

Youth Health Survey Report

Winnipeg Regional Health Authority Regional Report




CancerCare
MANITOBA
Action Cancer Manitoba



Winnipeg Regional
Health Authority
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À l'écoute de notre santé

Acknowledgements

This report was possible only through the efforts of many people. In particular, we wish to acknowledge the following:

- The administrators, teachers, staff and students of all the school divisions within the Winnipeg Health Region who participated in the initial Youth Health Survey (YHS).
- CancerCare Manitoba, for their assistance in survey implementation, statistical programming, and data analysis (Dr. Jane Griffith, Elizabeth Harland, Carly Leggett, Michelle Lu, Paul McArthur, Lin Xue).
- Manitoba Heart & Stroke Foundation for funding support to produce the surveys.
- The Interlake Regional Health Authority for sharing their work in developing the survey tool itself and their experience using it.
- South Eastman Regional Health Authority for the French translation of the survey.
- Manitoba Education, Citizenship and Youth for promoting and supporting the data collection.

Community Contacts and Resources

The following listings are people and places where more information can be sought for planning which may arise from this report.

First, there is a listing of all the Winnipeg Regional Health Authority (WRHA) community offices. These community offices offer a variety of health services including public health (every school has a public health nurse assigned to it), community nutritionist, home care, community mental health and community development services. Some sites also offer social services. These offices have been listed, along with the senior schools that fall into that office's catchment area.

The second list is of WRHA specialists who work in specific content areas and can be consulted to support schools or school divisions in planning that may result from these YHS reports.

Thirdly, a listing of the Physical Education/Health Education Consultants with the school divisions is included. These consultants also can act as a resource in health planning resulting from these reports.

Community Offices and Schools

ACCESS River East

975 Henderson Highway
938-5000

Kildonan East Collegiate
Miles MacDonell Collegiate
River East Collegiate
Elmwood Collegiate
Mennonite Brethren Collegiate
King's School
John G. Stewart

ACCESS Transcona

845 Regent Avenue West
938-5555

College Pierre Elliott Trudeau
Transcona Collegiate
Calvin Christian School
Immanuel Christian School
Murdoch MacKay Collegiate

WRHA Assiniboine South

Health and Social Services

3401 Roblin Boulevard
940-1950

St. Paul's High School
Gray Academy of Jewish Learning
Shaftesbury High School
Oak Park High School

WRHA St. James Community Office

Health and Social Services

2015 Portage Avenue
940-2040

John Taylor Collegiate
St. James Collegiate
Sturgeon Heights Collegiate
Westwood High School

WRHA St. Boniface Community Office

240-614 Des Meurons Street

940-2035

College Beliveau

J.H. Bruns

Louis Riel S.D. Arts and Tech

Nelson McIntyre Collegiate

Windsor Park Collegiate

St. Boniface Diocesan High School

Springs Christian Academy

WRHA St. Vital Community Office

6-845 Dakota Street

940-2045

College Jeanne-Sauve

Dakota Collegiate

Glenlawn Collegiate

Rene Deleurme Center

Centre Scolaire Leo-Remillard

WRHA Fort Garry Community Office

2735 Pembina Highway

940-2015

Fort Richmond Collegiate

Vincent Massey Collegiate

St. Maurice School

Linden Christian School

St. John's Ravenscourt School

Laureate Academy

Southeast Collegiate

South Winnipeg Technical

St. Norbert Collegiate

WRHA River Heights Health and Social Services

6-677 Stafford Street

938-5600

Churchill High School

College Churchill

Grant Park High School

Kelvin High School

St. Mary's Academy

WRHA Seven Oaks Health and Social Services

3-1050 Leila Avenue

Garden City Collegiate

Maples Collegiate

West Kildonan Collegiate

Faith Academy

WRHA Inkster Community Office

103-61 Tyndall Avenue

940-2020

Sisler High School

WRHA Downtown East Community Office

333 Maryland Street

940-8711

Montcalm School

Westgate Mennonite Collegiate

University of Winnipeg Collegiate

Balmoral Hall

WRHA Downtown West Community Office
189 Evanson Street
940-6669

Gordon Bell
Technical-Vocational High School
Daniel McIntyre High School

WRHA Point Douglas Community Office
601 Aikins Street
940-2050

Children of the Earth High School
NIJI Mahkwa School
R.B Russell Vocational School
St. John's High School
Argyle Alternative High School

WHRA Specialists

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Mental Health Promotion

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940-2115

Physical Activity Promotion

Jan Schmalenberg
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940-1729

Tobacco Reduction

Margie Kvern
mkvern@wrha.mb.ca
940-3649

Physical Education / Health Education Consultants

Louis Riel School Division	Physical Education/Health Education Coordinator 257-7827
Pembina Trails School Division	Consultant - Physical Education and Health 488-1767 ext. 1024
River East Transcona School Division	Physical Education and Health Consultant (5-12) 669-9412 ext. 2273
St. James-Assiniboia School Division	Coordinator of Instruction in the Area of Physical Education and Health 837-5886 ext. 242
Seven Oaks School Division	Physical Education/Health Education Divisional Contact 334-4391 ext. 773
Winnipeg School Division	Physical Education Consultant 788-0203 ext. 124
Winnipeg School Division	Health Education Consultant 788-0203 ext. 112

Your Region Report

The purpose of the Youth Health Survey (YHS) is to provide schools and school divisions within Winnipeg, and the Winnipeg Regional Health Authority (WRHA), with current school-specific, community area-specific, and Winnipeg-specific information about youth health, with a focus on risk factors for chronic disease.

This survey was first developed by the Interlake Regional Health Authority and used in 2006 for grade 6 to 12 students in the Interlake, and has since been used widely across Manitoba. There has been additional interest in this survey for its ability to provide baseline data from which to evaluate the new Grades 11 and 12 Active Healthy Lifestyles: Physical/Health Education curricula. Manitoba Education, Citizenship and Youth was very supportive of Regional Health Authority and School Division participation, with the contribution of partners, to conduct this survey in the spring of 2008 which allowed data collection prior to the new curriculum implementation in the 2008/2009 school year. It is the intent of all partners to conduct subsequent waves of this survey to use the physical activity part of the survey to monitor the impact of the curriculum change on the activity level of students. At the same time, changes in many factors that affect health of students can be tracked.

This survey provides baseline information about students in our region. Youth behavior is important because healthy lifestyles affect learning, growth, stress management and self-esteem. Additionally, lifelong health behaviours, which affect long-term health outcomes, are developed in these early years. “The common environmental stresses and behaviour patterns experienced or learned in childhood and adolescence contribute significantly to the incidence and prevalence of disease later in life, and conversely, learned patterns of healthy behaviour and stress management contribute to health throughout life.”¹ Studies have shown that early indicators of chronic disease begin in youth.² Future surveys could be used to determine changes in these risk factors over time at the local school level.

This report presents the findings of the YHS conducted by the WRHA in partnership with CancerCare Manitoba and School Divisions in Winnipeg in the spring/fall of 2008. We are pleased to provide this report reflecting the responses of the students in **WRHA** – Dakota Collegiate, Glenlawn Collegiate, J.H. Bruns Collegiate, Nelson McIntyre Collegiate, Windsor Park Collegiate, Collège Beliveau, Collège Jeanne-Sauvé, Maples Collegiate Institute, West Kildonan Collegiate, Garden City Collegiate, Fort Richmond Collegiate, Shaftesbury High School, Vincent Massey Collegiate, Oak Park High School, Collège Pierre Elliot Trudeau, Miles MacDonell Collegiate, Murdoch MacKay Collegiate, Transcona Collegiate, St. James Collegiate, Westwood Collegiate, Sturgeon Heights Collegiate, John Taylor Collegiate, Churchill High School, Collège Churchill, Daniel McIntyre Collegiate Institute, Elmwood High School, Gordon Bell High School, R.B. Russell Vocational School, St. John's High School, Tech-Vocational High School, St. Mary's Academy, St. Maurice School, St. Paul's High School, Balmoral Hall School, Calvin Christian School, Immanuel Christian School, Linden Christian School, Mennonite Brethren Collegiate Institute, Springs Christian Academy, St. John's Ravenscourt School, The King's School, The Laureate Academy, Westgate Mennonite Collegiate, Southeast Collegiate, St. Boniface Diocesan High School, Gray Academy of Jewish Education and Collège St. Norbert Collegiate. Resources are available, and development is ongoing, to provide information and tools schools can use to address issues that have been identified through their reports.

Why Schools are Important for Health

There are many factors that influence the health of children. Schools are in a unique position to have a positive impact on the health of children and families.

The concept of health-promoting schools emerges from a global movement that recognizes two key ideas: healthy children are better able to learn and schools can directly influence the health of students. A health-promoting school embraces the view that promoting children's health is a shared responsibility with parents, the health sector, and the community. It strives to be a healthy setting for learning and working. Schools, in partnership with parents and the greater community, can provide an ideal setting for practices that enhance both health and learning.³

Schools can have a **significant protective influence** on the health of children and youth through policy (nutrition, tobacco, and physical activity policies) as well as through the school culture. It has been found that adolescents who feel connected to their school communities are less likely to engage in risky activities than those who do not feel connected to their school.⁴

Supportive school environments that foster resilience and focus on asset development, protective factors and social connectedness, reduce the risk of health-related problems and support the healthy growth and development of children and youth.⁵

Early and sustained efforts are considered the most beneficial to the health of children and youth. It has been found that risk behaviour in youth, such as inadequate exercise, drug and alcohol use and smoking, tend to begin in late preadolescence and rise to a peak in the senior high school grades.⁶

It is important to note that, even though schools are ideally positioned to influence the health of children, they cannot do it alone. The health of children is a shared responsibility. There is a role to play for families, health authorities, human service providers, non-government organizations and the community, in partnership with the students and staff.

Reading this Report

This survey report differs from other survey feedback you may receive in that it offers a way for your school to look in the mirror close up, and see how the students at your own school are doing with risk factors related to their health. It provides a snapshot in time of your own students- not only divisional, Winnipeg, provincial or national averages. It is hoped that this reflection will help staff, parents and students identify areas they would like to see improved.

