (2009). CANSIM table 105-0501.
- Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe.
- Tjepkema M, Shields M. (2005). Nutrition: Findings from the Canadian Community Health Survey Overweight Canadian children and adolescents (Catalogue 82-620-MWE2005001). Ottawa: Statistics Canada.
- Townsend, L., Flisher, A.J., King, G. (2007). A systematic review of the relationship between high school dropout and substance use. *Clinical Child and Family Psychology*, 10(4), 295-317
- Tucker, J.S, Martínez, J.F., Ellickson, P.L., Edelen, M.O. (2008). Temporal associations of cigarette smoking with social influences, academic performance, and delinquency: A four-wave longitudinal study from ages 13-23. *Psychology of Addictive Behaviors*, 22(1), 1-11.
- Willms, J.D., Tremblay, M.S., & Katzmarzyk, P.T. (2003). Geographic and demographic variation in the prevalence of overweight Canadian children. *Obesity Research*, 11(5), 668-673.
- Zecevic, C.A., Tremblay, L., Lovsin, T. and Michel, L. (2010). Parental Influence on Young Children's Physical Activity. *International Journal of Pediatrics*. 2010

