2012-2013 SHAPES - PEI

School Health Action Planning and Evaluation System/Youth Smoking Survey – Prince Edward Island

Prince Edward Island

Student Health Profile

Mental Fitness
Physical Activity
Healthy Eating

www.upei.ca/cshr/shapes
Suggested Citation:

Prince Edward Island Student Health Profile

The School Health Action Planning Evaluation System/Youth Smoking Survey – Prince Edward Island (SHAPES-PEI) is a provincial survey of Prince Edward Island students in grades 5 – 12 conducted by the Comprehensive School Health Research (CSHR) Group at the University of Prince Edward Island. The goal of the CSHR Group is to conduct high quality, policy-relevant school health research, while developing knowledge to help foster healthy school environments. As part of our activities, we work in partnership with local, provincial, and national collaborators, various levels of government, school staff, school boards, and students. SHAPES-PEI is conducted in collaboration with the Propel Centre for Population Health Impact at the University of Waterloo and is funded by the PEI Department of Education and Early Childhood Development, the PEI Department of Health and Wellness and Health Canada.

We are pleased to provide this profile of results for Prince Edward Island. In this survey, students were asked questions about their mental fitness, physical activity, healthy eating and tobacco, alcohol and drug use. The results are based on information collected from 8,533 students in 54 schools during the 2012-13 school year. This profile describes the provincial results for mental fitness, physical activity and healthy eating. A complete report of provincial tobacco and substance use results will be available following Health Canada’s release of the data in June 2014.

Individual school health profiles (complete with tobacco/substance use information, where applicable) were sent to all participating schools and school boards in the province. These profiles are intended to help schools, together with school boards, students, parents, and other community partners, to:

- Identify trends in mental fitness, physical activity, healthy eating and tobacco/substance use
- Plan actions related to identified issues
- Coordinate these efforts with the broader school community (family of schools, school board, local health and education organizations, municipalities, businesses, etc.)

Please note: the data in this profile have been grouped so that it is not possible to identify any particular school or individual student. In some cases, results in table columns or rows and charts may not add to 100% due to rounding.

Staff from the PEI Department of Education and Early Childhood Development and the Comprehensive School Health Research Group is available to meet with you to support the development of action plans based on the data in this profile.

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The School Environment

The school environment plays an important role in helping students live healthy lives. Schools are uniquely positioned to influence the health and well-being of students, ideally in partnership with home and community.

Comprehensive School Health

Comprehensive School Health (CSH) is an internationally recognized framework that helps us understand school health in “a planned, integrated and holistic” way. The health of students is affected not just by what happens in the classroom, but also by the whole school environment and beyond. Schools influence, and are influenced by, their broader community and cultural environments.

Using the four pillars from the CSH framework can support and enhance educational outcomes and the long-term health of youth. Attention to each of these areas helps to ensure that students are better able to “realize their full potential as learners - and as healthy, productive members of society”. Employing a CSH framework encourages us to think holistically and to focus on actions within four distinct but inter-related pillars:

<table>
<thead>
<tr>
<th>A healthy social and physical environment is reflected in:</th>
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<tbody>
<tr>
<td>• High quality relationships among and between staff and students in the school.</td>
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<tr>
<td>• Emotional well-being of students.</td>
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<td>• Close relationships with families and the wider community.</td>
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<tr>
<td>• Well-maintained buildings, grounds, play space, and equipment in and surrounding the school.</td>
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<td>• Basic amenities such as sanitation and air cleanliness</td>
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<tr>
<th>Effective teaching and learning is reflected in:</th>
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<td>• Resources, activities and provincial/territorial curriculum where students gain age-appropriate knowledge and experiences, helping to build the skills to improve their health and well-being.</td>
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<th>Effective partnerships and services are reflected in:</th>
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<tr>
<td>• Close connections between schools and students’ families.</td>
</tr>
<tr>
<td>• Supportive working relationships within schools (staff and students), between schools, and between schools and other community organizations and representative groups.</td>
</tr>
<tr>
<td>• Health, education and other sectors working together to advance school health.</td>
</tr>
<tr>
<td>• Community and school-based services that support and promote student and staff health and well-being.</td>
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<tr>
<th>Healthy school policy is reflected in:</th>
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<tr>
<td>• Management practices, decision-making processes, rules, procedures and policies at all levels that promote health and well-being, and shape a respectful, welcoming and caring school environment.</td>
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To learn more about comprehensive school health in Canada, visit the Pan-Canadian Joint Consortium for School Health’s (JCSH) website: www.jcsh-cces.ca

For more information about comprehensive school health in PEI, visit the PEI Department of Education and Early Childhood Development’s new Healthy School Communities website: www.gov.pe.ca/healthyschoolcommunities
How to Use This Profile

Use this profile to identify areas of strength to build on or areas that can be addressed concerning student health and health promotion. As you review these results, consider how enhancing mental fitness can impact not only the emotional and psychological well-being of students, but also increase their levels of physical activity and healthy eating.

