

# 2014-2015 SHAPES-PEI

SCHOOL HEALTH ACTION PLANNING AND EVALUATION SYSTEM /

PRINCE EDWARD ISLAND

## PRINCE EDWARD ISLAND STUDENT HEALTH PROFILE

MENTAL FITNESS

PHYSICAL ACTIVITY

HEALTHY EATING

[www.upei.ca/cshr/](http://www.upei.ca/cshr/)

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# PRINCE EDWARD ISLAND STUDENT HEALTH PROFILE

The School Health Action Planning Evaluation System – Prince Edward Island (SHAPES-PEI) is a provincial system that includes a survey of Prince Edward Island students in grades 5 – 12, working in partnership with Health Canada’s Canadian Student Tobacco Alcohol and Drugs Survey. This project is conducted by the Comprehensive School Health Research (CSHR) Group at the University of Prince Edward Island. The goal of the CSHR Group is to build capacity and 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, 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 a variety of partners, including: the PEI Department of Education, Early Learning and Culture, the PEI Department of Health and Wellness, the PEI Healthy Eating Alliance, go! PEI, and Health Canada.

In this survey, students were asked questions about mental fitness, physical activity, healthy eating and tobacco, alcohol and drug use. **This profile is based on information collected from 5,621 students in 53 schools during the 2014-15 school year.** This profile describes the provincial results for mental fitness, physical activity, and healthy eating. A complete report of the tobacco and substance use results will be available following Health Canada’s release of the data in 2016.

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

- Identify trends in mental fitness, physical activity, healthy eating and tobacco/substance use
- Make decisions, plan programs, and take action based on identified school health issues
- Coordinate these efforts with the broader school community (family of schools, school board, local health and education organizations, government agencies, 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 charts may not add to 100% due to rounding.

Staff from the PEI Department of Education, Early Learning and Culture and the Comprehensive School Health Research Group are 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<sup>1</sup> 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:



A healthy **social and physical environment** is reflected in:

- High quality relationships among and between staff and students in the school.
- Emotional well-being of students.
- Close relationships with families and the wider community.
- Well-maintained buildings, grounds, play space, and equipment in and surrounding the school.
- Basic amenities such as sanitation and air cleanliness

Effective **teaching and learning** is reflected in:

- 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.

Effective **partnerships and services** are reflected in:

- Close connections between schools and students’ families.
- Supportive working relationships within schools (staff and students), between schools, and between schools and other community organizations and representative groups.
- Health, education and other sectors working together to advance school health.
- Community and school-based services that support and promote student and staff health and well-being.

**Healthy school policy** is reflected in:

- 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.

*For more information on Comprehensive School Health in Canada, visit the Pan-Canadian Joint Consortium for School Health’s (JCSh) website: [www.jcsh-cces.ca](http://www.jcsh-cces.ca)*

# HOW TO CREATE A HEALTHY SCHOOL COMMUNITY

To create a healthy school community, consider using a Comprehensive School Health (CSH) approach to promoting healthy behaviours. Education is necessary but not sufficient for achieving behaviour change. You must also promote an environment that makes the healthy choice the easy choice, while considering all components of a comprehensive school health approach (teaching and learning, physical and social environment, partnerships and services, and healthy school policy).

## Assess, Plan, Learn

Does your school community need to focus on a particular behaviour area (e.g. physical activity, nutrition, tobacco use) or on building the basic foundations for a healthy school? Consider using the JCSH Healthy School Planner ([www.hsp.uwaterloo.ca](http://www.hsp.uwaterloo.ca)) to assess your needs and plan accordingly. Test what works for your school community, learn and adapt your plans.

## Champion and Team

Identify a champion and form a healthy school community team that engages all school stakeholders – especially students. It is best to include teaching and non-teaching staff, students, parents, and community partners.

## Sustainability

Focus on the long term health of your school community. Plan and implement policies and projects that will lead to lasting changes.

## Whole School Approach

Whole school approaches use multiple strategies to promote health and well-being. They focus on all components of a healthy school community, as illustrated by the CSH model. Whole school approaches to health consider “HOW” you do something as much as “WHAT” you do and target the entire school community.

## Health and Education Synergy

Look for synergy where advancing health can also advance education goals. Engage joint planning and coordinate resources (e.g., funding, time, human resources, etc.)

### Top 5 Benefits of Building Healthy School Communities<sup>2</sup>

1. GREATER OVERALL ACHIEVEMENT	2. WELL ROUNDED STUDENTS	3. DECREASED DISCIPLINE PROBLEMS AND IMPROVED ATTENDANCE	4. IMPROVED LIFELONG HEALTH	5. REDUCED DISPARITIES
Students in healthy school communities learn better and score higher on standardized tests and report cards.	Healthy School Communities positively impact self-esteem and social well-being. Healthy students have an increased capacity to learn and develop the values, attitudes and skills necessary to be competent, effective and resilient adults.	Healthy School Communities experience fewer student behaviour problems and better attendance.	Healthy kids become healthy adults. Many healthy (or unhealthy) behaviours/ habits we develop in school stick with us into adulthood.	Approaches to creating healthy school communities can reduce both health and education disparities.

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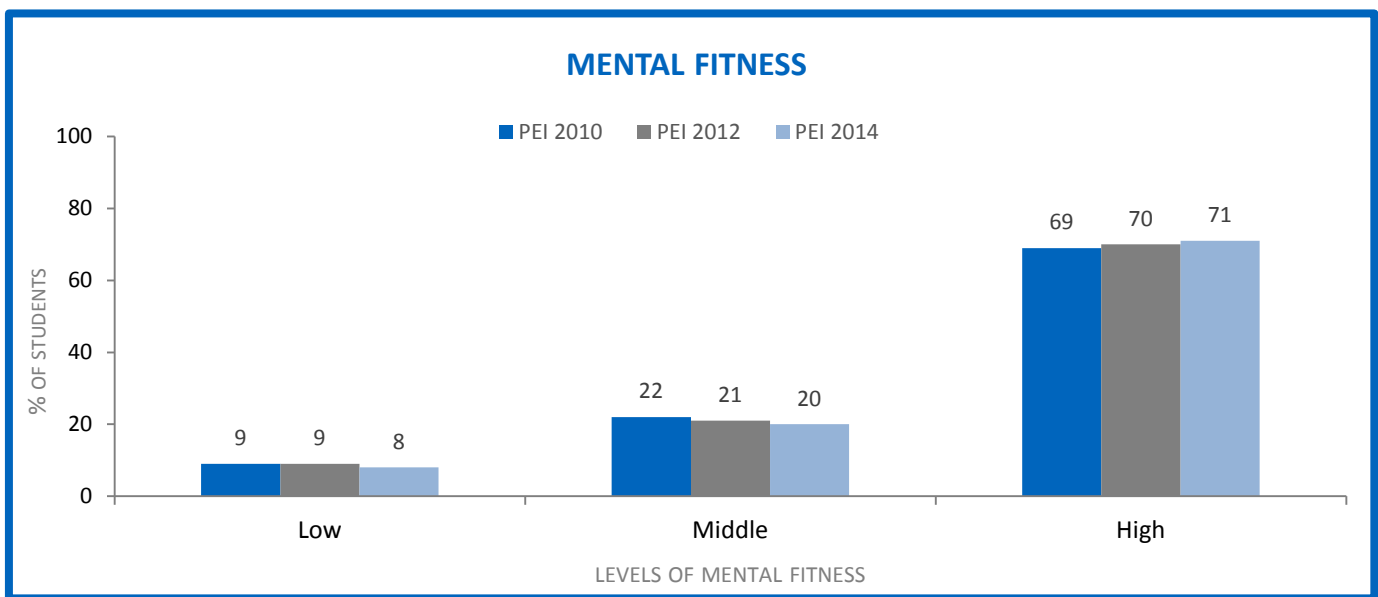
**PLEASE NOTE:** The graphs and tables in this profile represent student self-reported data.

