

New Brunswick Elementary Student Wellness Survey

Grades K-5

2016-2017



Results for Anglophone and Francophone Sectors

The New Brunswick Elementary Student Wellness Survey: Feedback report provides highlights of major findings related to key provincial indicators that are considered crucial for monitoring student wellness behaviours and for developing a culture of well-being in our province.

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The New Brunswick Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in co-operation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students. The data was collected from students and parents of 203 (94%) public schools and 3 First Nations Schools in New Brunswick.

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INTRODUCTION

Regarding the New Brunswick Student Wellness Survey

The *New Brunswick Student Wellness Survey* was initiated in 2006–2007 to support the implementation of the Wellness Strategy (Province of New Brunswick, 2014). The survey initiative aims to collect information directly from the perspective of children and youth and their parents, and to mobilize action on well-being. The surveys have followed a 3-year cycle, as illustrated in the table below.

SURVEY	GRADES	SURVEY COMPLETED BY	SURVEY PERIOD
<i>New Brunswick Elementary Student Wellness Survey</i>	<i>Kindergarten to Grade 5</i>	Student version: <i>Students in Grades 4 and 5</i> Family version: <i>Parents of students in Kindergarten to Grade 5</i>	2007–2008 2010–2011 2013–2014 2016–2017
<i>New Brunswick Student Wellness Survey</i>	<i>Grades 6 to 12</i>	Students	2006–2007 2009–2010 2012–2013 2015–2016

These surveys provide the foundation for *New Brunswick's Wellness Strategy 2014–2021: The Heart of our Future* (Province of New Brunswick, 2014), which aims to enhance quality of life for all. Two key outcomes were identified in New Brunswick's Wellness Strategy:

- Healthy and resilient people
- Healthy and resilient environments

The *New Brunswick Elementary Student Wellness Survey* addresses four key themes related to those outcomes: learning, social and emotional development, healthy lifestyles, and health status. The information contained in this report is provided to assist with the prioritization, development and implementation of initiatives that promote wellness attitudes and behaviours among students. When such reports are broadly shared with health and wellness stakeholders and service providers, as well as parents, district-level personnel, and leaders of the business, non-profit and civic sectors, new partnerships and supports can be secured.

This Year's New Brunswick Elementary Student Wellness Survey

In 2016–2017, over 12,000 students (grades 4–5) and 24,000 parents (K-5) from 203 (94%) public and, for the first time, 3 First Nations schools participated in the survey. This compares to over 8,000 students and 14,000 parents from 136 (62%) public schools in the 2013–2014 survey.

Why Student Wellness is Important to Academic Development

The relationship between wellness and education is a mutually supportive one. Wellness is more than the absence of illness and refers to a healthy physical and emotional state, especially as an actively pursued goal (Oxford Dictionaries). Pursuing wellness includes engaging in behaviours such as being physically active, healthy eating, getting proper sleep, and nurturing social and emotional needs. Extensive research has linked these aspects of wellness to educational outcomes such as academic readiness, engagement and success. Ultimately, healthy students are better learners.

A Comprehensive Approach to School Health

The Joint Consortium for School Health (JCSH) promotes the Comprehensive School Health Framework to address both the academic development and wellness of students. The framework emphasizes the need for planning and implementing whole school approaches that incorporate key wellness perspectives and practices across four domains:

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

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

The *New Brunswick Student Wellness Survey* reports are a valuable source of information for planning initiatives using a Comprehensive School Health Framework. The survey outcomes detailed in those reports may assist in identifying areas of strength on which to build, as well as priority wellness areas that require further attention or promotion. Students, parents, communities and school staff can all be involved in improving student wellness.

Students can use the results to:

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

Parents and communities can use the results to:

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

School staff can use the results to:

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

THE NEW BRUNSWICK STUDENT WELLNESS SURVEY DATA IN ACTION

The results of the *New Brunswick Elementary Student Wellness Survey* are shared through various means:

1. **School Feedback Reports:** Reports provided to participating public schools comparing their results to the New Brunswick average.
2. **First Nations Schools Feedback Reports:** Reports provided to participating First Nations schools comparing their results to the New Brunswick average among First Nations schools.
3. **Educational Districts Feedback Reports:** Reports provided to participating school districts comparing their results to the New Brunswick average.
4. **Educational Districts Data:** Detailed data files provided to participating school districts with information for each school within their jurisdiction.
5. **Special Groups Reports:** Disaggregation of the indicators by groups of interests
 - i. Anglophone and Francophone sectors
 - ii. Gender
 - iii. Aboriginal
 - iv. Immigrants
 - v. Students with learning exceptionality or special education needs
6. **“At a Glance” Provincial Summary Report:** A one-pager provincial overview of key indicators from the *New Brunswick Elementary Student Wellness Survey*. In addition to the most recent results, the report also provides a comparison with results from the last survey cycle (2013–2014).