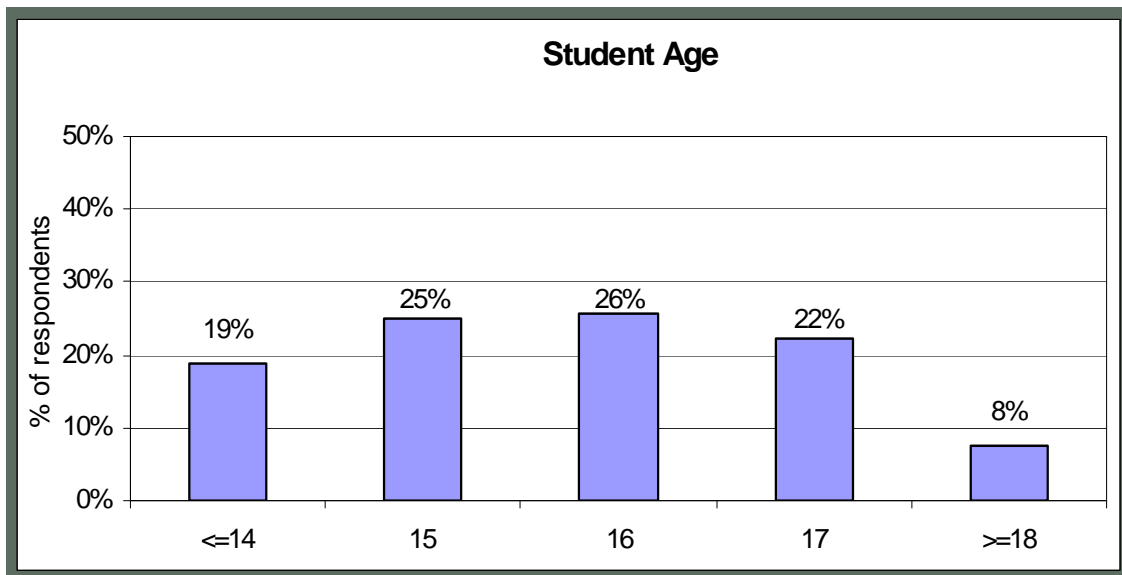
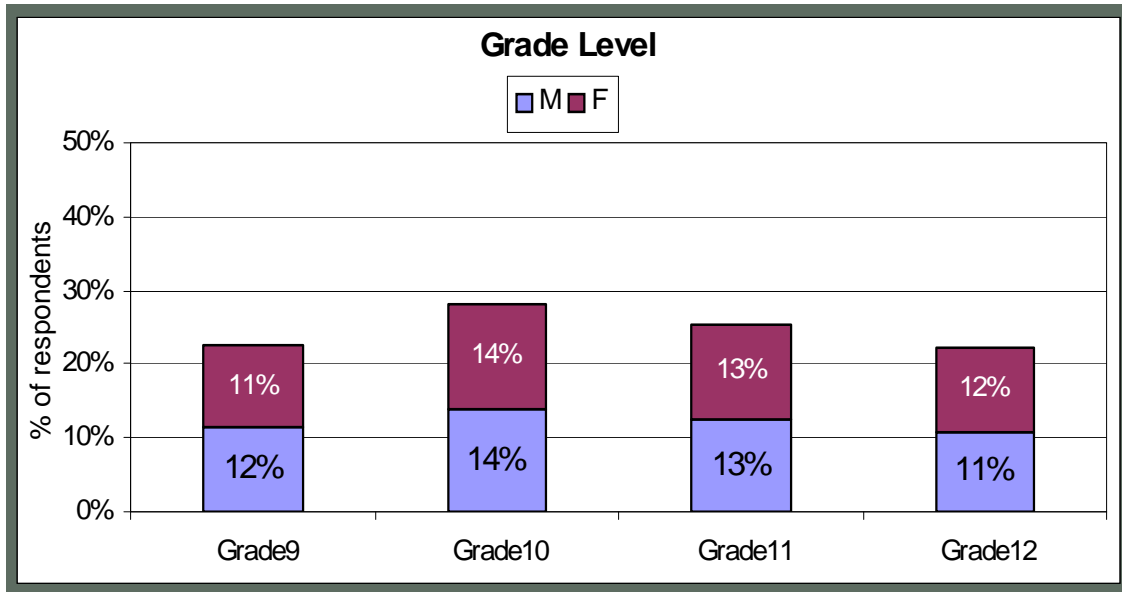
But schools do not have to address this all on their own. There are already many resources available to assist schools to access “best practice” “what works” information tailor-made for schools to address a variety of health challenges. Some resources have already been developed by the Winnipeg Regional Health Authority specifically to assist Winnipeg Schools to address key health areas such as tobacco reduction and the promotion of mental wellness. *Winnipeg in motion*, a partnership initiative to encourage all Winnipeggers to be physically active for health and enjoyment, has resources to assist schools and communities to encourage physical activity for all. Healthy nutrition supports are available. Further work is ongoing to facilitate ready access to ideas and resources that are easy to implement in a busy school environment to meet the planning needs of staff, students, parents and the community. Divisional Physical Education and Health Education Consultants are a rich resource in school planning for better health.

It is hoped that reading this report may be one step on a journey that is ongoing towards improving the health of students in **WRHA**.

Survey Participation

The response rate for **WRHA** was 64%.

Following is the demographic profile of the students in **WRHA** who completed the survey. The students who responded were 50% female and 49% male; 1% did not state their gender.



WRHA Quick Facts

- 43% of female students and 56% of male students participate in the recommended amount of physical activity daily.
- 31% of students use active transportation to get to school.
- Students' most common response to how much time is spent reading (not related to schoolwork, homework or paid work) and doing homework was less than 1 hour/week reading and 1 to 6 hours/week doing homework.
- Only 4% of students eat 7 or more fruits and/or vegetables per day.
- 69% of males and 82% of females fall within the recommended healthy weight category.
- 14% of students consider themselves underweight, 29% overweight and 55% healthy weight.
- 21% of males and 20% of females report being current smokers.
- 45% of male smokers and 53% of female smokers have plans to quit smoking sometime in the future.
- 66% of students indicated that their school had a clear set of rules about smoking for students.
- 49% of students had at least 1 drink of alcohol in the last 30 days.
- 77% of students strongly agree or agree that they feel close to people in their school.
- 77% of students strongly agree or agree that they feel part of their school.
- 76% of students strongly agree or agree that they are happy to be at their school.
- 80% of students strongly agree or agree that they feel safe in their school.
- 39% of students report that they had felt hopeless in the past 12 months.



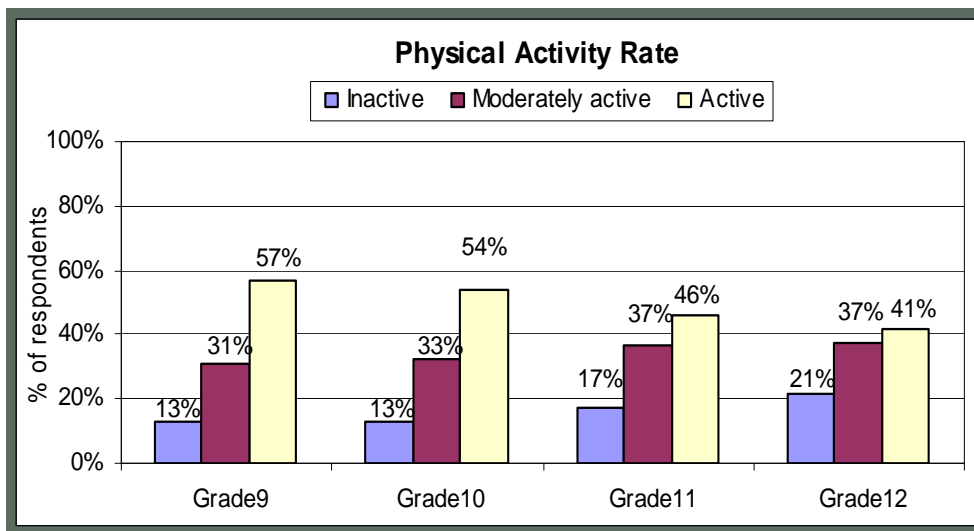
Physical Activity

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Physical Activity Levels

The students of **WRHA** were asked to self report how much hard and moderate physical activity they do each day of the week. This information was used to calculate the proportion of students who are inactive, moderately active and active enough for optimal growth and development (see tables below).

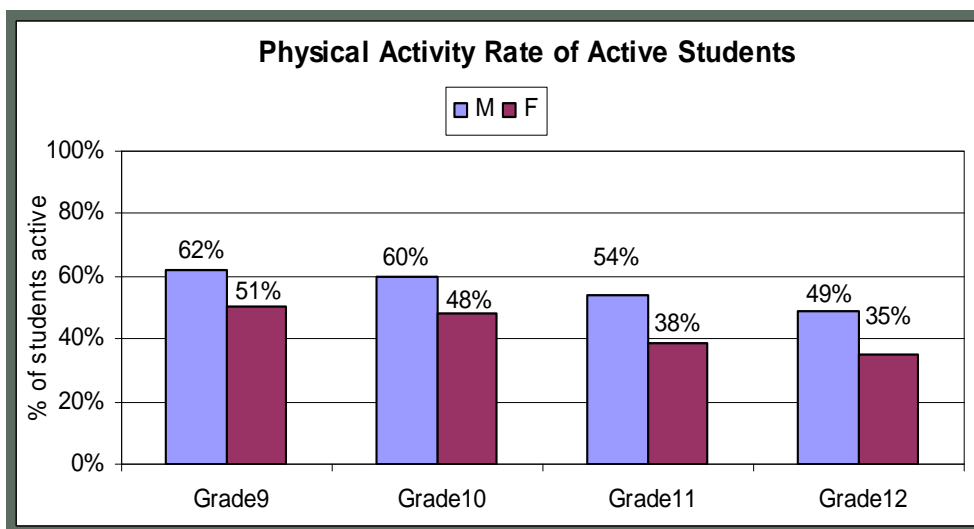
Based on student self-report, 50% of students in **WRHA** are active (>8 KKD) and another 34% are considered moderately active (3 – 8 KKD). However, 16% of students are physically inactive (< 3 KKD).



Physical activity is measured in kilocalories per kilogram per day (KKD). KKD is an estimate of how much energy a person has expended in a day.