## MENTAL FITNESS

Mental fitness describes a student's overall emotional, social and psychological well-being. It is fostered in environments that address three interrelated needs: autonomy, relatedness, and competency. When these needs are met, students adopt behaviours that contribute to their own personal wellness and that of others, and they make healthier choices.

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. Alternatively, students with lower levels of mental fitness tend to report more oppositional behaviours. By identifying what factors are important in developing and maintaining high mental fitness, targeted programs, policies, and interventions can be developed to help foster emotional well-being.

In a school setting, providing opportunities for students to interact with one another (relatedness), to use their strengths (competency), and to exercise choice (autonomy) is particularly important for promoting mental fitness. Students were asked questions corresponding to each of these three aspects of mental fitness. The graph below shows the percentage of youth considered to have "low", "middle" and "high" mental fitness.



In 2014-15, **71% of PEI students (68% of males and 74% of females)** report having high levels of mental fitness.

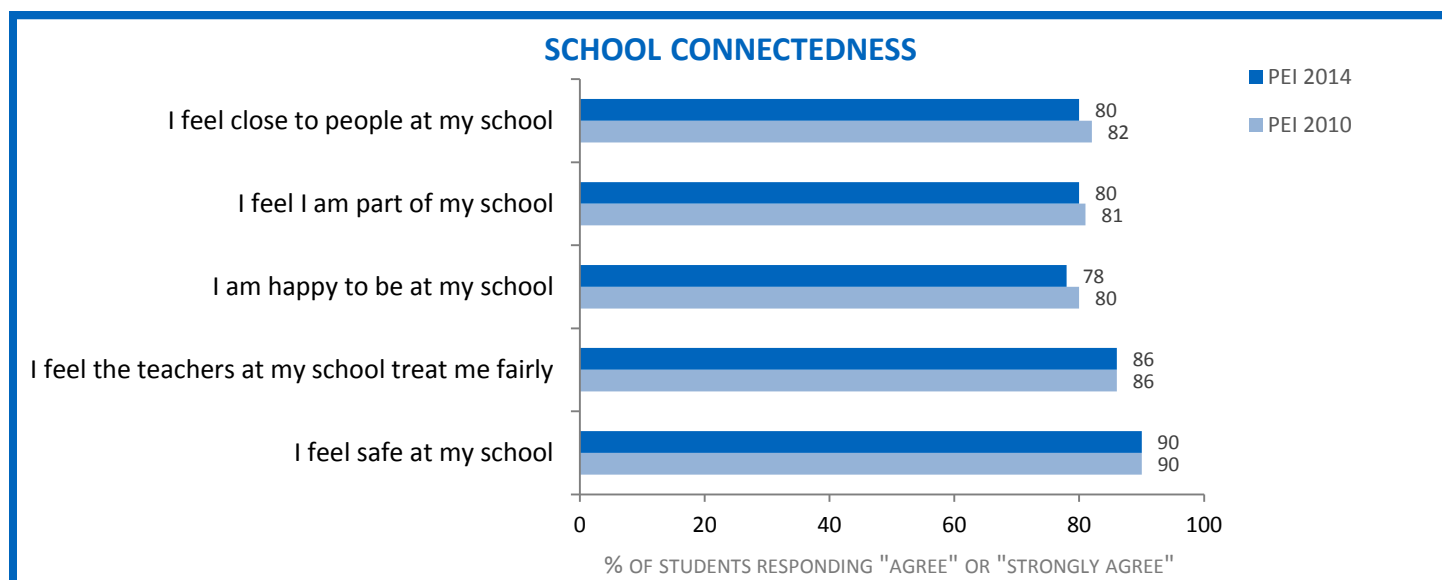
### SCHOOLS CAN MAKE A DIFFERENCE

Schools can make the mental fitness of students a priority by:

- Encouraging positive mental wellness through physical activity, journaling, learning to cope with negative thoughts, setting goals and sharing humor.
- Identifying and developing student's strengths by creating opportunities (community service, volunteer opportunities, and field trips) for participation in life beyond the classroom.
- Creating an inclusive environment that gives students of all abilities and interests opportunities to interact with their peers, and recognizes students' need for self-determination.

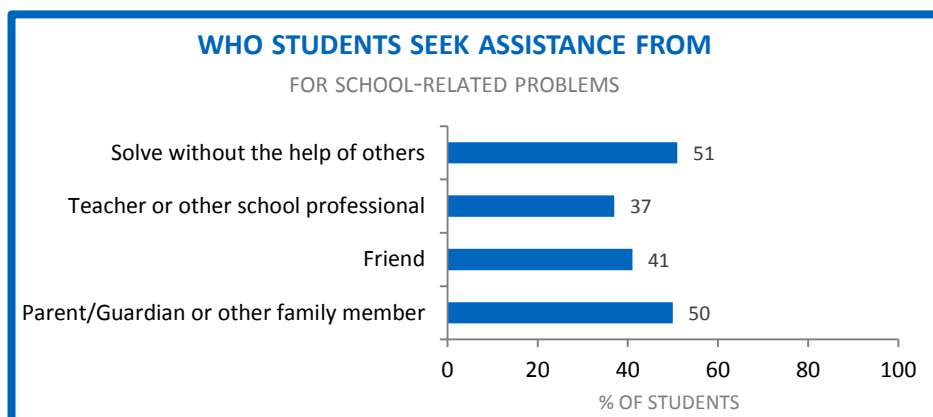
## SCHOOL CONNECTEDNESS

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.<sup>3</sup> The graph below shows the responses of students to five statements concerning their sense of connectedness to school.



### Help Seeking Behaviour

We asked students who they seek assistance from often, or 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 report that they are most likely to solve school-related problems without the help of others.**



### SCHOOLS 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 to provide leadership through peer-led activities and buddy programs.
- Promote a school culture that is non-judgmental, understanding, and positive.
- Work at connecting everyone to someone else at the school. Imagine roles for students, teachers and other school community members. Students connect best if they feel valued by caring adults in the school.
- Engage school counsellors, youth workers, and other staff in leading initiatives that address mental fitness and school connectedness initiatives.

## BULLYING

Bullying is a form of abuse at the hands of peers that takes different forms at different ages. Bullying is a harmful and often aggressive behaviour imposed from a position of power, which is repeated over time. With each repeated bullying incident, the student who is bullying increases in power while the student being victimized loses power.