*Share the results with students, parents, school staff, and community members to help identify challenges regarding the health and well-being of students. Involvement empowers and fosters relationships to deal with issues at hand (and future concerns). We encourage users of this profile to find the initiative, creativity, and resources for solutions. Overall, student wellness can be improved through contributions at many levels.*

For example:

**Provincial Departments, Alliances, and Community Organizations** could:

- Support schools by providing expertise in the analysis and interpretation of data.
- Use the data to help inform strategic planning processes and priority setting activities.
- Develop, in partnership with schools, school boards, and school communities, programs to help address the identified needs.
- Engage in school health promotion by providing support (resources, staff time, funding, programs, materials) at the local, regional, and provincial levels.
- Partner/collaborate/coordinate with each other to provide support to schools and the school community.

**School Board/School Staff** can:

- Include healthy living recommendations within school development plans.
- Plan and deliver quality health, physical education or other related curricula.
- Develop opportunities for staff to model healthy behaviours.
- Initiate new partnerships with parents/community resources to promote healthy living.
- Advocate for new community programs or resources and support requests for funding.
- Enhance implementation of health policies.
- Enhance delivery of services or programs for students (e.g. counselling, school cafeteria).
- Share data with local public health units and/or school boards to identify potential areas for collective action among schools.
- Follow-up and evaluate implemented actions.
- Look for opportunities to engage students, parents and communities in problem solving and planning.
- Advocate for increased emphasis on health as a priority in school activities and curricula.

**Parents/Families and the Community** can:

- Plan activities with school council, home and school committees, or parent council.
- Consider hosting a forum or approaching media to gain support for healthy living initiatives.
- Create opportunities to model healthy behaviours at home.
- Support the school! Share skills, talents or resources to help address health issues.
Participate in an open house where community groups can share health and wellness programs.

**Students can:**

- Explore ways to take action on areas of concern through student government and other student-led groups.
- Engage teachers and administrators in dialogue about the results to better understand the issues, seek solutions, and create student-driven action plans.
- Join - or form - a school-based action team or student club dedicated to healthy living.
- Organize new initiatives at school (e.g., intramural sports program, recognition/awards program for people who have made a difference in promoting healthy living, initiate student/staff healthy living challenge, organize a health fair).
- Share the data!
  - Write articles in student or local newspapers
  - Feature highlights of data on bulletin boards, during morning announcements
  - Talk to friends and family about the report
  - Use data in school projects
- Connect with students from other schools to share what has been done and explore partnership opportunities.

**Change is more likely to succeed when we...**

- Engage all stakeholders, especially students. By genuinely considering various perspectives and voices in your planning, you can expect increased support for solutions. You will also build capacity and improve your ability to achieve your main objective. Consider adding parents, community and health organizations.
- Use a comprehensive school health approach to promote healthy behaviours. This includes activities that address all of the following: (1) a healthy social and physical environment, (2) effective teaching and learning, (3) healthy school policy and (4) effective partnerships and services. Communication through education is necessary but not sufficient for achieving change. To facilitate healthy behaviours, consider all components of a comprehensive school health approach (see: [http://www.jcshcces.ca/index.php/school-health](http://www.jcshcces.ca/index.php/school-health)). Promote environments that make the healthy choice the easy choice.
- Link with other resources (people and/or programs in the community).
- Communicate, coordinate, and collaborate.
- Evaluate results.

**Please Note:**

1. The graphs and tables in this profile represent student self-reported data.
2. In some cases the results in table columns or rows and graphs may not add to 100% due to rounding.
3. In graphs and tables, an asterisk (*) will be inserted in place of data where the sample size is too small to report.
Mental Fitness: The Issue

What is Mental Fitness?

Mental Fitness refers to a student’s capacity to be self-determined. Self-determination refers to a student’s capacity to think about, plan, and act on personal decisions that contribute to emotional, social and physical development.

MENTAL FITNESS can impact a student’s capacity to make positive changes in their daily routines, such as eating healthy, being physically active, and living tobacco-free.

Mental Fitness is fostered in environments and relationships that address important psychological needs, which include: 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 and decisions that affect their lives. When this need is satisfied along with the other needs, freedom and choice are expressed in a way that respect for self and others is demonstrated.

Relatedness: “I FEEL INCLUDED, SUPPORTED AND ENCOURAGED BY OTHERS.”

Students need connection to, and closeness with, family, peers, and other significant individuals. This need is met through student interaction with others, membership in groups (inside/outside school), and support and encouragement 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. Fulfilment of this need provides students with a sense of personal achievement and accomplishment.

Satisfaction of all three mental fitness needs is associated with emotional well-being or resiliency, as well as healthy lifestyle behaviours. Meeting mental fitness needs may:

- **Increase pro-social attitudes and behaviours** - expressing a social interest in others, a willingness to help, or being generous.
- **Increase social responsiveness** - demonstrating respect and consideration for social boundaries, rules, and routines.
- **Increase pleasant emotions** - expressing feelings such as contentment and optimism vs. discontentment and discouragement.

Quick Facts:

Self-esteem and self-worth are higher in students when their teachers enable them to be more autonomous.¹

When mental fitness needs are **not met**, youth may be at higher risk for experiencing difficulties related to their emotional, social, physical, and academic development.
Mental Fitness in Prince Edward Island

Youth responses to questions about their feelings of autonomy, relatedness and competency were combined to produce an overall measure of mental fitness. The graph to the right shows the percentage of youth considered to have “low”, “middle” and “high” mental fitness.

Categorizing mental fitness levels in this way helps us to understand possible influences behind students’ varying mental fitness scores. By identifying what factors are important in developing and maintaining high mental fitness levels in students (autonomy, relatedness, and competency), targeted programs, policies, curricula, and interventions can be developed to help foster positive emotional well-being.

School Communities Can Make a Difference

Some ideas for fostering positive mental fitness in students include: establishing an inclusive classroom environment, creating opportunities for student participation in school life beyond the classroom, and implementing a curriculum that teaches interpersonal communication and emotional management. In addition, the new JCSH Positive Mental Health Toolkit has been designed to promote positive mental health perspectives and practices in the school context. You can access the toolkit by visiting: http://www.jcsh-cces.ca/index.php/positive-mental-health

Pleasant and Unpleasant Emotions

Students were asked to what extent they felt pleasant (positive) emotions or affect (e.g. happy, lively) and unpleasant (negative) emotions or affect (e.g. sad, upset) during the week prior to being surveyed. These responses were then combined and calculated to produce two overall scores reflecting how often youth feel positively versus negatively. The provincial results are shown in the graph to the right.

PLEASE NOTE: These results are not percentages, but are based on a scale from 6 to 30. A score of 6 would indicate that students experienced slight to no pleasant or unpleasant emotions, while a score of 30 would suggest that students experienced extreme pleasant or unpleasant emotions during the past week. Most students will fall somewhere within this range, experiencing a moderate or average amount of pleasant or unpleasant emotions.
School Connectedness

A student’s sense of connection to school can support healthy behaviour 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 risky behaviours.

A series of five statements are used to measure school connectedness. The summary score can range from a low of five to a high of 20. This year, the provincial average was 15, while the provincial average was 15 in 2008, based on the 2008-2009 SHAPES-PEI results.

The chart to the right shows responses of PEI students to the individual statements that comprise the school connectedness scale. These are compared to the provincial results from the 2008 SHAPES-PEI provincial data.

Help Seeking Behaviour

We asked students who they seek assistance from often and most of the time when they have a school-related problem (e.g., too much homework, trouble learning a subject, a poor grade). Students in PEI are most likely to seek help from a parent or guardian for school-related problems.

School Communities Can Make a Difference

Research has shown that when youth feel connected to and cared for by people at their school, they are less likely to engage in risk-taking behaviour such as smoking or substance use.

Schools can create a sense of school connectedness when they:

- Provide opportunities for students of all types to provide leadership in peer-led activities, buddy programs, making choices, and taking initiative.
- Promote a school culture that is non-judgmental, understanding, and positive.
- Minimize pressure, avoiding and coercive tactics, and providing reasons for rules and limits.
Bullying

Bullying is harmful behaviour that is imposed from a position of power and repeated over time. There are many ways that young people bully each other, even if they don’t realize it at the time. Forms of bullying can include: physical (hitting, shoving, or damaging personal belongings); verbal (name-calling, teasing in a mean way); social (spreading rumors, excluding others from a group) and cyber (spreading rumors and hurtful comments through email, texting, social media websites, etc.)

Students are most vulnerable to bullying during times of transition – from elementary to junior high school, and from junior to senior high school. Bullying can have long-term physical and psychological consequences, as well as having a more immediate, negative impact on a student’s ability to learn. In PEI, 26% of students (22% male; 29% female) reported being bullied in the last 30 days.

School Communities Can Make a Difference

All children have the right to be safe and free from involvement in bullying. Although not solely a school issue, schools can help prevent bullying and ensure the safety of all students. Several government and non-governmental agencies provide information on promising practices and programs designed to prevent and reduce bullying:

- Canadian Public Health Association – Assessment Toolkit for Bullying, Harassment and Peer Relations at School (www.cpha.ca/uploads/progs/_/safeschools/assessment_toolkit_e.pdf)
- PREVNet (http://prevnet.ca/)
Relationship between Mental Fitness and Other Behaviours

Students with higher levels of mental fitness tend to report higher levels of school connectedness and exhibit more pro-social behaviours such as helping people or sharing things without being asked. Alternatively, students with lower mental fitness scores tend to report more oppositional behaviours such as skipping classes, bullying, talking back to teachers, or stealing. The graphs below illustrate the relationship between levels of mental fitness and other behaviours for students in Prince Edward Island.