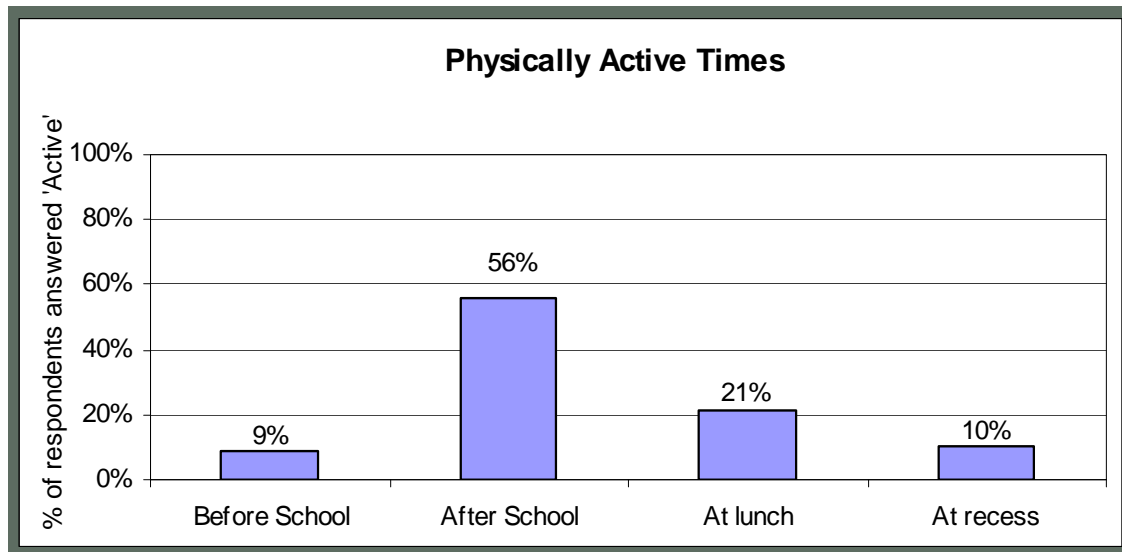
Health Canada recommends that youth (10-14 years) be physically active a minimum of 90 minutes (6KKD) per day. This would be about equivalent to 60 minutes of moderate activity (eg. biking, raking leaves, dancing, or brisk walking), combined with 30 minutes of vigorous activity (eg. aerobics, hockey, basketball or jogging)⁷.

Health Canada recommends that adults (≥ 20 years) be physically active a minimum of 30 – 60 minutes (3KKD) per day. This would be about equivalent to 60 minutes of moderate activity (eg. biking, raking leaves, dancing, or brisk walking), OR 30 minutes of vigorous activity (eg. aerobics, hockey, basketball or jogging)⁷. The youth surveyed in this report (14–19 years) do not coincide directly with Health Canada's physical activity recommendations for youth (10-14 years) or adults (≥ 20 years). At this point, Health Canada has not identified specific guidelines for this age group and therefore the youth in this survey will be compared to the following: active (>8KKD), moderate (3-8KKD), and inactive (<3KKD)⁸.

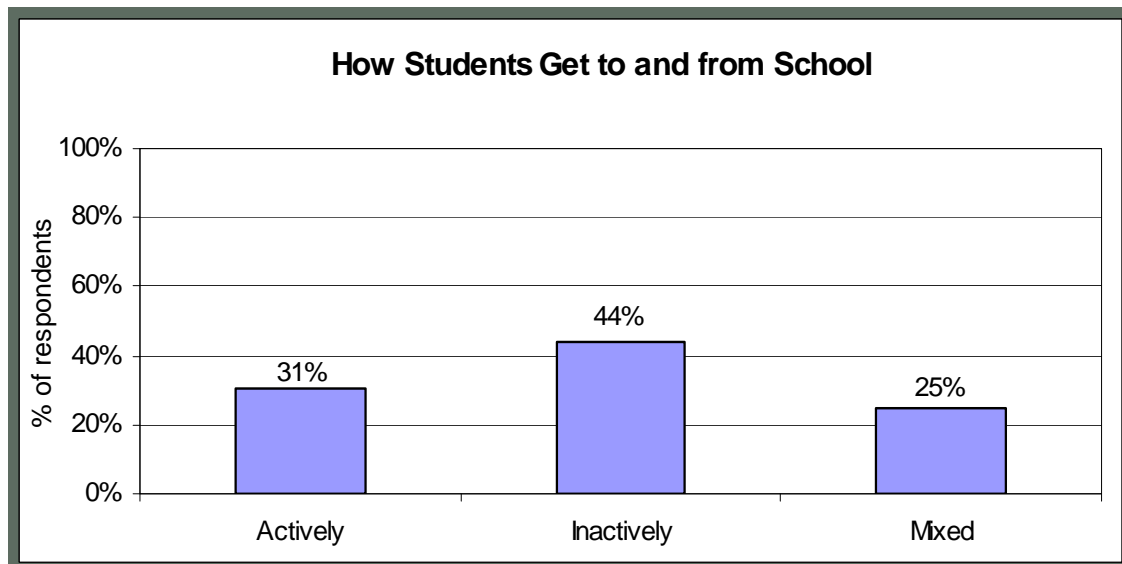


When Students are Active

Students were asked about the time of day when they are most physically active. The responses for your school are noted in the chart below:



Students also reported how they usually get to and from school – the table below shows their responses.



Strength Activities in Youth

Strength activities help develop and maintain strong muscles, healthy bones, and healthy body weight. It can also enhance body image.

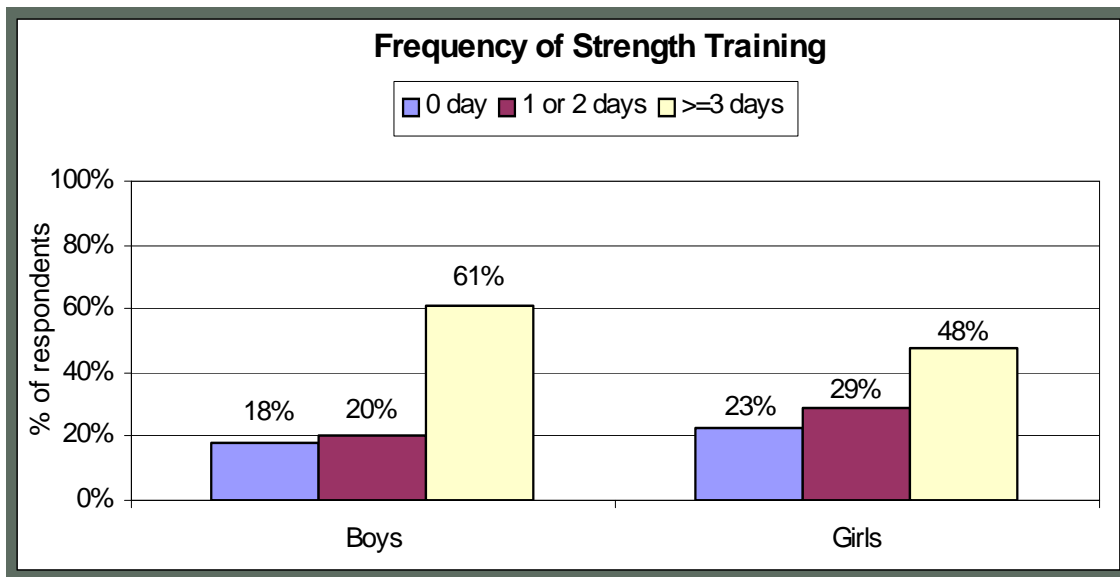
Canada's Physical Activity Guidelines⁹ recommend youth 10 to 14 years of age include:

- strength activities that build muscle and bone and
- flexibility activities like bending, stretching, and reaching that keep joints moving.

Canada's Physical Activity Guidelines¹⁰ for 15 years and older recommend including activities that use resistance to strengthen muscles and bones and improve posture 2 - 4 days/week.

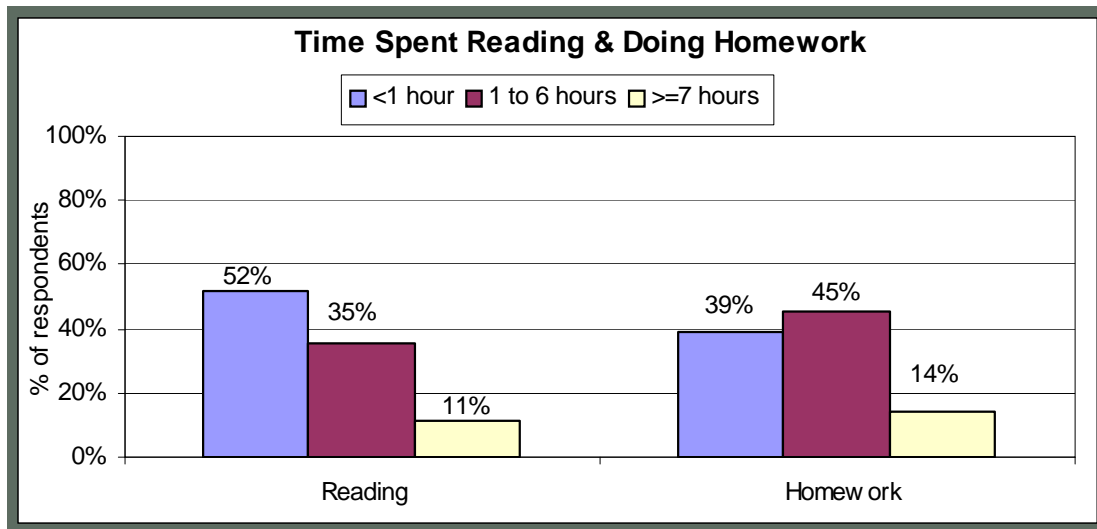
In **WRHA**, 79% of students reported doing strength training activities such as push-ups, sit-ups and weight lifting at least once a week.

61% of the males and 48% of the females reported that they strength train at least 3 days of the week.



Time Spent in Sedentary Activities

Sedentary activities include things such as “screen time” (eg. watching television, playing video games or using the computer), reading and homework. The following graph and table show how much time students in **WRHA** spend in sedentary activities each week.



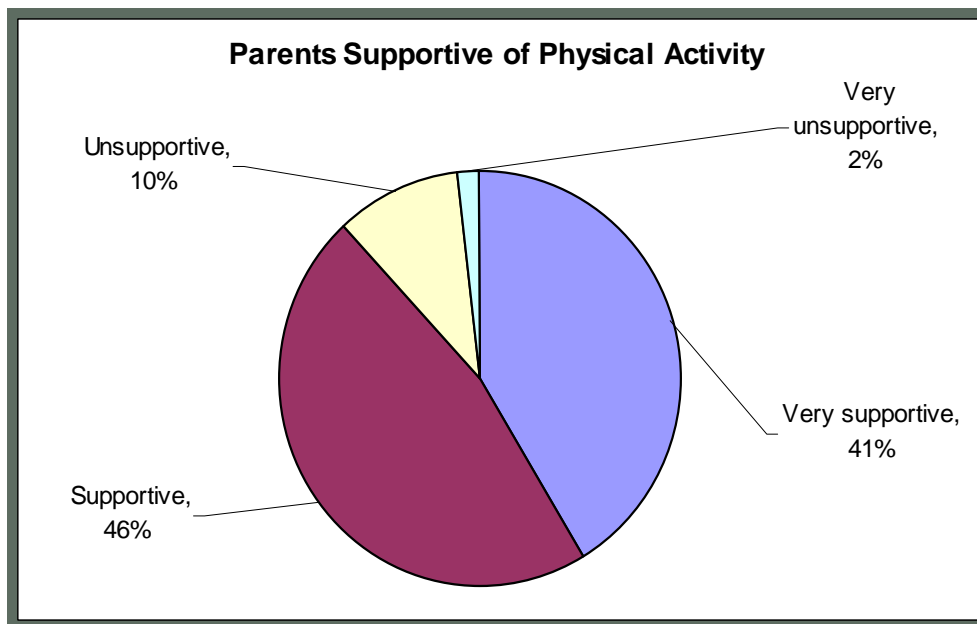
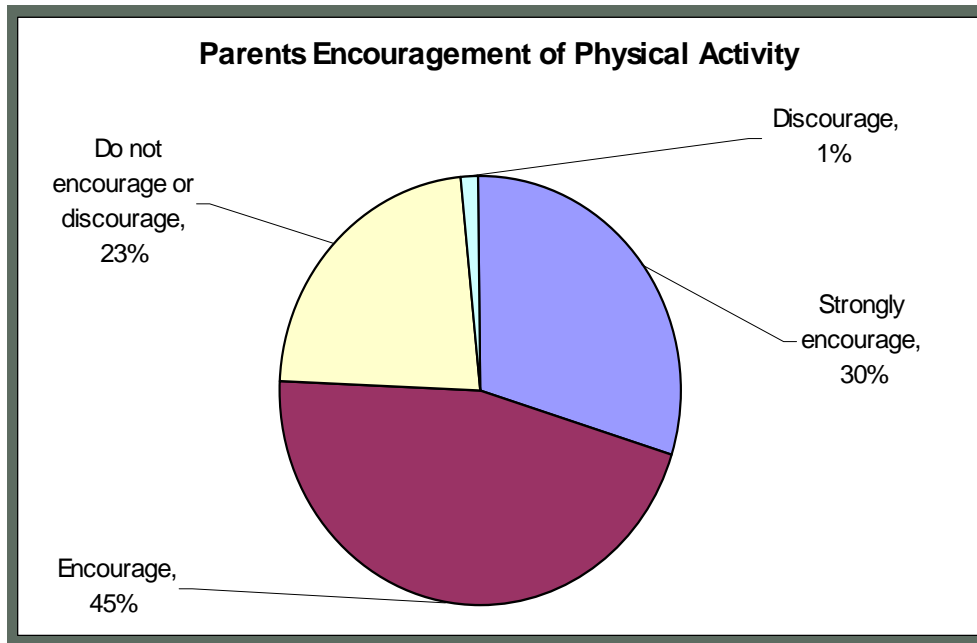
Note: In this graph, “reading” refers to reading done for pleasure (i.e. does not include reading done at work, for homework, or at school).

Time spent on “screen”	None	<1 hour	1-2 hours	3-5 hours	>=6 hours
Monday	7%	24%	40%	20%	6%
Tuesday	8%	26%	38%	19%	6%
Wednesday	8%	26%	37%	19%	6%
Thursday	9%	26%	37%	19%	6%
Friday	10%	24%	33%	21%	8%
Saturday	9%	20%	29%	25%	13%
Sunday	10%	19%	31%	25%	13%

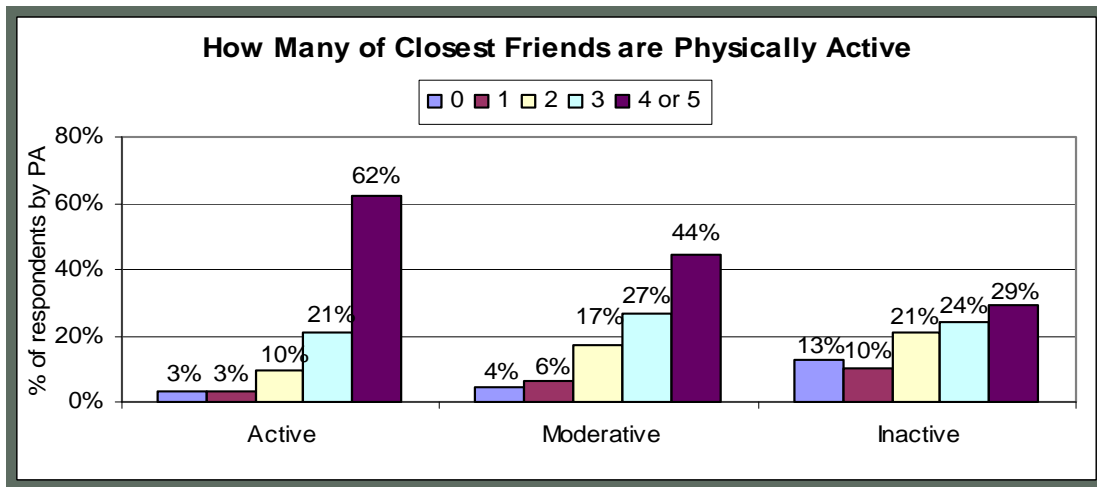
Canada’s Physical Activity Guide recommends increasing time currently spent on physical activity, starting with 30 minutes or more per day and reducing “non- active” time spent on TV, video, computer games and surfing the internet starting with 30 minutes less per day. To promote overall health, students should decrease the total amount of time they are inactive while maintaining homework and reading time¹¹.

Factors Supporting Physical Activity

WRHA students were asked how their parents encouraged them to be physically active. Students were also asked how their parents supported them (such as helping them to join, or get to, activities). 75% of the students said that their parents encouraged/strongly encouraged them to be physically active and 87% of the students said that their parents were supportive/very supportive of their participation in physical activities.



The graph below shows student responses to how many of their closest friends are physically active. 62% of the active students reported that 4 or 5 of their closest friends were physically active. Students who are active or moderately active are more likely than inactive students to have 4 or 5 of their closest friends who are active.



Recreation Opportunities

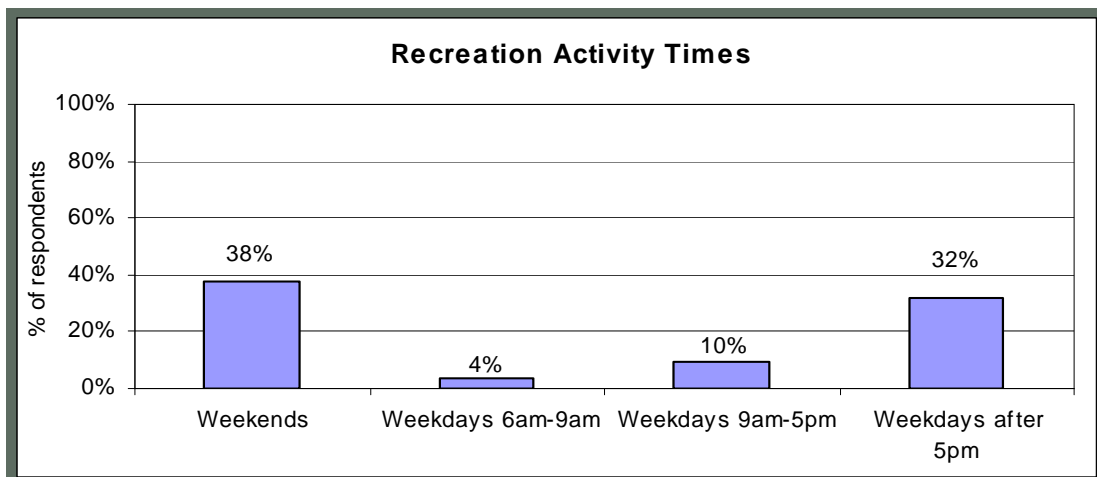
Students were asked to list up to 3 recreation activities that they would like to do that are currently not accessible to them. The most common responses from the females were:

- Swimming
- Dance
- Tennis

The most common responses from the males were:

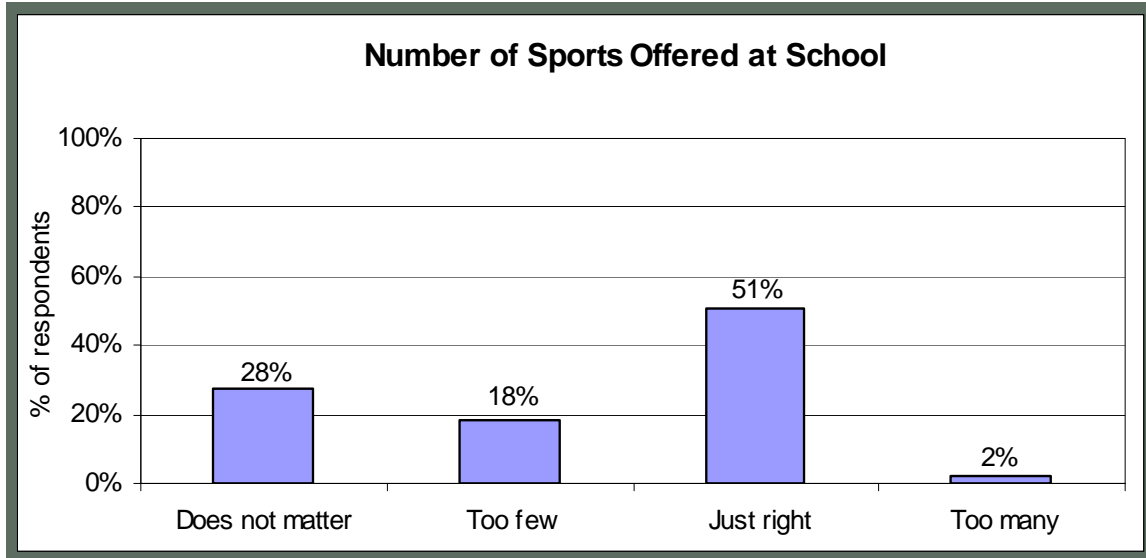
- Football
- Hockey
- Wrestling/Martial Arts

Students were asked when they would like to participate in these recreation activities. Responses for your school are noted below.



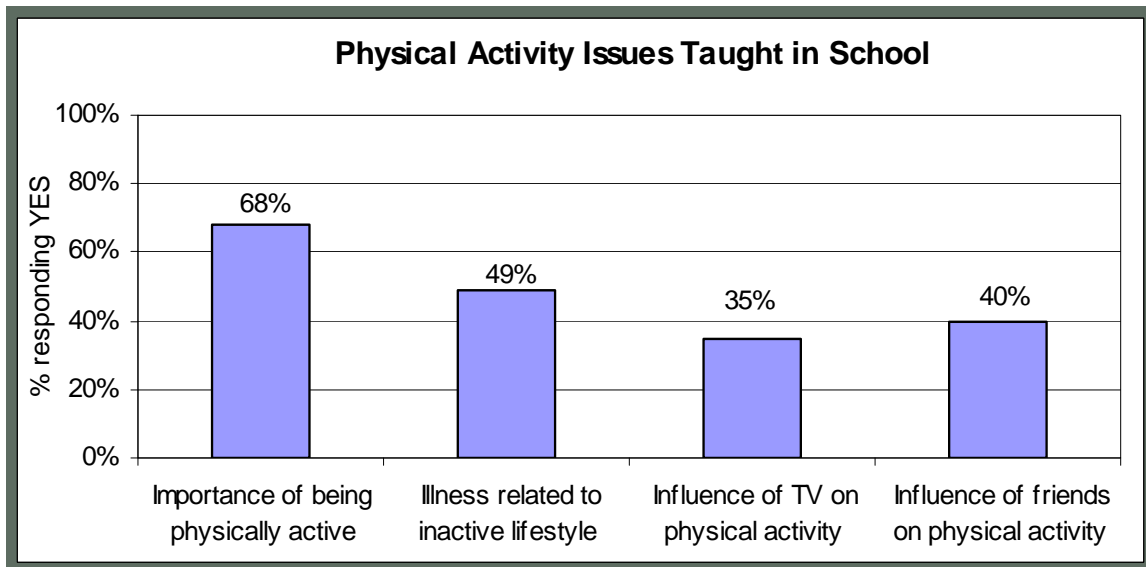
Satisfaction with Quantity of School Sports

51% of students in **WRHA** stated they felt that the number of sports offered at their school was just right. Another 18% felt that there were too few sports offered at school.



Student Perceptions of Physical Activity Education at School

Students were asked if the subjects at school addressed topics related to physical activity. The graph below shows the percentage of students who thought that these issues were taught at their school.





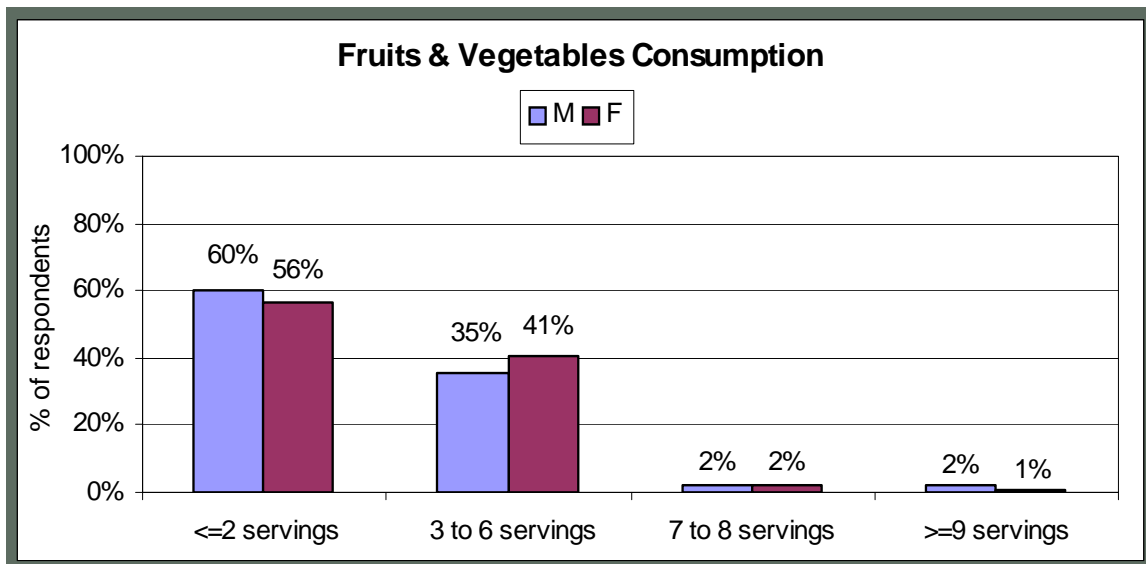
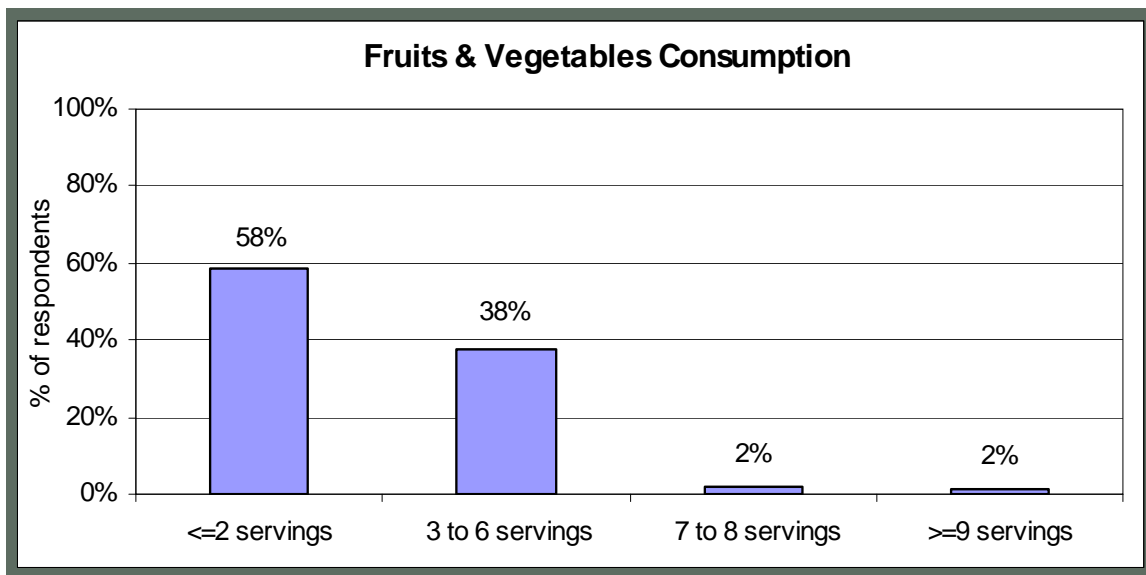
Healthy Eating

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Eating Habits of Students

Eating Well with Canada's Food Guide recommends that females 14 to 18 years of age consume 7 servings of fruit and vegetables on a daily basis; males of the same age should consume 8 servings of fruits and vegetables¹².

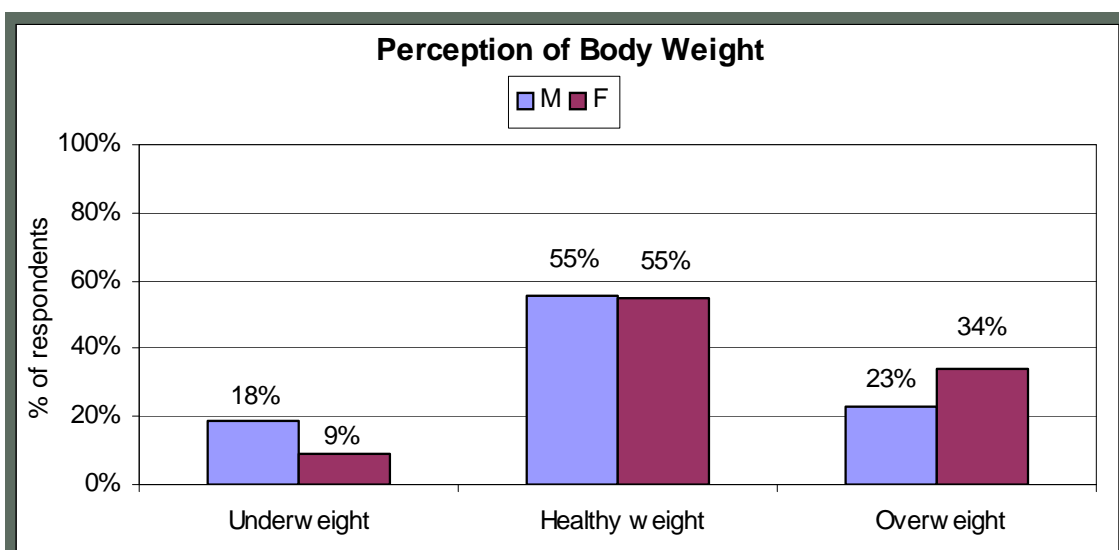
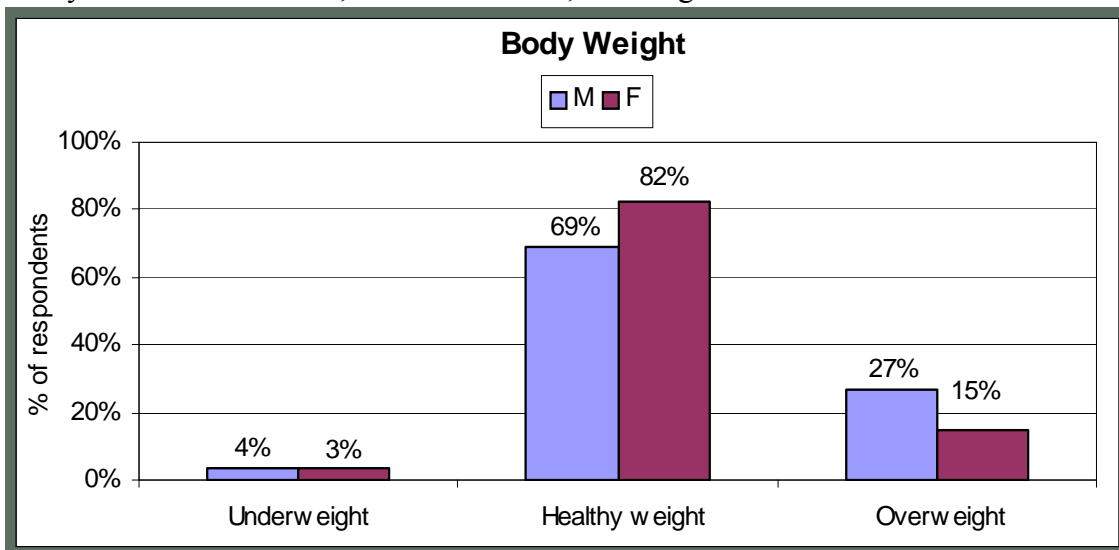
In this survey, students were asked to indicate the number of servings of fruits and vegetables they consumed on a regular basis. Based on student survey responses, 4% of students in **WRHA** consumed 7 or more servings of fruits and vegetables per day.