Such experiences can have long-term physical and psychological consequences, as well as having a more immediate, negative impact on a student's ability to learn. **37% of PEI students (30% of males, 42% of females) reported being bullied by other students in the last 30 days.**

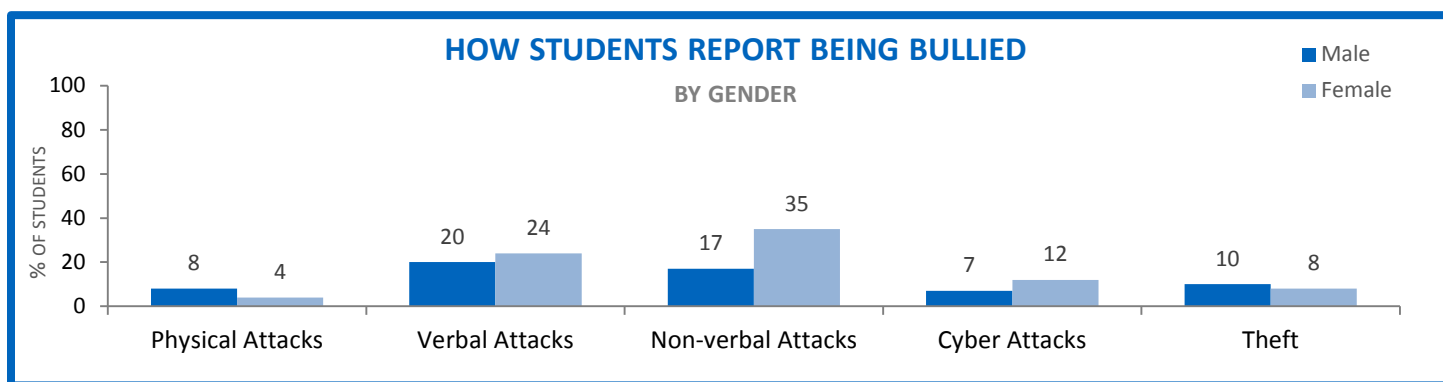
Forms of bullying can include:

- **Physical Attacks** – getting beaten up, pushed or kicked
- **Verbal Attacks** – getting teased, threatened, or having rumours spread about you
- **Non-verbal Attacks** – being ignored, being left out or excluded, being given dirty looks
- **Cyber Attacks** – being sent mean text messages or having rumours spread about you on the internet
- **Theft** – having someone steal from you or damage your things

**Note:** The previous SHAPES-PEI survey did not include the option for students to report non-verbal bullying. Therefore, these results are not directly comparable to the 2012-13 bullying findings.

### How Students Report Being Bullied

The graph below displays the different forms of bullying experienced by male and female students in PEI. Overall, **students who have been bullied report experiencing non-verbal attacks most often.** Previous research has shown there are interesting gender differences among the bullying behaviours of students. **This year, females report non-verbal attacks as the most common kind of bullying they experienced, while males report experiencing verbal attacks most often.**



## SCHOOLS CAN MAKE A DIFFERENCE

Student violence is a societal problem; schools cannot resolve it alone. Shared responsibility is key to the achievement of safe learning environments. Many schools are already working to address bullying through a variety of approaches:

- Incorporating stress management techniques, impulse control practice and relaxation therapies into school practices.
- Training school staff to recognize target behaviour as it emerges so that intervention occurs early and works to prevent anti-social behaviour from escalating.
- Exploring bullying awareness/prevention programs as part of creating a safe and caring school environment.

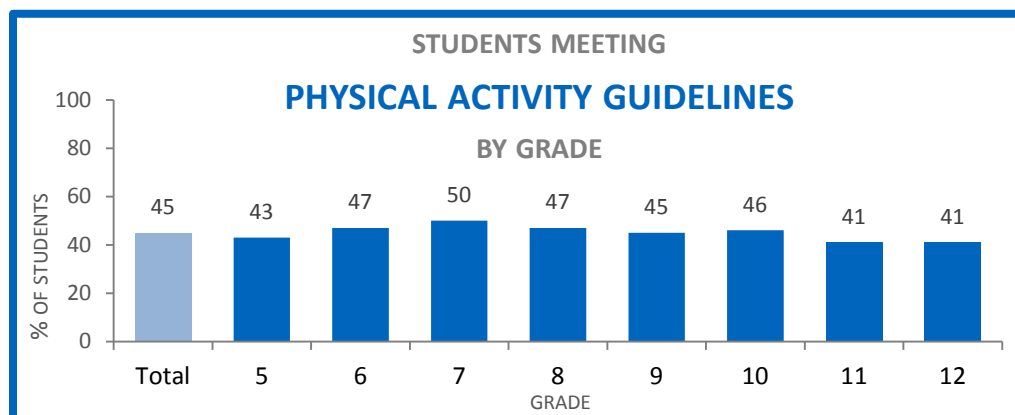


## PHYSICAL ACTIVITY

Canada's Physical Activity (PA) Guidelines recommend that children and youth accumulate 60 minutes of moderate to vigorous physical activity each day and engage in strengthening exercises at least three days per week. The Guidelines also suggest students spend less than two hours per day doing sedentary activities, such as watching TV or using a computer.

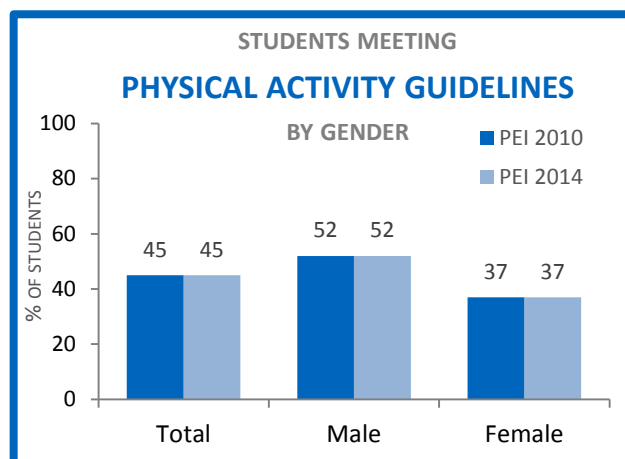
Research shows that physical activity in children and youth can:

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



Students were asked how many minutes of daily moderate and hard (vigorous) physical activity they engaged in over the previous week. **Results show that 45% of students in PEI currently meet Canada's Physical Activity Guidelines**, consistent with the survey's findings in 2010 and 2012. The graph above shows the percentage of PEI students currently meeting the Canadian PA Guidelines, by grade.

Also consistent with previous findings, there continues to be a difference in the reported physical activity levels of male and female students, as shown in the graph to the right. **In 2014-15, 52% of males and 37% of females in PEI report being active enough to meet the Canadian PA Guidelines.**



## SCHOOLS CAN MAKE A DIFFERENCE

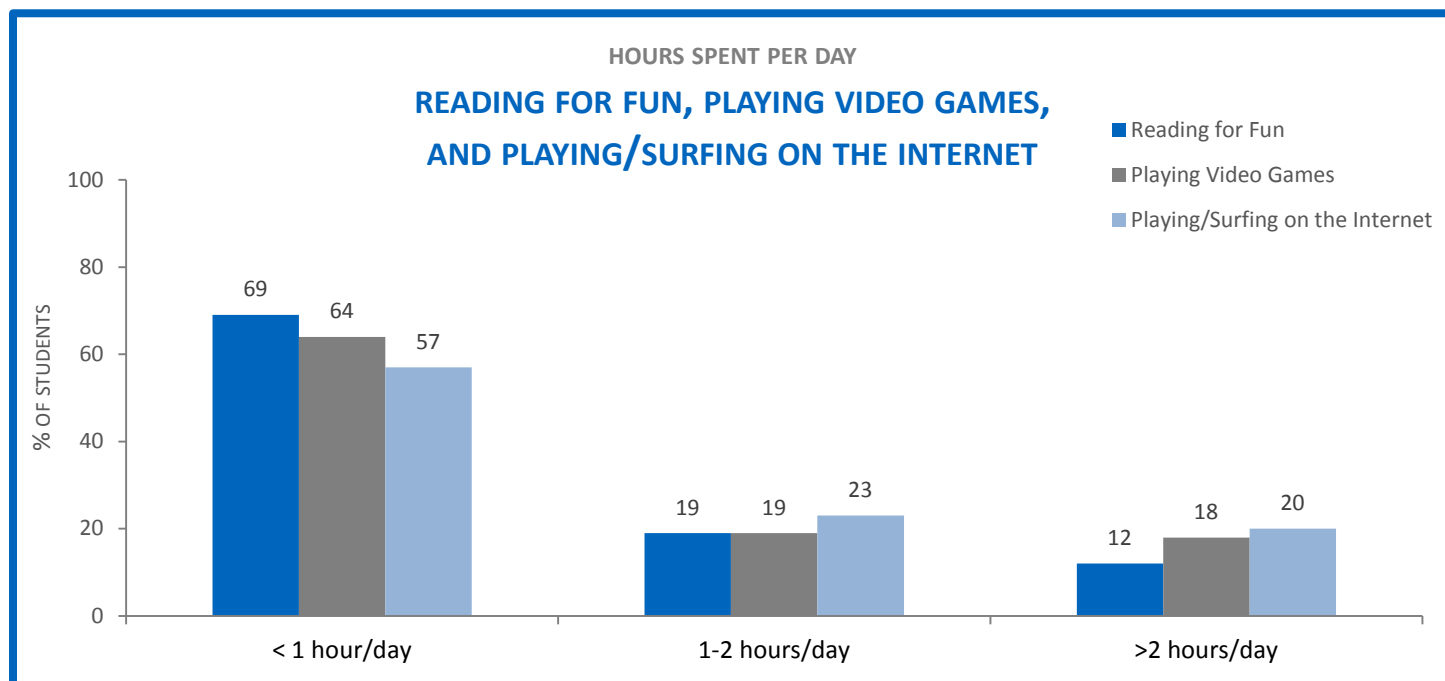
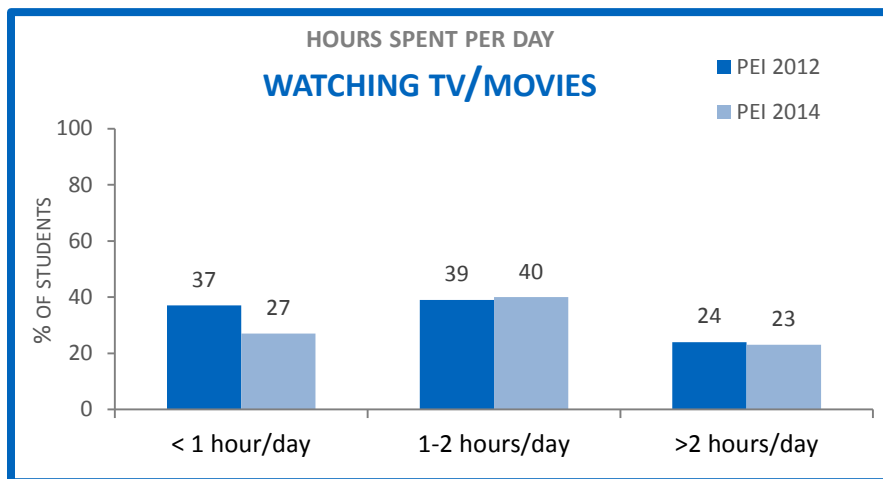
Developing partnerships with parents, families, and community groups is critical to creating a culture of wellness within school communities.

- Let families know about physical activity programs at school and in the community. To ensure everyone receives the information, use different formats such as newsletters, telephone calls, e-mails, conversations at school, Internet, and media coverage.
- Provide physical activity opportunities for students, families, and school staff. Local businesses, community groups and health organizations may be able to sponsor or fund physical activity programs and events.
- Consider applying for a School Health Grant (through the Department of Education, Early Learning and Culture) to support a wide variety of physical activities in your school community.

## Sedentary Behaviour and Screen Time

Sedentary activities, such as watching television, are typically incompatible with healthier, more active choices for leisure activities. Watching a lot of TV has even been linked to higher rates of smoking uptake in youth.<sup>4</sup>

**In PEI, 23% of students reported that they typically watch more than 2 hours of TV per day.** The graph to the right shows the amount of time students reported watching TV in 2012-13 as compared to 2014-15.



Besides watching TV, students also frequently play video games and use the internet in their leisure time. The graph above shows the average number of hours per day students 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. **In PEI, 49% of students reported playing video games or surfing on the internet for more than 2 hours per day.**

### Did You Know?

Canada's Sedentary Behaviour Guidelines state that to achieve greater health benefits, recreational screen time should be limited to no more than 2 hours per day, while also minimizing sedentary (motorized) transport, extended sitting and time spent indoors throughout the day.

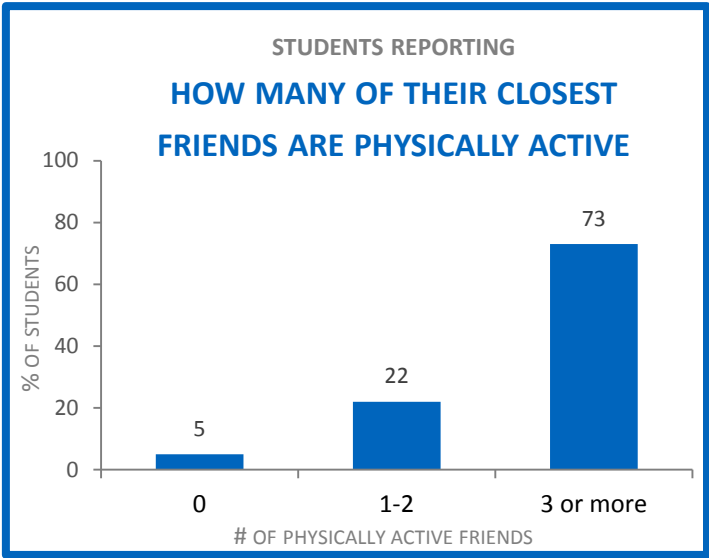
Canadian Sedentary Behaviour Guidelines are available online:  
[www.csep.ca/guidelines](http://www.csep.ca/guidelines)



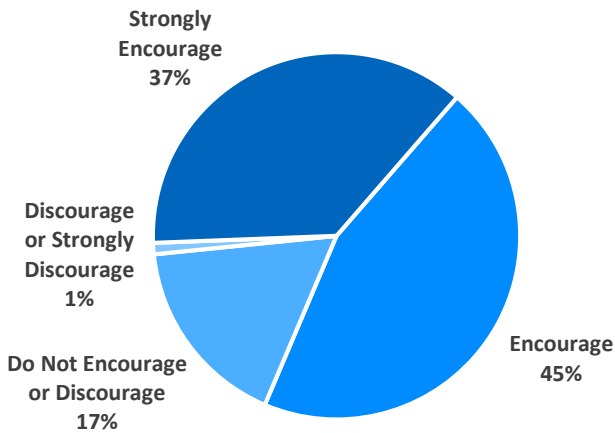
## Social Influences on Physical Activity

Peers and family members can influence students' behaviours directly (peer pressure) or indirectly (modelling).<sup>5</sup> Physically active youth are more likely than those who are inactive to report that they have active friends. Students in PEI were asked, "How many of your closest friends are physically active?" The results are shown in the chart to the right.