Quick Facts:

Two important, related developmental tasks of youth are to assume greater autonomy and exercise responsible decision-making. School is a natural setting for youth to practice these skills. Students who feel connected to school exhibit more health promoting and fewer risky behaviours.5,6,7

Researchers have not yet determined that increasing mental fitness causes improvements in school connectedness, pro-social behaviour, and oppositional behaviour. Although current research shows that mental fitness is associated with these other behaviours, the direction of the relationships is unknown. Working to meet students’ mental fitness needs (autonomy, competency, relatedness) has the potential to positively impact these other behaviours, and likewise, improvements in physical activity, healthy body weight, and school connectedness may positively impact students’ mental fitness.
Meeting Mental Fitness Needs

Schools, homes, and communities can contribute to the satisfaction of mental fitness needs by:

- empowering students to collaborate with their peers in development of their own solutions for specific problems (autonomy, competency, relatedness)
- suspending judgment and encouraging the expression of students’ thoughts and feelings in classroom discussions (autonomy)
- providing opportunities for students to identify and use their strengths in academic work or projects (autonomy, competency)
- encouraging students to be involved in a wide range of activities that include emphasis on their interests and preferences (competency, autonomy)
- emphasizing fairness and social inclusion in small group and school-wide learning activities (relatedness)
- reaching out and involving students or specific groups who do not feel part of the school (relatedness, autonomy)
- focusing on developing positive working relationships with parents and members of the community (relatedness)

Quick Facts:

Students who get good grades, communicate with their parents about school, feel part of school decision-making, participate in after-school activities and volunteering, and feel that they “matter” in their community are more likely to engage in health-promoting behaviours, and less likely to engage in health-compromising behaviours. The addition of even one or two of these “assets” makes a difference.8

The next sections of this report describe factors related to physical activity and healthy eating among students in Prince Edward Island. As you review these results, consider how enhancing mental fitness can impact not only the emotional and psychological well-being of students, but also increase physical activity and healthy eating behaviours.

School Communities Can Make a Difference

Social environments that contribute to the satisfaction of mental fitness needs:

- Are non-judgmental, understanding and provide opportunities to hear the voice and perspectives of youth
- Provide choices
- Encourage youth to take initiative and assume responsibility
- Provide reasons for the establishment of rules and limits
- Minimize pressure and avoid the use of coercive approaches
Physical Activity: The Issue

According to Canada's 2010 Report Card on Physical Activity for Children and Youth, Canada has received a failing grade (F) for the fifth year in a row, indicating that the progress towards improving physical activity among children and youth has slowed down.\(^9\) In fact, according to SHAPES-PEI 2010-11 results, only 45% of youth in PEI were meeting Canada's recommended physical activity guidelines.

Physical Activity is a Student Issue

- Over half of Canada's youth are physically inactive; 79% of youth are not active enough for optimal growth and development.\(^{10}\)
- Physical activity strengthens the heart, bones and muscles, improves fitness and can help achieve a healthy body weight.\(^{11}\)
- Physical activity is associated with increased self-esteem and decreased depression and anxiety.\(^{12}\)

Quick Facts:

Children spend 40% less time being physically active than they did 15 years ago.

“If the trend isn't reversed, today's children could become the first generation that dies at a younger age than their parents.”\(^{18}\)

(Dr. Rick Bell, Physical Health & Education Canada)

Physical Activity is a School Issue

- Students who participate in school sports are less likely to drop out of school and tend to have higher educational aspirations.\(^{13}\)
- Increased participation in physical education is associated with improved classroom behaviour, as well as increased enthusiasm toward school and school work.\(^{14}\)
- Physical activity is associated with improved behaviour and cognitive functioning in youth with attention-deficit disorders and problems controlling impulsive actions.\(^{15}\)

Physical Activity is a Community Issue

- Lifestyle patterns begin in childhood/adolescence and tend to carry over to adulthood; research shows that as much as one half of the decline in health between the ages of 30 and 70 is due not to aging itself but to an inactive way of life.\(^{10}\)
- Physical inactivity is associated with an increased risk of type 2 diabetes, obesity, coronary heart disease, cancer and osteoporosis, which can lead to decreased quality of life and premature death.\(^{16}\)
- In 2001, the economic burden of physical inactivity in Canada was estimated at $5.3 billion.\(^{17}\)

School Communities Can Make a Difference

Encouraging students to play a leadership role in the development, organization and administration of special events involving physical activity will promote student interest and participation in physical activity as well as enhance student leadership and organizational skills.

Involving students in the development and implementation of school activities increases youth autonomy at school and provides an opportunity to increase relatedness and competency. When these three mental fitness needs are met, students are more likely to be connected to school, exhibit more pro-social behaviours (e.g. sharing and helping) and fewer oppositional behaviours (e.g. bullying and disruptive behaviour).