Healthy Body Weight

Healthy body weight can be assessed using body mass index (BMI). BMI is calculated using weight and height. In children and teens (unlike adults), BMI is age- and sex-specific and is often referred to as BMI-for-age. **BMI values are more meaningful if information about the nutritional and physical activity habits of the teenager are also known.** For example, if the BMI is near the upper end of the range and nutritional and physical activity habits are poor, the teen is likely overweight; if the BMI is near the lower end of the range and nutrition habits are restrictive and/or physical activity habits are excessive, this can be a sign of problems that affect normal growth¹³. Of the students with a valid BMI, 69% of the males and 82% of the females in **WRHA** fall within the **recommended healthy weight category for their age**.

An accurate and realistic perception of one's weight can influence nutrition habits. 55% of the males and 55% of the females in **WRHA** perceive their body weight as healthy. It is important to note that, regardless of weight, "body image dissatisfaction is a strong precursor to emotional problems, unhealthy nutrition habits and, in extreme cases, to eating disorders¹⁴."



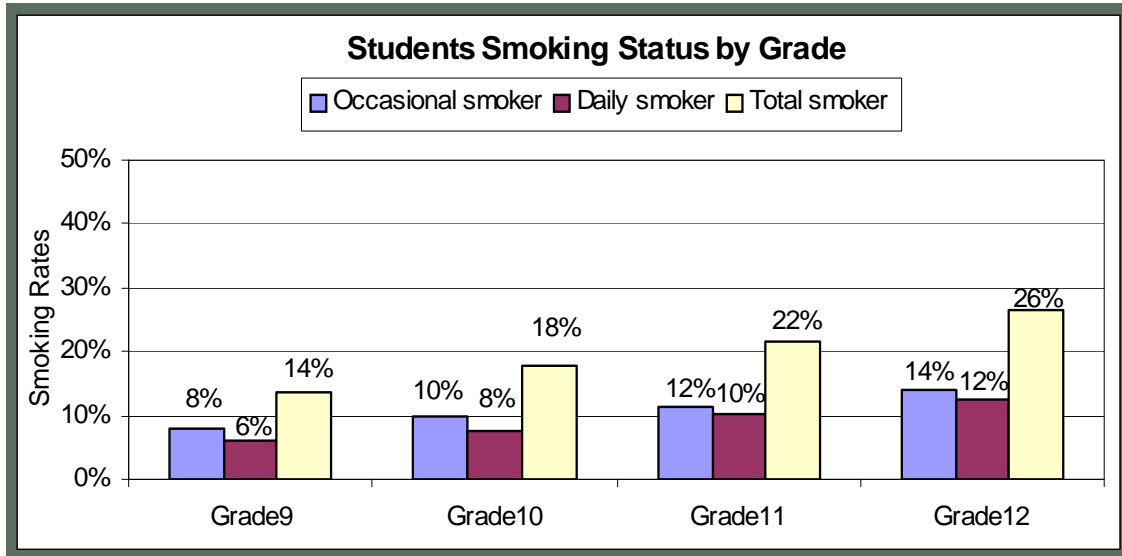
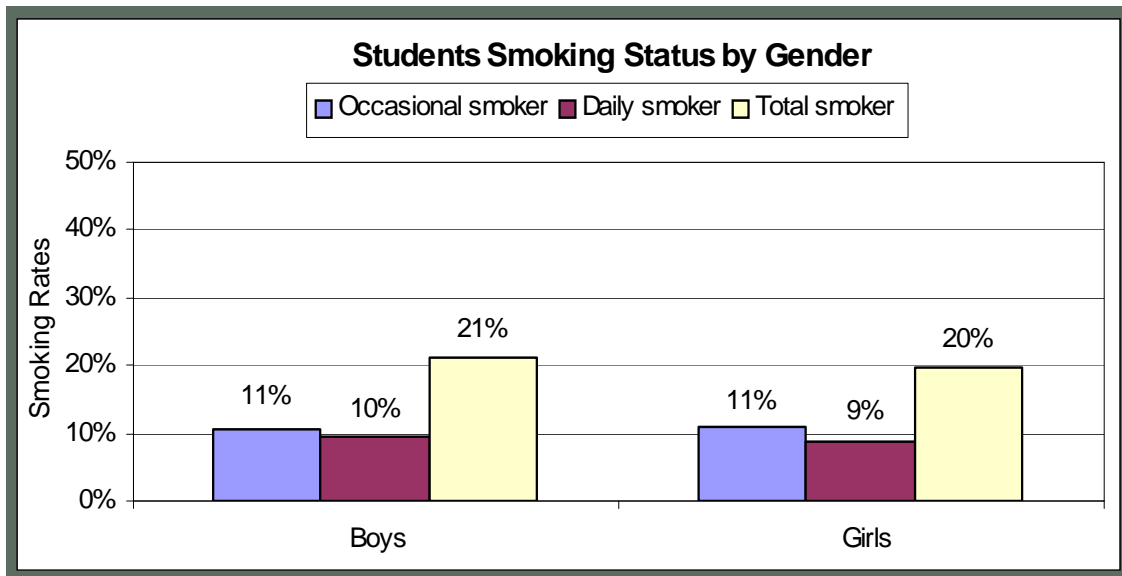


Smoking, Alcohol and Drug Use

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Who Smokes in WRHA

The Canadian Tobacco Use Monitoring Survey¹⁵ indicates that 20.1% of youth aged 15-19 in Manitoba and 15.2% of youth aged 15 to 19 in Canada were current smokers in 2007. In **WRHA**, 21% of males and 20% of females are smokers, and 79% of males and 80% of females are non-smokers.



Note: Total smokers = daily smokers + occasional (i.e. non-daily) smokers

Factors that Influence Student Smoking

Students start smoking for a variety of reasons. Peers and family members are especially influential in the decision to start or continue smoking. These influences are sometimes direct (e.g. peer pressure), but more often are indirect (e.g. modeling). Students in **WRHA** were asked a series of questions about peers and family.

93% of daily smokers and 84% of occasional smokers report that 1 or more of their 5 closest friends smoke cigarettes. 13% of non-smokers report that 1 or more of their 5 closest friends smoke.

How many of your 5 closest friends smoke cigarettes?	Percentage of Students Responding		
	Daily Smokers	Occasional Smokers	Non-smokers
0	5%	14%	10%
1	4%	17%	5%
2	10%	24%	3%
3	15%	17%	2%
4	16%	12%	1%
5	49%	14%	1%

Students were also asked how many people, in addition to themselves, smoked inside their home every day or almost every day.

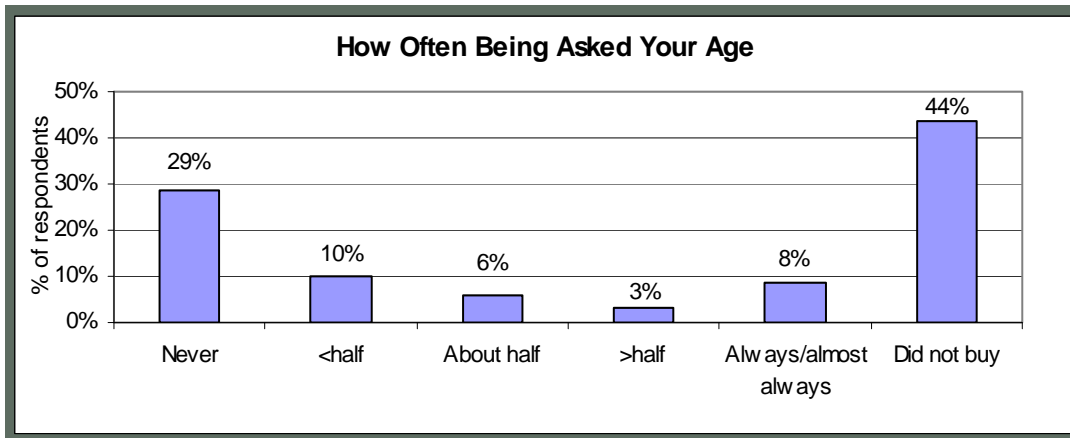
Family Member Smoking Inside the Home	Percentage of Students Responding		
	Daily Smokers	Occasional Smokers	Non-smokers
0	37%	56%	72%
1	18%	22%	16%
2	17%	12%	7%
3	8%	4%	1%
4	5%	2%	1%
5 or more	14%	2%	1%

Not only are students whose parents smoke more likely to become smokers themselves, it is also a health concern if family members smoke in the home. 62% of the daily smokers, 42% of the occasional smokers, and 25% of the non-smokers in **WRHA** reported that at least one person inside their home smoked on a daily basis.