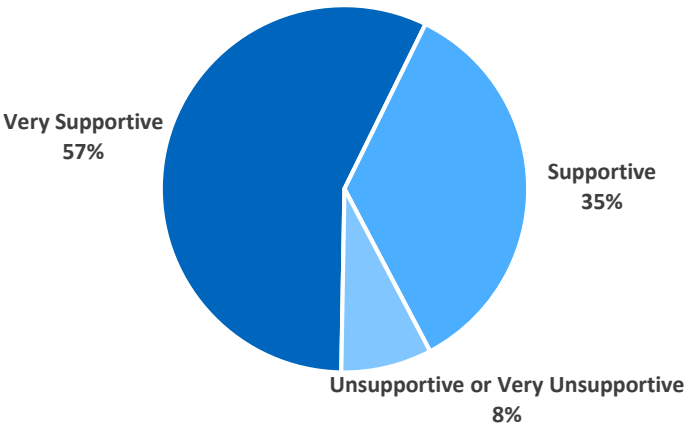
Parents are also important role models, and can encourage healthy behaviours in their children through participation in regular physical activity and using active modes of transportation, such as cycling or walking. **PEI students reported that 42% of their mothers are active, while 51% of their fathers are active.** Generally, active youth are more likely to report having active parents.



PARENTAL ENCOURAGEMENT OF  
PHYSICAL ACTIVITY



PARENT SUPPORT FOR  
PHYSICAL ACTIVITY



**NOTE:** In the 2014-15 SHAPES-PEI survey, examples of parental support included "taking you to team games, buying your sports equipment, etc."

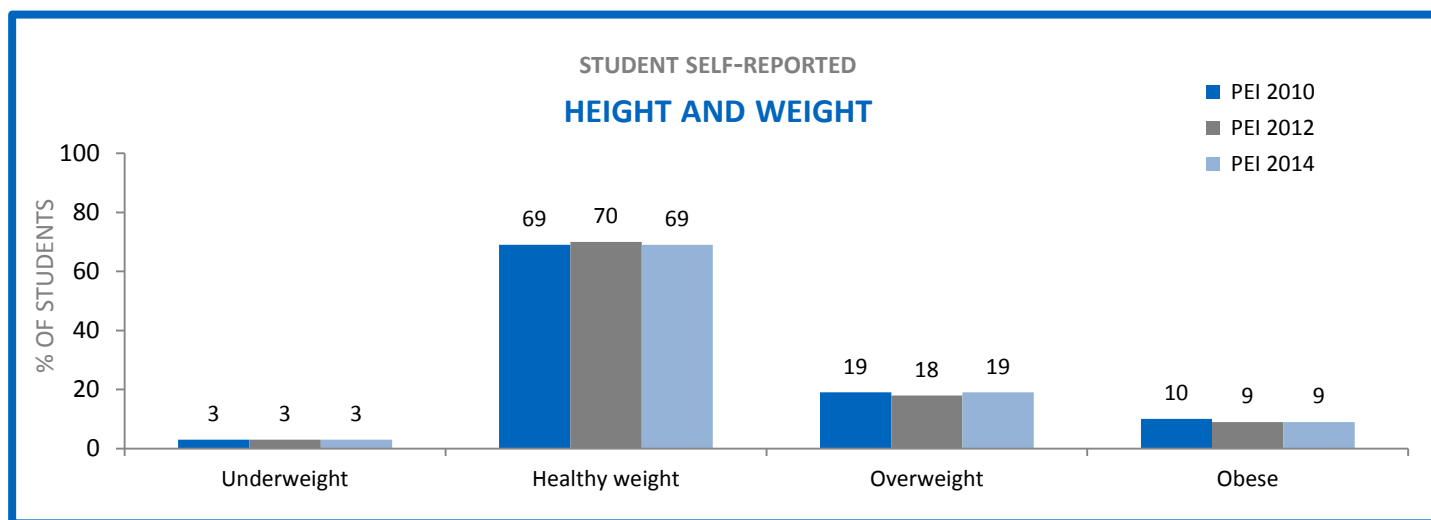
## Healthy Body Weight

A healthy body weight is a key component of a well-balanced lifestyle. According to the 2012-2013 SHAPES-PEI survey, 70% of PEI youth fell within the recommended healthy weight category for their age. **Using student self-reported data, this year's results show that 69% of PEI students (63% of males, 74% of females) fall within the recommended healthy weight category for their age.**

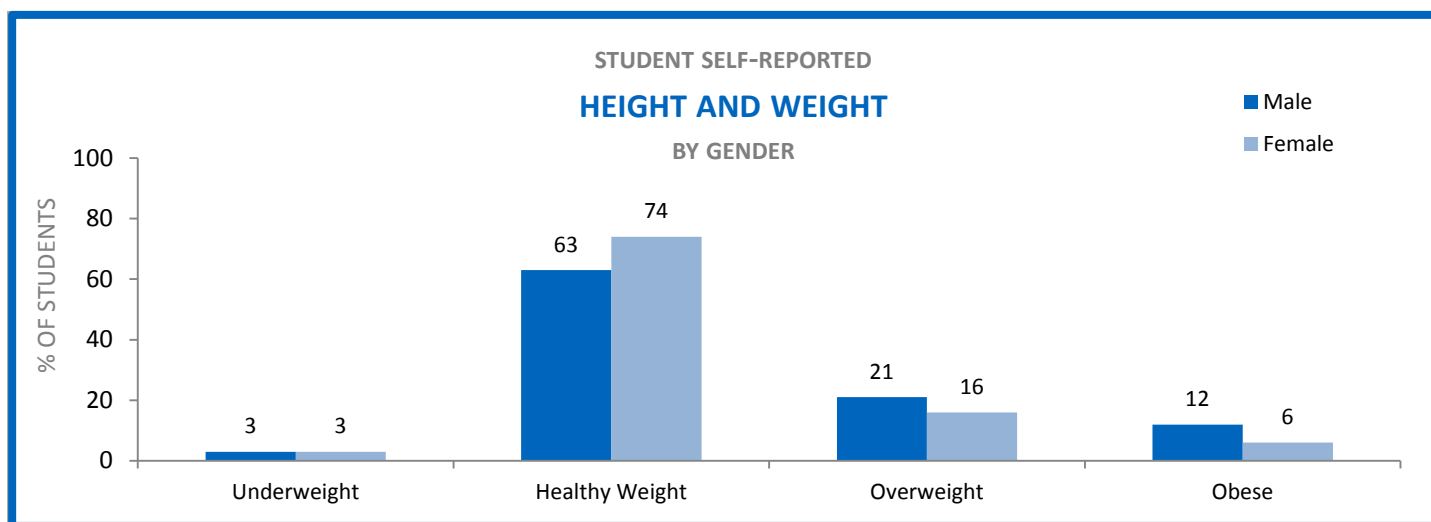
For populations, we can use body mass index (BMI) to determine whether body weight is healthy.<sup>6,7</sup> BMI compares a person's weight to their height. In this survey, BMI has been calculated using self-reported height and weight.