Physical Activity Levels

Research shows that physical activity in children and youth can:

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

Canada’s Physical Activity Guidelines recommends that children and youth be physically active for 60 minutes each day and engage in vigorous activities and strengthening exercises at least 3 days per week.

Students were asked how many minutes of moderate and vigorous physical activity they engaged in on a daily basis over the previous week. Based on student responses, 45% of youth in PEI were physically active for at least 60 minutes per day.

When measured objectively using accelerometers, national research is showing that only 7% of Canadian children and youth are meeting the recommended 60 minutes per day of physical activity. However, 44% of children and youth are engaging in 60 minutes of vigorous activity at least 3 days a week. This suggests that while students may be active, they are not doing so consistently enough (i.e. daily) to meet the current Guidelines.

Please Note: Provincial comparison data is not available for 2008 as the Canadian Physical Activity Guidelines changed following the collection of that data.

Did You Know?

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

School Communities Can Make a Difference

- Setting class or school goals for physical fitness.
- Providing and maintaining facilities to encourage physical activity (e.g. bike-friendly areas, skateboard parks, etc.).
- Incorporating activity time into the students’ schedule outside of instructional time.
- Expanding efforts to encourage possible active commuting to and from school.
Strength and Flexibility Training

Strength Training
Strength training involves resistance training to enhance one's ability to exert or resist force, and helps develop and maintain strong muscles, healthy bones and healthy body weight and image. It is recommended that youth train 2-3 days per week to achieve gains in strength.\textsuperscript{20}

The results show 78\% of youth reported participating in strength training activities such as push-ups, sit-ups, Pilates and weight lifting in the week preceding the survey (please note that weight training is generally not recommended for students under 15 years of age). Of youth who reported participating in strength training, males averaged of 3.8 days, and females averaged of 3.2 days per week of strength training.

Flexibility Training
Flexibility training (“stretching”) helps to maintain the ability to use joints through the full range of motion. It is an important component of living a healthy, active lifestyle, but is often overlooked in physical activity programming. Canada’s Physical Activity Guide recommends that youth stretch their muscles every day and that adults do flexibility activities 4 to 7 days a week as part of a regular physical activity program.\textsuperscript{21}

The results show 65\% of youth reported doing exercises for flexibility such as stretching and yoga in the week preceding the survey. Of youth who reported participating in flexibility training, males averaged 3 days and females averaged 3.2 days per week of flexibility training.

School Communities Can Make a Difference
Strength and flexibility are important components of being physically fit. As with any activity, students should know how to do these activities safely and properly. Students can be exposed to and encouraged to do these activities through physical education classes, clubs, or teams. Strength training clubs organized through the school can also be useful for high school students. Consider a range of activities, such as weight lifting, Pilates, yoga, circuit training and plyometrics. Clubs should emphasize participation and proper technique (rather than amount of weight lifted). Students should use appropriate individual exercises and workloads, and regularly monitor their progress.
When Students Are Active

There are various times and ways that students can be physically active. We asked students questions about different opportunities they have for physical activity, such as extracurricular activities - at school and outside of school.

The top graph to the right shows the percentage of students who participate in physical activity in school only (e.g., intramurals, after-school sports, school sports teams, etc.), outside of school only (e.g., sports not organized by the school, individual activities such as jogging or biking, etc.), both inside and outside of school, or neither. The results show that, overall, 56% of students in PEI participate in physical activity both inside and outside of school.

Active commuting to school is one way for children and youth to increase their daily level of physical activity. Research has shown that youth who actively commute to school tend to be more physically active overall, have greater cardio-respiratory fitness and have healthier body weight. The bottom graph to the right shows the percentage of youth at your school who usually get to school actively (e.g. walk, bike, skateboard), inactively (e.g., car, bus, public transit) or mixed (actively and inactively).

School Communities Can Make a Difference

Schools can encourage active transportation by providing a safe bike lock area for students and providing secure areas where students can leave equipment. Active & Safe Routes to School (http://www.saferoutestoschool.ca/) is a national program that encourages students to use active modes of transportation both to and from school.

Rural schools are often faced with unique challenges (e.g. high traffic speeds, limited sidewalk access, etc.) when it comes to implementing active travel to school. As such, schools are encouraged to work with school boards and other local transportation officials to identify tailored solutions to help facilitate active transportation in all communities.

Check out local websites like Recreation PEI (www.recreationpei.ca/), Go PEI (www.gopei.ca/), and PEI Heart and Stroke Foundation - Kids/Teens Zone (http://www.heartandstroke.pe.ca) for additional resources on how to promote active living at your school.
Sedentary Behaviour

Sedentary behaviours such as watching television tend to be counterproductive to physical activity; however, learning activities (e.g., reading and doing homework) help students achieve other goals. In Prince Edward Island, 45% of youth reported doing 1-6 hours per week of homework.

Watching a lot of TV has been linked to higher rates of smoking uptake in youth.24 TV is also incompatible with healthier, more active choices for leisure time activities. Results show that 24% of students typically watch more than 2 hours of TV per day, with 24% of males and 25% of females exceeding the two hour recommended national guidelines.25 The chart to the right shows the amount of time PEI students reported watching TV in 2012-13, as compared to 2010-11.

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

In general, screen time tends to be higher among males when compared to females, and playing video games appears to be responsible for this difference.26 In PEI, 63% of males and 43% of females reported playing video games or surfing on the internet for more than 2 hours per day.

Quick Facts

Canada’s Sedentary Behaviour Guidelines state that to achieve greater health benefits, 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.27
Physical Activity at School

We asked students about their involvement in school-based sports or clubs and whether they were physically active “outside of classes”. The results showed:

- **47% participate** in non-competitive activities (e.g. intramurals) at school (males 49%, females 45%).
- **45% participate** in competitive sports at school (males 46%, females 43%).
- **91% reported participating** in other physical activities outside of school.

### School Communities Can Make a Difference

Help students build awareness of their inactive time by having them keep an Activity Log Book for a period of time. Students can set goals for reducing inactive time and record their progress. Consider running a personal challenge where students commit to being active in place of one half-hour TV programme for one or two weeks. Offer in-class discussion so students can share their activities with peers to encourage and provide new ideas.
Physical Activity at School

We asked students to give us their opinions about opportunities for physical activity at their school. Physical education (PE) classes offer many benefits; students in Prince Edward Island reported an average of 1.9 PE classes in the last 7 days. The graph below shows which aspects of their physical education class students enjoyed. Students could mark more than one item.

Quick Facts

Physical education classes averaging 18+ minutes/day can more than double the odds that an overweight or obese child becomes and remains physically active.28

What Students Enjoy About Physical Education Classes

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of Youth</th>
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<tbody>
<tr>
<td>Being active</td>
<td>52</td>
</tr>
<tr>
<td>Getting fit</td>
<td>34</td>
</tr>
<tr>
<td>Having fun</td>
<td>60</td>
</tr>
<tr>
<td>Variety of activities</td>
<td>32</td>
</tr>
<tr>
<td>Learning different sports</td>
<td>30</td>
</tr>
<tr>
<td>Socializing with friends</td>
<td>40</td>
</tr>
<tr>
<td>Learning about healthy bodies</td>
<td>10</td>
</tr>
<tr>
<td>Nothing</td>
<td>11</td>
</tr>
</tbody>
</table>

School Communities Can Make a Difference

Help youth get involved with physical activity at school:
- Provide opportunities for extracurricular physical activities before and after school.
- Organize a physical activity challenge/competition between youth, teachers and parents.
- Reminders (announcements, bulletin boards, etc.) about activities and programs can increase student awareness of facilities available.
Social Influences on Physical Activity

Peers and family members can influence students’ behaviours directly (peer pressure) or indirectly (modelling). Active youth are more likely to report that they have friends who are active compared to inactive youth. All students were asked, “How many of your closest friends are physically active?” The results are shown in the table to the right.

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<thead>
<tr>
<th>HOW MANY OF YOUR 5 CLOSEST FRIENDS ARE PHYSICALLY ACTIVE?</th>
<th>PERCENT OF STUDENTS RESPONDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DO NOT MEET PA GUIDELINES</td>
</tr>
<tr>
<td>0</td>
<td>7%</td>
</tr>
<tr>
<td>1 OR 2</td>
<td>24%</td>
</tr>
<tr>
<td>3 OR MORE</td>
<td>69%</td>
</tr>
</tbody>
</table>

Youth reported that **83% of their mothers** and **83% of their fathers** were active. Generally, active youth are more likely to report that they have active parents. However, sometimes school results do not show inactive students reporting that they have inactive parents or friends. This may point to a need to correct perceptions as to what “active” actually is. Our previous studies have found that students may over-report time spent being physically active.

Students were also asked how much their parents encouraged and supported them to be physically active. The results show **77% of students** had parents who both encouraged and supported them.

**School Communities Can Make a Difference**

Physical activity is often defined by leisure activity with peers. Supporting students to develop skills to promote positive social influences can be helpful. Direct instruction, modelling, and rehearsal are most effective for learning these skills. Similar to school staff, parents are also powerful role models for young people. Parental support for, and direct involvement in, physical activity is related to active lifestyles among adolescents.
Healthy Body Weight

A healthy body weight is a key component of a well-balanced lifestyle. According to the 2010-2011 SHAPES-PEI data, 69% of PEI youth fall within the recommended healthy weight category for their age. Using student self-reported data, this year’s results show that 70% of students in PEI fall within the recommended healthy weight category for their age.

For populations, we can use body mass index (BMI) to determine whether body weight is healthy. BMI compares a person’s weight to their height.

\[ \text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}} \]

In this survey, BMI has been calculated using self-reported height and weight.

Being overweight during childhood can lead to increased illness and risk of chronic diseases such as heart disease, cancer and type-2 diabetes. Overweight and obese youth are often stigmatized by peers and adults. These youth may experience psychological stress, and have a poor body image, as well as poor self-esteem.

PLEASE NOTE: Caution should be used in interpreting these figures as they may have been under- or over-estimated, and a higher amount of missing data typically occurs.

PLEASE NOTE: The BMI categories used in this report are based on the World Health Organization (WHO) Child Growth Standards as these guidelines have been widely adopted throughout Canada.
Healthy Eating: The Issue

Healthy Eating is a Student Issue

- In the past 25 years there has been a dramatic increase in the percentage of Canadian adolescents who are overweight or obese. Overweight/obesity in adolescence often persists into adulthood.  
- In 2010-2011, 61% of PEI youth ate fruits and vegetables less than 6 times per day. According to the 2004 Canadian Community Health Survey, 25% of all calories consumed by teens come from non-food group foods, which include high fat, sugary and/or salty foods.  
- During adolescence, youth become more responsible for making choices about what they eat.

Healthy Eating is a School Issue

- Schools are an ideal setting to establish and promote healthy eating amongst children and youth.  
- Well-nourished children and adolescents are more likely to be better prepared to learn, be active, and maintain their health as adults.  
- There is a growing body of evidence demonstrating that children who eat poorly do not perform as well as they could academically, and that improvements in nutrition can result in improvements in academic performance.  

Healthy Eating is a Community Issue

- Home, family and community environments have a significant impact on a child’s nutrition and health. Children who eat home-prepared meals are more likely to include milk and milk-alternatives, vegetables, fruits, and other fibre- and nutrient-dense foods. Of equal importance, they also eat fewer fried foods and soft drinks than children who eat out.  
- Both fast food consumption and food portion sizes have increased significantly in the past 20 years, coinciding with increases in the incidence of childhood overweight and obesity.

Eating Well with Canada’s Food Guide

Eating Well with Canada’s Food Guide provides a practical pattern of eating to help Canadians make healthy food choices and reduce their risk of obesity and chronic diseases. For more information on the food guide go to: www.healthcanada.gc.ca/foodguide.
Food Intake

Fruit & Vegetables

The results presented in this section capture largely weekday eating. The questions asked students the number of times they consumed a list of food and drinks. Please use caution in comparing these results to Canada’s Food Guide as times do not necessarily equal servings.

When vegetables, fruit and 100% fruit/vegetable juice are added together, 38% of girls and 35% of boys report eating vegetables and fruit at least 6 times the day before the survey.

PLEASE NOTE: Times are not equal to servings. Times do not take into account serving size.

Milk

Students were asked how many servings of white/chocolate milk or soy beverage they drank the previous day (one serving = one cup or one small carton). The results show 55% of students consumed at least 2 servings of milk on the day before the survey, which is the daily recommended serving.

Of concern are the 45% of students who drank one serving or less of milk the previous day. Milk is the primary source of calcium and vitamin D in the diets of children and adolescents. Both of these nutrients are important during adolescence, a time of critical bone growth.

PLEASE NOTE: The question did not ask about milk products like cheese, yogurt or cottage cheese.

Quick Facts

Canada’s Food Guide recommends a diet that is rich in fruits and vegetables, whole grains, fat-free and low-fat dairy products for persons over age 2, to establish dietary habits that promote health and reduce the risk for chronic disease.41
Other Foods

Youth were asked about their consumption of foods that provide few nutrients and are generally high in fat, sugar, and salt (sodium). The results show 73% of students report eating candy, baked sweets, or frozen desserts and 67% report drinking sweetened non-nutritious beverages at least once the previous day.

Did You Know?

Canadians of all ages get more than one-fifth of their calories from “other foods,” which are food and beverages that are not part of the four main food groups found in Canada’s Food Guide.

The number of times youth ate any of the above foods during the previous day was summed to provide a picture of their total daily frequency of consumption of non-food-group foods*, shown in the chart to the right.

PLEASE NOTE: The following non-food group foods are included in the total: candy and chocolate, cake, pie, cookies, doughnuts, brownies and other baked sweets, ice cream, ice cream bars, frozen yogurt, popsicles*, sweetened non-nutritious beverages (including; fruit-flavoured drinks, regular pop, sports drinks, high energy drinks, hot chocolate, cappuccinos, frappaccinos, slurpees, slushies, snow cones) and salty snacks (including; chips, cheeseies, nachos etc.)

School Communities Can Make a Difference

Limiting foods and beverages high in calories, fat, sugar and salt (sodium) is an important step towards better health and a healthy body weight. The PEI School Boards’ School Nutrition Policies focus on how often foods and beverages are served at school. These policies aim to limit students’ access to unhealthy food choices by only allowing foods with minimum nutritional value to be served at school up to twice a month and encouraging healthier alternatives. Consistency between classroom learning and the types of foods available in the school sends a strong message to students and helps them apply skills acquired in the classroom. More information about these policies can be found at http://www.healthyeatingpei.ca/pei-school-nutrition-policy.php
Student Eating Behaviour

Breakfast Consumption

The results show 63% of boys and 55% of girls in PEI report eating breakfast every day in a usual school week (Monday to Friday). Breakfast eating is associated with improved academic performance and has been shown to be associated with lower rates of obesity.42,43

Breakfast eating usually declines with age.44 A number of factors including concerns with body weight and decreases in shared family meals appear to influence the decline in breakfast consumption in adolescents.44

The chart below shows students who eat breakfast every day. In contrast, 8% of boys and 9% of girls reported they do not eat breakfast at all in a usual school week.

Students who reported they do not eat breakfast every day gave the following reasons for skipping breakfast:

<table>
<thead>
<tr>
<th>Reason</th>
<th>% Responding “Yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DON’T HAVE TIME FOR BREAKFAST</td>
<td>43%</td>
</tr>
<tr>
<td>THE BUS COMES TOO EARLY</td>
<td>16%</td>
</tr>
<tr>
<td>I SLEEP IN</td>
<td>22%</td>
</tr>
<tr>
<td>I’M NOT HUNGRY IN THE MORNING</td>
<td>44%</td>
</tr>
<tr>
<td>I FEEL SICK WHEN I EAT BREAKFAST</td>
<td>23%</td>
</tr>
<tr>
<td>I’M TRYING TO LOSE WEIGHT</td>
<td>8%</td>
</tr>
<tr>
<td>THERE IS NOTHING TO EAT AT HOME</td>
<td>8%</td>
</tr>
</tbody>
</table>
Eating Out

Typically, foods eaten away from home are higher in fat and energy compared with foods eaten at home.\textsuperscript{39} Frequency of fast food restaurant use has been associated with a significantly lower intake of fruits, vegetables, grains and servings of milk.\textsuperscript{35}

In PEI, \textbf{70\% of students} reported eating foods purchased at a fast food place or restaurant at least once in a usual week.

In addition, \textbf{57\% of students} reported eating snacks purchased from vending machines, corner stores, snack bars or canteens at least once in a usual week.

\textbf{School Communities Can Make a Difference}

The PEI School Boards’ School Nutrition Policies aim to enhance healthy eating at school by providing healthy food and beverage choices in vending machines, canteens and school food programs. Schools are encouraged to contact their school board or the PEI Healthy Eating Alliance if support is needed surrounding the implementation of the policy.
Social Influences on Healthy Eating

Dietary patterns of children and youth develop largely within the family environment. Some of the familial factors influencing youth include food exposure and availability, parental modelling, meal structure and family meals, parenting style and parental attitudes and knowledge about nutrition.

Family meals are perceived positively by both children and parents. In a usual week, 79% of students report eating meals with at least one adult family member four or more times.

Generally, family presence at the evening meal is positively associated with children’s higher consumption of vegetables, fruits, and dairy foods.

### Quick Facts

Adolescents who watch television during family meals have been found to have lower intakes of vegetables, calcium-rich foods and grains and higher intakes of soft drinks compared with those not watching television during meals.

### PLEASE NOTE

This table contains the number of times students ate vegetables & fruit which may be different than the number of servings.

### MEALS WITH ADULT FAMILY MEMBER IN A USUAL WEEK

<table>
<thead>
<tr>
<th></th>
<th>PERCENT OF STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATE VEGETABLES &amp; FRUIT &lt; 6 TIMES YESTERDAY</strong></td>
<td>61%</td>
</tr>
<tr>
<td><strong>ATE VEGETABLES &amp; FRUIT ≥ 6 TIMES YESTERDAY</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EATS 4 OR MORE MEALS/WEEK WITH ADULT FAMILY MEMBER</th>
<th>EATS LESS THAN 4 MEALS/WEEK WITH ADULT FAMILY MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

### Number of times Students Eat Meals While Watching Television

School Communities Can Make a Difference

Teaching about healthy eating extends beyond the classroom health curriculum into the school environment and the community. Schools can help students learn about the many factors that contribute to food choices, including advertising, media, friends, and family. The more students are aware of these influences the better prepared they will be to make healthy choices. Recognizing and supporting family connectedness is critical to successful programs aimed at improving the nutrition of children and youth.
Acknowledgements

The development of this report was a collaborative effort between several groups including:

- The Propel Centre for Population Health Impact at the University of Waterloo
- The Comprehensive School Health Research Group at the University of Prince Edward Island
- The Health & Education Research Group at the University of New Brunswick
- PEI Department of Education & Early Childhood Development

We value your input and would welcome your feedback on this provincial report. Please feel free to contact the Comprehensive School Health Research Group toll-free at 1-888-297-8333 or by emailing shapespei@upei.ca.

A sincere thank-you to all schools in PEI for their participation in the 2012-13 SHAPES-PEI survey.
References