Provincial reports on the health and well-being of New Brunswick children and youth (New Brunswick Child & Youth Advocate, 2016) use this data to monitor the status and needs of this age group. As a result, the Interdepartmental Working Group on Children and Youth was established to collaborate on actions from the *Strategy for the Prevention of Harm for Children and Youth in New Brunswick* (Province of New Brunswick, 2015). This committee relies on indicators generated from the *New Brunswick Elementary Student Wellness Survey*.

At a more local level, key indicators from the *New Brunswick Student Wellness Survey* were embedded within the *My Community at a Glance* (New Brunswick Health Council, 2017) community profiles, which provides important information for local governments, Non-Government Organizations, and Regional Health Authorities, as they plan for services and projects to support community needs.

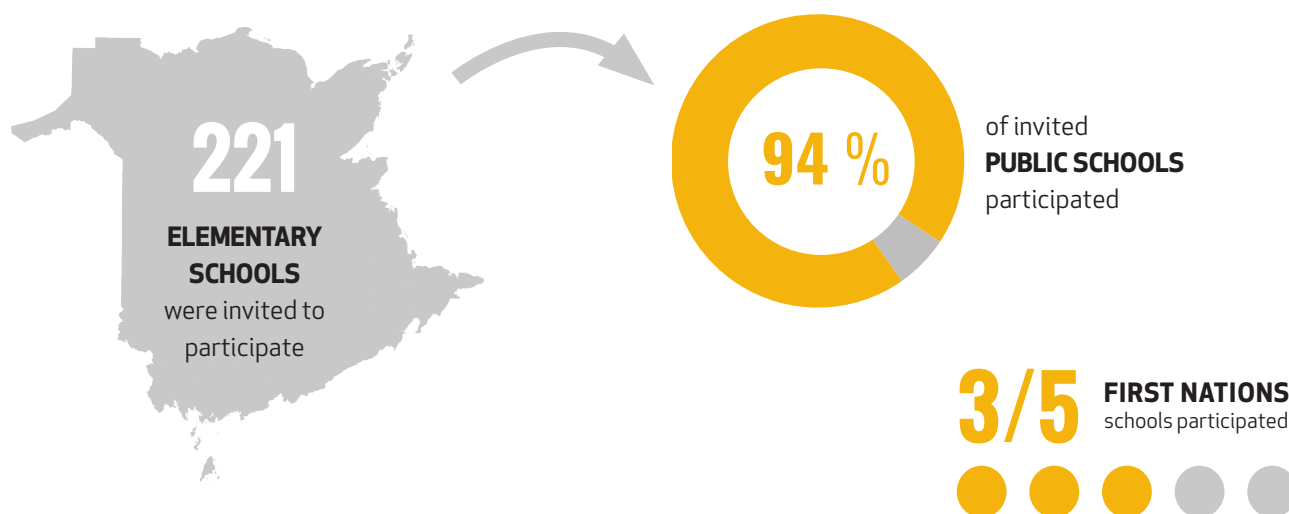
Important Considerations:

- Efforts have been made to keep the present report concise. If you find that an important indicator you have used in the past is not presented here, it might still be available upon request. Please contact us for more information if that is your case.
- The *New Brunswick Elementary Student Wellness Survey 2016–2017* maintained the same methodology as was used in the last cycle (2013–2014). As such, results between those two cycles can be compared to assess changes. However, caution needs to be exercised if attempting to compare the results of the survey with results from survey cycles prior to 2013–2014 because of potentially differing methodologies or definitions.
- In order to give schools enough time and flexibility to administer the survey, the time frame was over a 7-month period (November 2016 to May 2017). As a result, the responses to some questions (e.g. modes of commuting to and from school) might have been influenced by seasonality.

SURVEY PARTICIPATION

PARTICIPATING SCHOOLS

In 2016–2017, a total of 94% of invited public schools and three First Nations schools have participated in the *New Brunswick Elementary Student Wellness Survey*. Such high level of school participation provides high credibility to the provincial results.



PARTICIPATING STUDENTS AND PARENTS

To ensure quality information, it is equally important for an adequate number of students and parents from participating schools to complete the survey. In 2016–2017, 92% of students and 57% of parents from participating schools across New Brunswick returned their completed survey.