**BMI = weight(kg)/height(m)**

Being overweight during childhood can lead to increased illness and risk of chronic diseases such as heart disease, cancer and type-2 diabetes.<sup>8</sup> Overweight and obese youth are often stigmatized by peers and adults.<sup>9</sup> These youth may experience psychological stress, and have a poor body image, as well as poor self-esteem.<sup>10</sup>



**NOTE:** Caution should be used in interpreting these figures as they may have been under- or over-estimated. In addition, a higher amount of missing data typically occurs with self-reported height and weight questions.

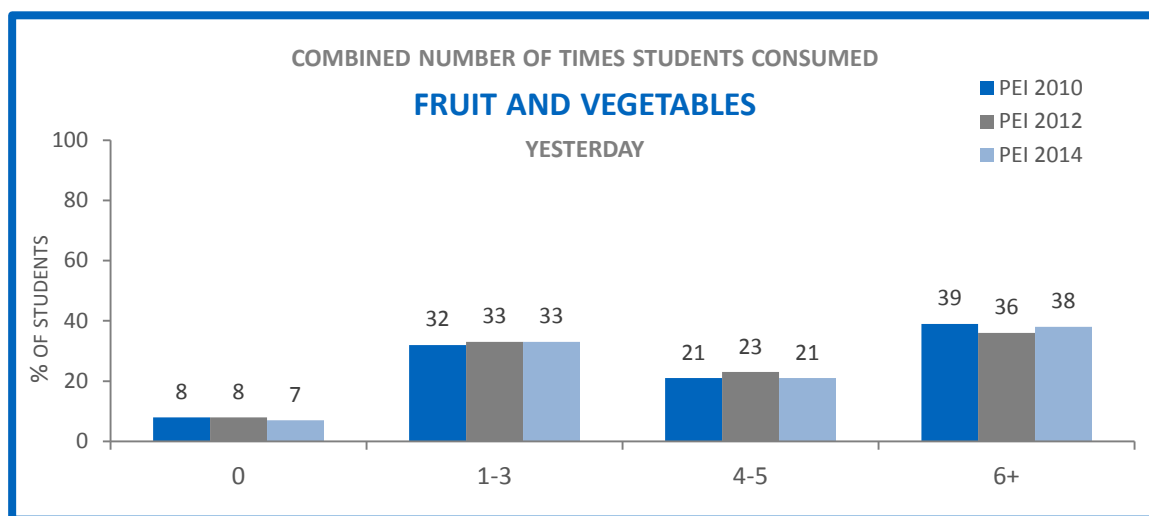


The BMI categories used in this report are based on the World Health Organization (WHO) Child Growth Standards as these guidelines have been widely adopted throughout Canada.<sup>7</sup>

## HEALTHY EATING

### Fruits and Vegetables

The results presented in this section capture weekday eating behaviour only. Students were asked the number of times they consumed a list of food and drinks the day before the survey (Monday – Thursday). Please use caution in comparing these results to Canada’s Food Guide as times do not necessarily equal servings. When added together, **38% of students in PEI (38% of males, 39% of females) reported eating fruits and vegetables at least 6 times the day before the survey.**



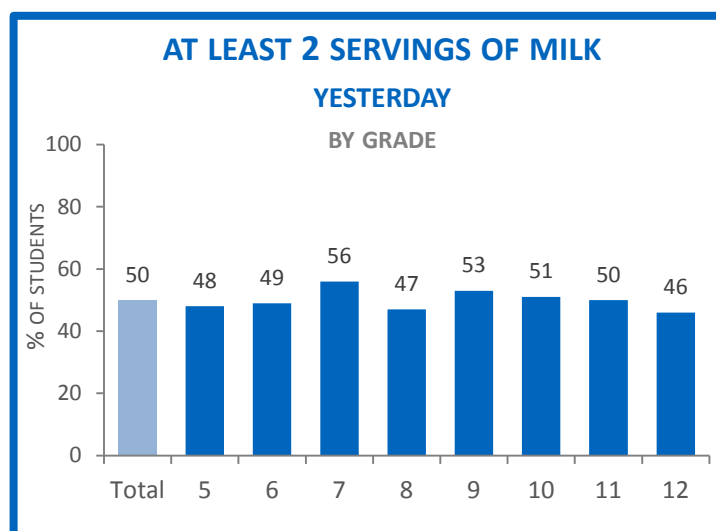
**NOTE:** Times are not equal to servings. Times do not take into account serving size.

**NOTE:** Due to the removal of 100% fruit/vegetable juice from this survey question, the 2014 data displayed is not directly comparable to previous results.

### Milk

Students were asked how many servings of white/chocolate milk or soy beverages they drank the previous day (one serving = one cup or one small carton). **The results show that 50% of PEI students (59% of males, 41% of females) consumed at least 2 servings of milk the day before the survey, which is the daily recommended serving.**

**Of particular concern is the 22% of students who didn’t drink any milk on 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, which is a critical time for bone growth.

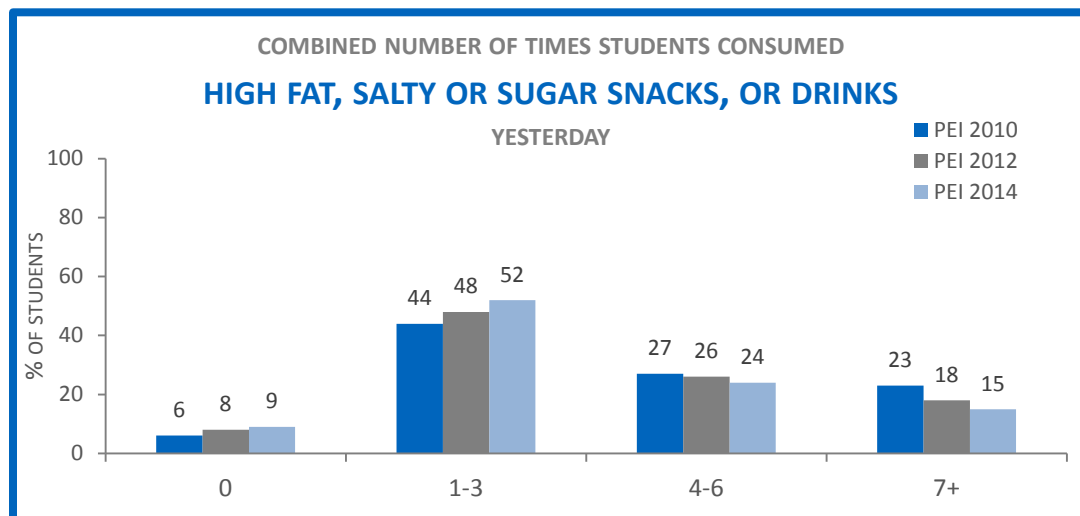


**NOTE:** This question did not ask about milk products like cheese, yogurt, or cottage cheese.



## Other Foods

Students were asked about their consumption of foods that provide few nutrients and are generally high in fat, sugar, and salt (sodium). **The results show that 70% of PEI students report eating candy, baked sweets, or frozen desserts and 61% report drinking sweetened, non-nutritious beverages at least once the previous day.** 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 non-food group consumption, shown in the chart below.



**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, frappuccinos, slurpees, slushies, snow cones) and salty snacks (including; chips, cheesies, nachos, etc.

## School Day Eating Behaviour

Typically, foods eaten away from home are higher in fat and energy compared with foods eaten at home. In addition, frequency of fast food restaurant use has been associated with a significantly lower intake of fruits, vegetables, grains and servings of milk.<sup>11</sup> To get a better sense of both what and where students are eating, the survey asked about their breakfast, lunch, and snack eating and purchasing habits during a usual school week.

Students in PEI report that in a usual school week they...	% of students who responded "at least once per week"	% of students who responded "4+ times per week"
Eat breakfast as part of a school breakfast program	28%	8%
Eat lunch <b>at school</b> (brought from home)	78%	55%
Eat lunch <b>at school</b> (purchased at cafeteria or as part of a school lunch program)	47%	14%
Eat lunch <b>off school property</b> (purchased at a fast food place or restaurant)	33%	5%
Eat snacks purchased from a vending machine, snack bar, or canteen <b>in school</b>	29%	3%
Eat snacks purchased from a vending machine, corner store, or canteen <b>off school property</b>	19%	3%

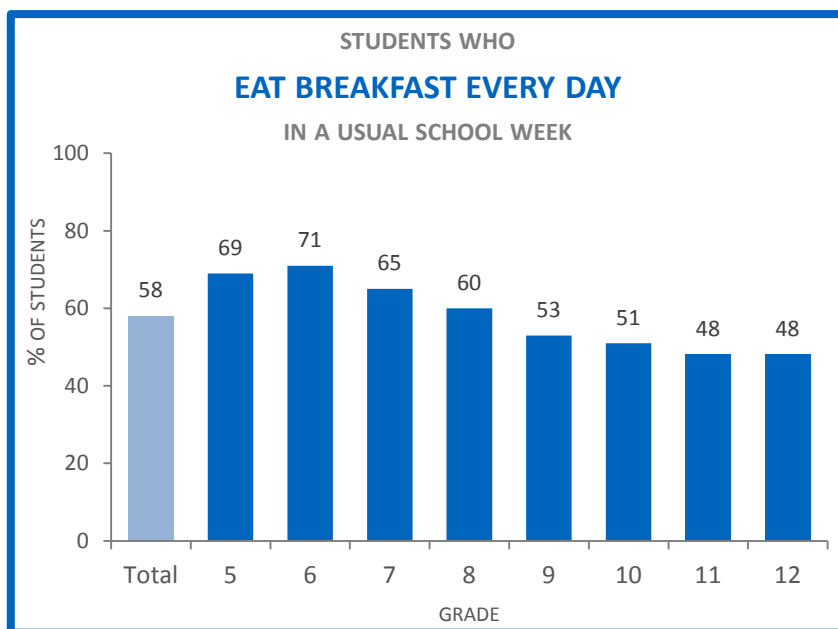
## SCHOOLS CAN MAKE A DIFFERENCE

- Offer more 'serve most often' foods that meet the School Nutrition Policy in cafeterias, canteens, and snack programs. Survey students to see what kind of food options they would like to see available within the school.
- Provide students the knowledge and skills to become informed consumers of health-related information by ensuring that the 'Healthy Eating' outcomes in the Health and PE curriculum are taught at all grade levels.
- Enlist the support of the PEI Healthy Eating Alliance (HEA). The HEA works with schools, students and vendors to explore healthier food options, and can provide presentations or curriculum support materials.

## Breakfast Consumption

The results show that **58% of PEI students (61% of males, 54% of females) report eating breakfast every day in a usual school week.** This is down slightly from 2012-13, when 59% of PEI students reported eating breakfast every day in a usual school week.

Breakfast eating is associated with improved academic performance and lower rates of obesity.<sup>12,13</sup> Unfortunately, breakfast eating usually declines with age. 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.<sup>14</sup>



The graph above shows students who eat breakfast every day, by grade. **In contrast, 12% of PEI students (11% of males, 12% of females) 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:



If you do not eat breakfast every day, why do you skip breakfast?	% Responding Yes
I don't have time for breakfast	37%
The bus comes too early	18%
I sleep in	21%
I'm not hungry in the morning	43%
I feel sick when I eat breakfast	23%
I'm trying to lose weight	8%
There is nothing to eat at home	6%

### SCHOOLS CAN MAKE A DIFFERENCE

- Develop a strategy to enlist the support of Home and School Associations/Parent Councils and/or community volunteers. These key members of the school community can play an important part in establishing, promoting and sustaining a breakfast program.
- Explore opportunities to link with local services and businesses (e.g., bakeries, grocery stores, community organizations, etc.) to build the sustainability of your breakfast program.
- Encourage students to take active leadership roles in your school's breakfast program: involve students in planning, purchasing foods, preparing and serving foods, and evaluating the program's success.
- The PEI Healthy Eating Alliance can provide information and resources to support your schools' breakfast program (e.g., menu ideas, donation requests, etc.)

## Social Influences on Healthy Eating

Eating habits of children and youth develop largely within the family environment.<sup>15</sup> Some of the familial factors influencing youth include food exposure and availability, parental modelling, meal structure and family meals, parenting style and parental attitudes/nutrition knowledge.<sup>16</sup>

Family meals are perceived positively by both children and parents.<sup>17</sup> **In a usual week, 67% of students in PEI report eating meals with at least one adult family member four or more times.**

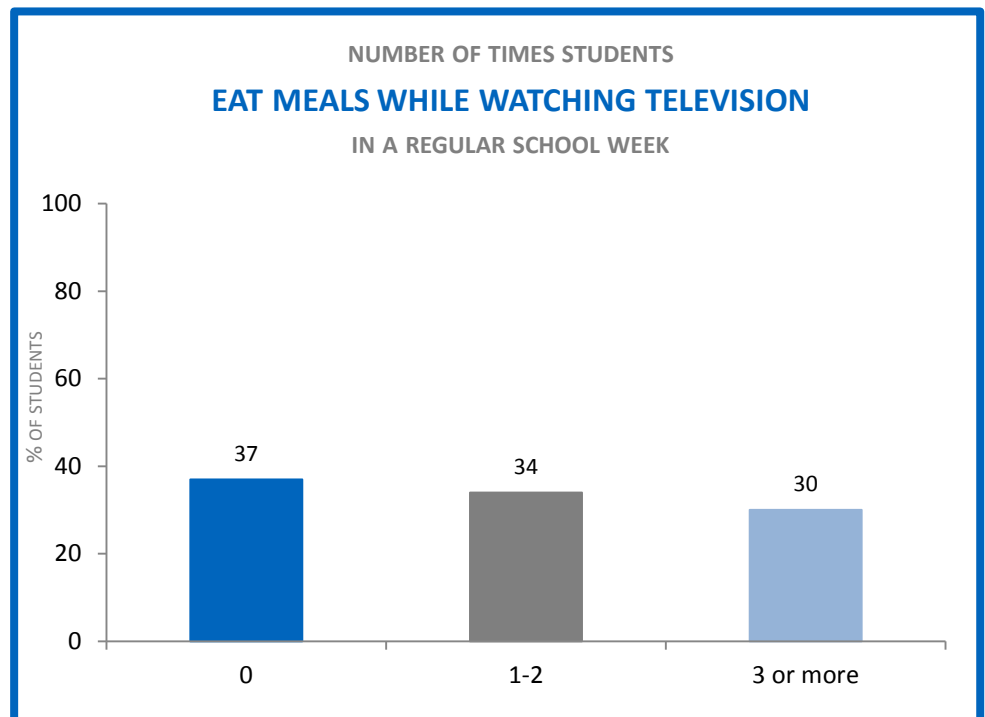
The table to the right shows that **PEI students who eat 4+ meals a week with an adult family member eat more fruit and vegetables than students who do not eat with family members at least 4 times.** Family presence at the evening meal is positively associated with higher consumption of vegetables, fruits, and dairy products.<sup>18</sup>

Meals with adult family member in a usual week	Percent of students	
	Ate vegetables & fruit < 6 times yesterday	Ate vegetables & fruit ≥ 6 times yesterday
Eats 4 or more meals/week with adult family member	58%	42%
Eats less than 4 meals/week with adult family member	70%	30%

**NOTE:** This table refers to the number of times students ate vegetables and fruit the previous day, which may be different than the number of servings.

### Did You Know?

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.<sup>19</sup>



## SCHOOLS 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.<sup>20</sup>



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- 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
- PEI Department of Education and Early Childhood Development
- PEI Department of Health and Wellness

**We value your input and would welcome your feedback on this report.  
Please feel free to contact the Comprehensive School Health Research Group  
toll-free at 1-888-297-8333.**

## Thank-you for your participation!



## RECOMMENDATIONS AND RESOURCES

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Schools are not alone in having interest and responsibility in the health and well-being of students. In fact, the Comprehensive School Health approach to healthy school communities suggests that partnerships and community connections (with parents, NGOs, government, etc.) are critical to the success of schools in impacting youth. Ensuring local partners are aware of your interest in the health and well-being of students and the information you have (i.e. your SHAPES-PEI results) will help guide the planning of positive changes in your community.

### MENTAL FITNESS

#### Joint Consortium for School Health Positive Mental Health Toolkit

The JCSH created an interactive tool to promote positive mental health perspectives and practices in the school context. Visit: <http://www.jcsh-cces.ca/>

#### Canadian Mental Health Association of PEI

Visit: <http://pei.cmha.ca/>

### BULLYING

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:

The Canadian Public Health Association's multi-sectoral partnership with youth developed and tested the Assessment Toolkit for Bullying, Harassment and Peer Relations at School.

Visit: <http://www.cpha.ca/en/programs/safe-schools.aspx>

PREVNet, a national network of Canadian researchers, non-governmental organizations and governments committed to stopping bullying provides resources for kids, teens, parents and educators. Visit: <http://www.prevnet.ca>

The National Crime Prevention Strategy outlines several promising practices and model programs designed to prevent and reduce bullying in schools. Visit: [www.publicsafety.gc.ca](http://www.publicsafety.gc.ca)

### PHYSICAL ACTIVITY

#### Active Transportation

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 is a national program that encourages students to use active modes of transportation both to and from school. For more information, go to: <http://www.saferoutestoschool.ca>

#### Active Living

Recreation PEI: [www.recreationpei.ca](http://www.recreationpei.ca)

Go! PEI: [www.gopei.ca](http://www.gopei.ca)

PEI Heart and Stroke Foundation – Kids/Teens Zone: [www.heartandstroke.pe.ca](http://www.heartandstroke.pe.ca)

### HEALTHY EATING

#### 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](http://www.healthcanada.gc.ca/foodguide)

## **PEI Healthy Eating Alliance (HEA)**

The PEI HEA provides support for school nutrition, including awareness of the nutrition policy, assessment of foods (from vendors), and support to staff and students to test new approaches with healthier foods. The HEA also coordinates all provincial funding for breakfast and snack programs. Schools wishing to offer or improve student breakfast, snack, or lunch programs should contact the PEI Healthy Eating Alliance by visiting their website: [www.healthyeatingpei.ca](http://www.healthyeatingpei.ca)

For more information about national breakfast programs, visit:

Breakfast for Learning: [www.breakfastforlearning.ca/](http://www.breakfastforlearning.ca/)

Breakfast Clubs of Canada: [www.breakfastclubcanada.org](http://www.breakfastclubcanada.org)

## **PEI Flavours**

PEI Flavors is a resource that connects Islanders to local food products, producers, and restaurants. It is a great source for recipes and cooking tips, while also providing education about in-season produce and local farmers. For more information about buying local and eating healthy in PEI, visit: [www.peiflavours.ca](http://www.peiflavours.ca)

## **School Nutrition Policies**

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. The policies focus on how often foods and beverages are served at school, aiming to limit students' access to unhealthy food choices and encouraging healthier alternatives. More information about these policies can be found by visiting: [www.healthyeatingpei.ca/pei-school-nutrition-policy.php](http://www.healthyeatingpei.ca/pei-school-nutrition-policy.php)

## **TOBACCO USE**

Even when smoking rates are low, schools must focus on preventing youth from becoming susceptible to and experimenting with smoking to reduce the risk of becoming addicted. Established smokers must also be encouraged to quit to reduce the risk of serious long-term health issues. School efforts linked with those of local health and community organizations can reduce problems related to youth smoking.

**Some helpful resources and supports available include:**

- “Revealing the Truth” a Tobacco Media Awareness Resource, The PEI Tobacco Reduction Alliance: [www.peitobaccoreduction.com/](http://www.peitobaccoreduction.com/)
- “One Step at a Time”, Canadian Cancer Society: [www.pei.cancer.ca](http://www.pei.cancer.ca)
- “On the Road to Quitting”, Health Canada: [www.gosmokefree.ca](http://www.gosmokefree.ca)
- “Quit 4 Life”, Health Canada: [www.quit4life.com](http://www.quit4life.com)
- Smokers’ Helpline (phone/online services), Canadian Cancer Society 1-877-513-5333 / [www.smokershelpline.ca/](http://www.smokershelpline.ca/)
- My Last Dip: A free, best-practice web-based program for young smokeless tobacco users. <http://mylastdip.com/>

**For more information about established programs to help prevent children from starting to smoke and to protect them from exposure to second-hand smoke, visit:**

- ACT school resources: [www.actnl.com/resourceschool.html](http://www.actnl.com/resourceschool.html)
- Smoke-Free Outdoors: The Woodstock Story: <https://youtu.be/3PnND5os5Fo>
- Lungs are for Life: <http://lung.healthdiary.ca/Guest/SearchResults.aspx>

## **SUBSTANCE USE**

### **PEI Youth Substance Use and Addictions**

Just Talk PEI: <http://www.justtalkpei.ca/>

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