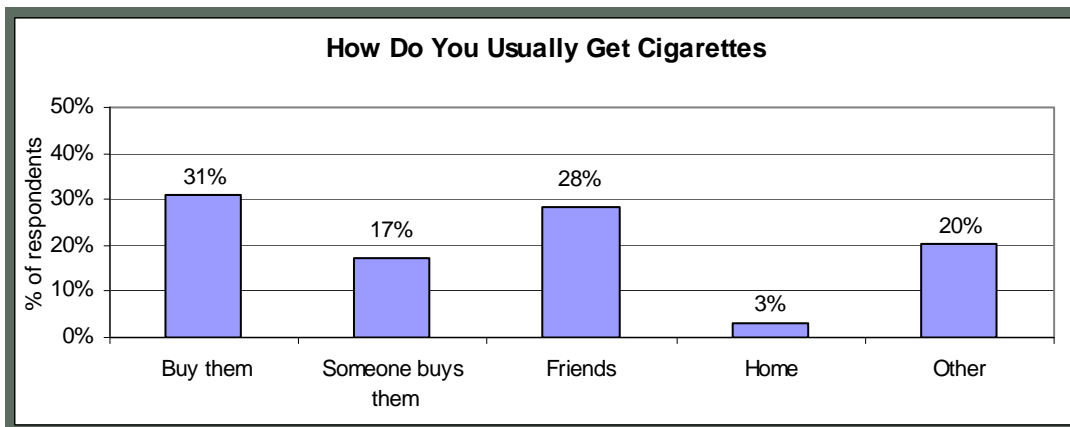
Students were also asked a question about their school's smoking policy. 66% of the respondents indicated that their school has a clear set of rules about smoking for students to follow and 11% of students reported that their school does not. The remaining 20% indicated that they didn't know.

How Students Obtain Cigarettes

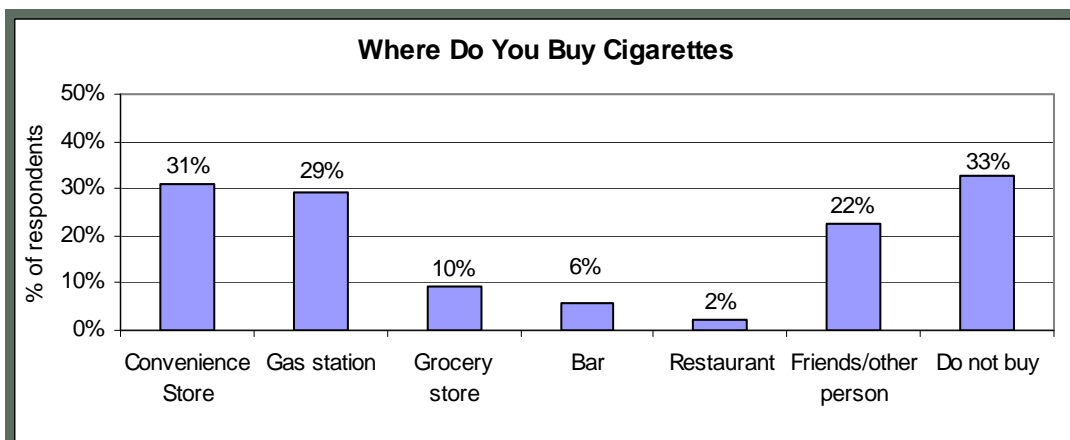
Most of the students in **WRHA** are under the age of 18. Despite the fact that federal law prohibits the sale of cigarettes to anyone under the age of 18, many students are able to buy cigarettes and in most cases they are not asked their age. The table below outlines how frequently students in **WRHA** are asked their age when trying to buy cigarettes.



Students who smoke get their cigarettes in the following ways:



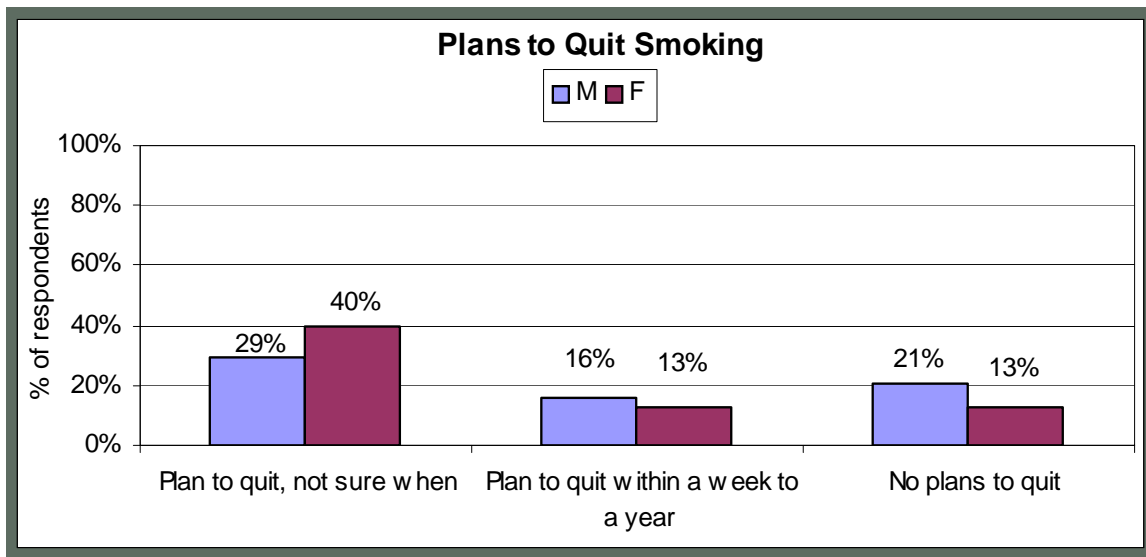
Students who smoke and buy their own cigarettes are asked where to buy their cigarettes:



Trying to Quit

Quitting smoking is not an easy process for adults or for youth. New evidence indicates that the first symptoms of addiction to nicotine may occur as early as a few days or weeks after the beginning of even occasional smoking by youth¹⁶. Students can have a very difficult time quitting even when they have strong motivation to do so.

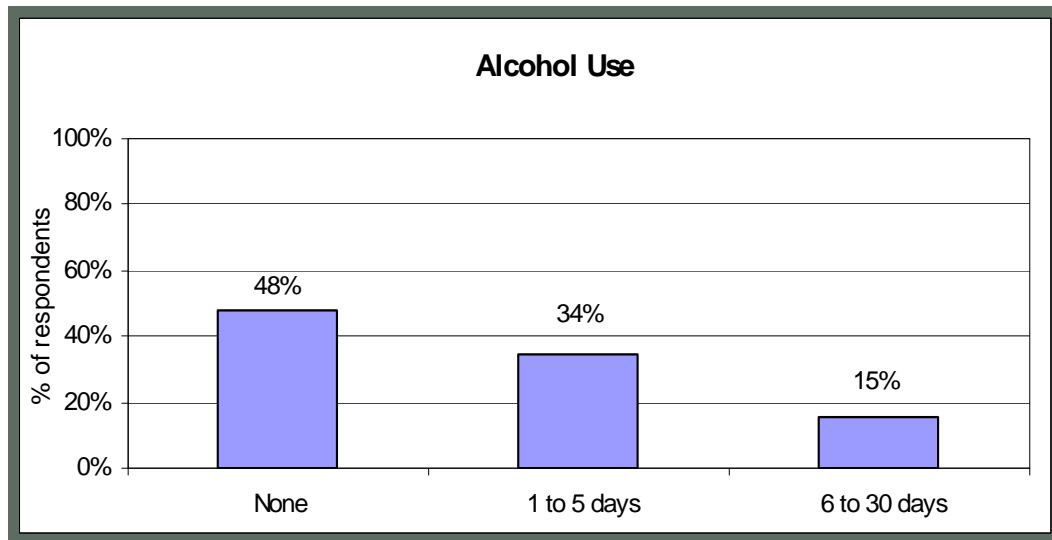
When students who smoke were asked about their plans to quit smoking, 53% of females and 45% of males responded that they plan to quit. All student responses are outlined in the graph below.



Alcohol & Drug Use

Alcohol abuse is associated with motor vehicle and aquatic injuries and deaths, vandalism, alcohol poisoning and violence. Harmful use patterns, started young and carried into adulthood, exacerbate these problems, and chronic alcohol abuse leads to a number of acute and chronic disease conditions¹⁷

Students were asked “During the past 30 days, on how many days did you have at least one drink of alcohol?”, 34% of respondents indicated that they had alcohol between 1 and 5 days and 15% had alcohol between 6 and 30 days.



When asked “During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple of hours?”, 32% indicated that they had 5 or more drinks of alcohol within a couple of hours on at least one of the past 30 days.

22% of the students in **WRHA** indicated that they had used illegal drugs such as marijuana, cocaine, heroine, methamphetamines, ecstasy, steroid pills/shots or sniffed glue in the past 30 days.

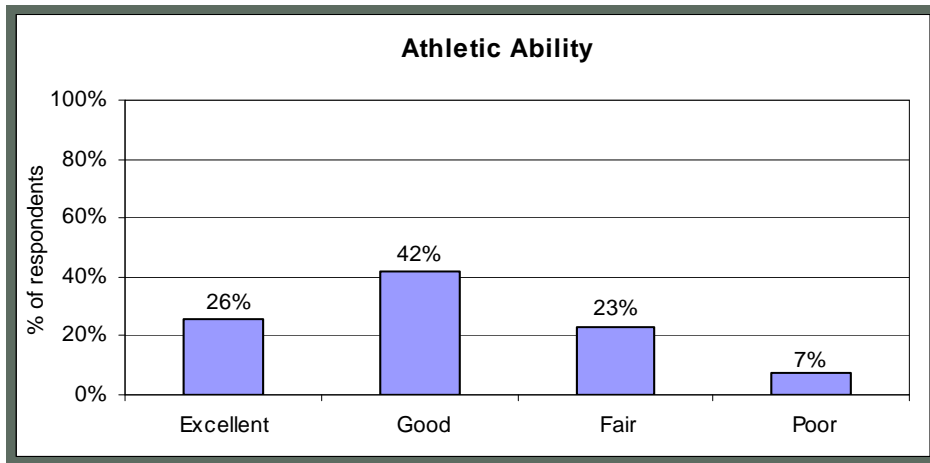


Wellbeing

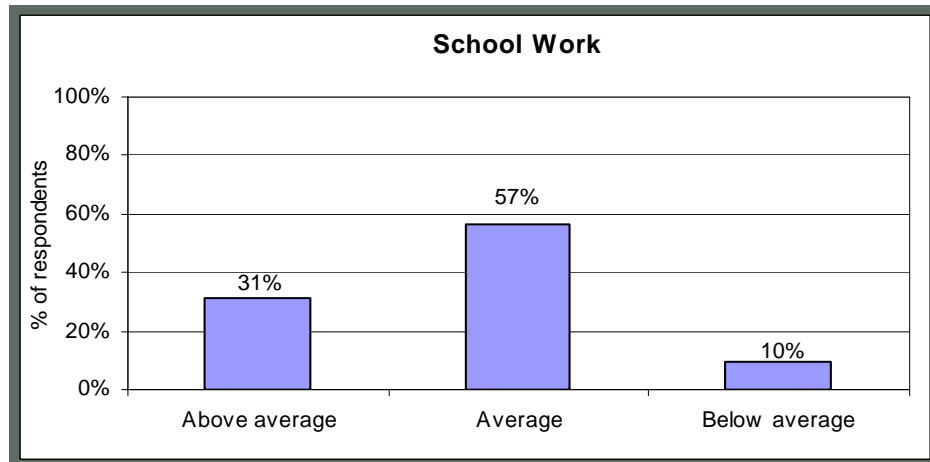
**Winnipeg
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Overall Feelings of Well-being

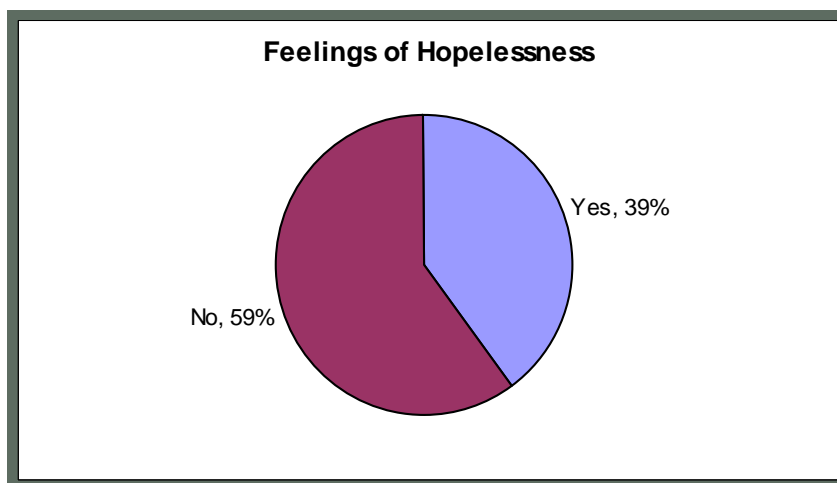
Students were asked a few questions about their accomplishments and overall sense of well-being.



68% of students rated their athletic ability as excellent or good.



88% of students rated their school work as average or above average.

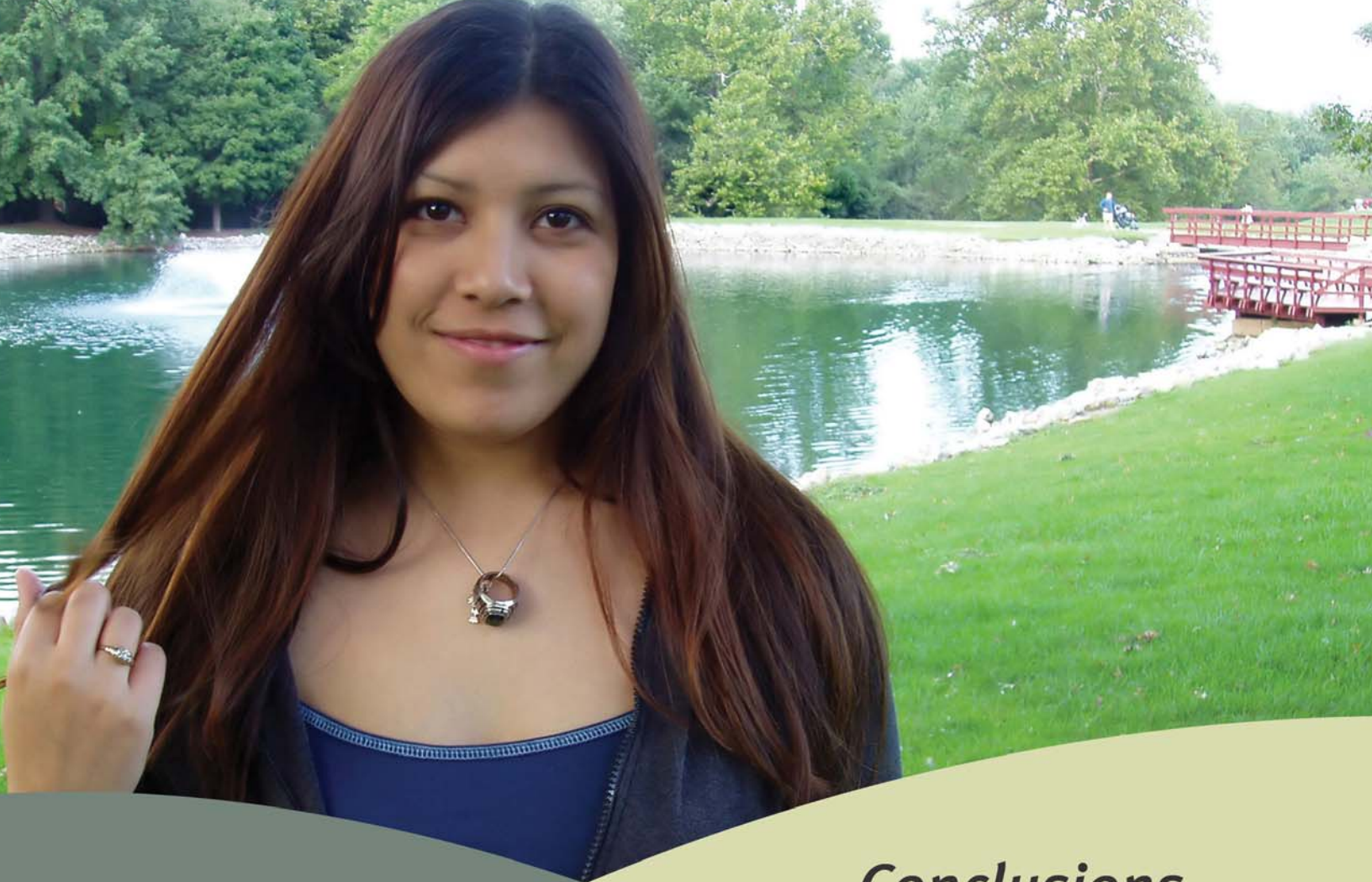


39% of students stated that they had felt so sad or hopeless in the past 12 months that they stopped doing some usual activities for a while.

School Connectedness

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 behaviors. Here is what **WRHA** students said about their school environment:

How strongly do you agree or disagree with the following statements?	Percentage of Students Responding	
	Agree/ Strongly Agree	Disagree/ Strongly Disagree
I feel close to people at this school	77%	20%
I feel I am part of this school	77%	20%
I am happy to be at this school	76%	20%
I feel safe in my school	80%	16%



Conclusions

Conclusion

This report is provided to you as a snapshot of student health for **WRHA**. There is growing evidence of the link between healthy child development and chronic disease prevention. “It is clear from the global experience that opportunities exist within the school setting from Kindergarten to Grade 12 to significantly and positively influence many domains of youth health¹⁸.” A healthy school environment provides a better learning environment, which in turn influences the future health and social circumstance of students.

This report signifies the beginning of having local school level data to support schools and school divisions in planning. Many resources are currently available and others in ongoing development to help support school level action to improve student health. It is intended that future waves of this survey will allow schools to measure their own success.

We hope you find this a valuable resource and look forward to working together to improve the health of Winnipeg’s youth.



Reference List

References

1. Kendall, P.R. (2003) *An Ounce of Prevention: A Public Health Rationale for the School as a Setting for Health Promotion*. British Columbia Office of the Provincial Health Officer.
2. *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*. MMWR 14 June 1996; 45 (RR-9):1-41.
3. *Health-Promoting Schools*(2005) Background paper for the Health-Promoting Schools Forum, Vancouver B.C. Available online at: www.bced.gov.bc.ca/health/background.pdf.
4. Ibid.
5. *Comprehensive School Health* (2006) Canadian Consensus Statement. Available online at: www.safehealthyschools.org.
6. Kendall, P. R. (2003).
7. Health Canada (2002). Canada's Physical Activity Guide to Healthy Active Living. Available online at: <http://www.phac-aspc.gc.ca/pau-uap/paguide/index.html>
8. Janssen (2007). Physical activity guidelines for children and youth review. Applied Physiology, Nutrition and Metabolism/Canadian Journal of Public Health
9. Health Canada (2002).
10. Ibid.
11. Ibid.
12. Health Canada (2007). Canada's Food Guide. Available online at: <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit-eng.php>
13. Lau, D., Douketis, J., Morrison, K., Hramiak, I., Sharma, A., Ur, E. for members of the Obesity Canada Clinical Practice Guidelines Expert Panel (2007). 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children. CMAJ, 176, (8 suppl). Available online at: <http://www.cmaj.ca/cgi/data/176/8/S1/DC1/1>
14. Kendall, P. R. (2003).
15. Health Canada (2007) *Canadian Tobacco Use Monitoring Survey (CTUMS)*. Available online: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/_ctums-esutc_2007/ann-table2-eng.php
16. Hardeman W, et al. Interventions to prevent weight gain: A systematic review of psychological models and behavior change method. International Journal of Obesity, 2000, 24:131-143
17. Kendall, P.R. (2003)
18. Ibid.