METHODOLOGICAL NOTE

All efforts are made to encourage the participation of students and parents. However, in some cases, the number of respondents may be lower than anticipated. Caution should be exercised when interpreting results, especially at the school level, when there are a relatively small number of students or parents responding to the survey. In cases where the number of respondents is deemed too low, data was suppressed as a precaution. In such cases, schools may opt to use their district level value as the next closest reference point.

REFERENCES

New Brunswick Child & Youth Advocate (2016). *State of the Child Report*. Fredericton, NB: Author.

New Brunswick Health Council (2017). *My Community at a Glance: New Brunswick Community Profile Report*. Available from www.nbhc.ca

Oxford Dictionaries. Available from <https://www.oxforddictionaries.com/>

Province of New Brunswick (2014). *New Brunswick's Wellness Strategy 2014–2021: The heart of our future*. Fredericton, NB: Author.

Province of New Brunswick (2015). *Keeping Children and Youth Safe from Harm in New Brunswick: A Five Year Strategy by New Brunswickers*. Fredericton, NB: Author.

ANNEX

The New Brunswick Elementary Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in co-operation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students. The data was collected from students and parents of 203 (94%) public schools and 3 First Nations Schools in New Brunswick.

The following annex tables summarize all the indicators from previous sections and they also provide additional data about relevant indicators that can help identify areas of strength to build on, as well as areas of improvement that can be targeted to help empower students to adopt healthy lifestyles. The tables cover the following themes:

- Context
- Learning
- Social and emotional development
- Healthy lifestyles
- Health status
- Family profile

Legend

Wherever possible, icons are used to identify the respondent group (students in grades 4 and 5, parents of students in grades K–5) and whether the indicators touch on risk or protective factors.



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor



Understanding Risk and Protective Factors










Wellness outcomes are determined by the contribution of both risk factors and protective factors. While risk factors contribute to the development or worsening of undesirable conditions, protective factors act as a shield against them. For example, while a high amount of sedentary activity is a risk factor for obesity, healthy eating is a protective factor against it. To maintain the health and well-being of students, it is essential to manage risk factors, as well as foster protective factors. In fact, focusing on protective factors can help manage risk factors and reduce the development of health conditions.







Results for Anglophone and Francophone Sectors

ANNEX: CONTEXT

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

GENDER			
 Girl	50	50	50
 Boy	50	50	50

AGE			
 4 years old	0	0	0
 5 years old	13	14	13
 6 years old	16	16	16
 7 years old	17	16	16
 8 years old	17	18	17
 9 years old	17	17	17
 10 years old	16	16	16
 11 years old	4	3	3
 12 years old or more	0	0	0

GRADE			
 Kindergarten	16	16	16
 Grade 1	17	17	17
 Grade 2	17	17	17
 Grade 3	17	18	17
 Grade 4	17	16	17
 Grade 5	17	17	17



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Results for Anglophone and Francophone Sectors














ANNEX: CONTEXT

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

CULTURAL DIVERSITY

 Aboriginal children (First Nation, Métis or Inuit)	4	3	4
 Immigrant children	14	8	12

LEARNING EXCEPTIONALITY OR SPECIAL EDUCATION NEED

 Any diagnosis	12	15	13
 Autism/Asperger Syndrome	3.5	2.1	3.1
 Behaviour	1.0	0.9	1.0
 Blind and Low Vision	0.3	0.2	0.2
 Deaf and Hard-of-Hearing	0.4	0.5	0.4
 Attention Deficit Hyperactivity Disorder (ADHD)	4.8	6.2	5.2
 Intellectual Disability	0.2	0.4	0.3
 Language/Speech Impairment	2.4	3.0	2.6
 Learning Disability	1.9	4.7	2.8
 Physical Disability	0.3	0.3	0.3
 Mental Health Disorder	0.4	0.1	0.3
 Gifted	0.4	0.6	0.4
 Other	2.2	2.6	2.4



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: LEARNING

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

DAILY HOMEWORK

None	11	5	9
Less than 30 minutes	42	44	43
About 30 minutes	30	34	32
About 1 hour	11	12	11
More than 1 hour	5	5	5

DAILY LEISURE READING

None	20	23	21
Less than 30 minutes	28	33	30
About 30 minutes	24	24	24
About 1 hour	13	10	12
More than 1 hour	15	9	14



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: SOCIAL AND EMOTIONAL DEVELOPMENT

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

MENTAL FITNESS

High mental fitness	23	27	24
Moderate mental fitness	62	64	63
Low mental fitness	15	10	13

MENTAL FITNESS NEEDS

Need for competence highly satisfied	85	87	86
Need for autonomy highly satisfied	54	53	54
Need for relatedness highly satisfied	91	95	92

LIFE DOMAINS OF MENTAL FITNESS

Mental fitness needs highly satisfied by family	77	85	80
Mental fitness needs highly satisfied by friends	89	91	90
Mental fitness needs highly satisfied by school	65	75	68

SCHOOL CONNECTEDNESS

High level of school connectedness	60	60	60
Moderate level of school connectedness	27	30	28
Low level of school connectedness	13	10	12
I feel close to people at my school.	49	54	51
I feel I am part of my school.	59	64	60
I am happy to be at my school.	62	56	60
I feel the teachers at my school treat me fairly.	68	66	67
I feel safe in my school.	69	72	70



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: SOCIAL AND EMOTIONAL DEVELOPMENT

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276
PRO-SOCIAL BEHAVIOUR			
High level of pro-social behaviour	33	37	34
Moderate level of pro-social behaviour	46	45	46
Low level of pro-social behaviour	21	17	20
OPPOSITIONAL BEHAVIOUR			
High level of oppositional behaviour	21	31	24
Moderate level of oppositional behaviour	40	45	42
Low level of oppositional behaviour	39	24	35
BULLYING AND VICTIMIZATION			
Children having been bullied during the year	36	36	36
Children feeling they can tell adults at the school about bullying problems	84	86	84



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor























Risk Factor

Results for Anglophone and Francophone Sectors











ANNEX: HEALTHY LIFESTYLES

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

HEALTHY EATING HABITS

 	Children eating five or more servings of vegetables or fruit	51	56	53
 	Parents reporting their child eats five or more servings of vegetables or fruit	49	50	49
 	Children drinking at least two servings of milk	56	56	56
 	Children eating non-nutritious foods (candy, sweets, chips or fries)	79	72	77
 	Children drinking non-nutritious beverages (pop, sports drinks, Slushies®, etc.)	48	42	46
 	Parents reporting eating dinner (evening meal) with their child	56	56	56
 	Children eating lunch with at least one other person	86	91	87
 	Children eating breakfast daily	67	76	70
 	Parents eating at a fast food place at least once with their child in the past seven days	58	61	59
 	Parents reporting their child ate meals while watching television three times or more in the past seven days	30	24	28

PHYSICAL ACTIVITY

 	Children meeting the guidelines on 60 minutes of daily physical activity	25	19	23
 	Parents reporting their child spends at least one hour on most days taking part in physical activity	81	74	79
 	Children having more than two hours per day of screen time	57	56	57
 	Parents being physically active with their child three or more days per week	35	25	32
 	Children commuting to and from school actively	14	5	11



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor















Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: HEALTHY LIFESTYLES

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

EXPOSURE TO SECOND-HAND SMOKE

 	Children living with someone who smokes or uses tobacco	35	25	31
 	Parents reporting their child lives with someone who smokes or uses tobacco	28	21	26
 	Smoking being allowed inside the home	9	6	8
 	Parents reporting smoking is allowed inside the home	2	2	2
 	Smoking being allowed inside the family vehicle	11	8	10
 	Parents reporting smoking is allowed inside the family vehicle	3	3	3



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor













Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: HEALTH STATUS

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

WEIGHTS (BODY MASS INDEX)

 	Children that are of healthy weight	56	61	58
 	Children that are underweight	7	7	7
 	Children that are overweight or obese	37	32	35
 	Girls that are overweight or obese	36	30	34
 	Boys that are overweight or obese	38	33	36



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor













Risk Factor

Results for Anglophone and Francophone Sectors

ANNEX: FAMILY PROFILE

	Anglophone %	Francophone %	New Brunswick %
Number of students	8,876	3,998	12,874
Number of parents	15,694	8,582	24,276

HEALTHY LIFESTYLE

 	Parents eating five or more servings of vegetables or fruit	54	56	55
 	Parents eating non-nutritious foods (candy, sweets, chips or fries)	71	60	67
 	Parents drinking non-nutritious beverages (pop, sports drinks, energy drinks, etc.)	37	32	35
 	Parents physically active for at least 30 minutes on most days	76	77	76
 	Parents having more than two hours per day of screen time	11	9	11

AWARENESS OF WELLNESS INITIATIVES

Parents aware of Canada's Food Guide	97	98	97
Parents aware of The Wellness Movement	61	53	59
Parents aware of the Healthier Food and Nutrition in Public Schools policy (Policy 711)	69	55	65

DAILY LEISURE READING

None	11	14	12
Less than 30 minutes	23	28	25
30 minutes	28	30	28
1 hour	23	19	22
1 hour and 30 minutes	6	4	5
2 hours	6	3	5
3 hours or more	4	2	3



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor