

New Brunswick Student Wellness Survey

Grades 6–12
2018–2019



Feedback Report Results for Students of Lower Socio-Economic Conditions

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

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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 39,000 students of 187 (98%) public schools in New Brunswick. Data was also collected from two First Nations Schools to prepare a report specific to the First Nations schools' context. Please visit www.nbhc.ca/errata to see if there are corrections or updates to this document.

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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 Student Wellness Survey</i>	<i>Grades 6 to 12</i>	Students	<i>2006–2007</i> <i>2009–2010</i> <i>2012–2013</i> <i>2015–2016</i> <i>2018–2019</i>
<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>	<i>2007–2008</i> <i>2010–2011</i> <i>2013–2014</i> <i>2016–2017</i> <i>2019–2020</i>

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 Student Wellness Survey* addresses six key themes related to those outcomes: learning, social and emotional development, participation and engagement, healthy lifestyles, safety, 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.

This Year's New Brunswick Student Wellness Survey

In 2018–2019, 39,000 students from 187 (98%) public schools participated in the survey. This compares to over 38,000 students from 181 (94%) public schools in the last edition of the survey. Two First Nations schools have also participated in the current cycle. Data collected from First Nations schools is only included in those schools' reports.

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 but is not limited to 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

Educators can use the results to:

- Communicate outcomes with students and staff and the Parent School Support Committee (PSSC) Home and School Association (HSA) or community partners
- Incorporate wellness objectives into 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 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 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 public schools' 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 public schools' average.
4. **Educational Districts Data:** Detailed data files provided to participating school districts with information for each school within their jurisdiction.
5. **Group Reports:** Disaggregation of the indicators by groups:
 - i. Anglophone and Francophone sectors
 - ii. Sex
 - iii. Aboriginal/Indigenous (attending public school)
 - iv. Immigrants (foreign-born)
 - v. LGBTQ+
 - vi. Students with learning exceptionality or special education needs
 - vii. Students of lower socio-economic status
6. **"At a Glance" Provincial Summary Report:** A one-pager provincial overview of key indicators from the *New Brunswick Student Wellness Survey* with comparison to results from the last survey cycle.

Provincial Strategies and Action Plans, such as the 10-year Education plans (Province of New Brunswick, 2016) also use the data to set targets and to monitor progress on initiatives.

At a more local level, key indicators from the *New Brunswick Student Wellness Survey* are embedded within the *My Community at a Glance* (New Brunswick Health Council, 2017) profiles, which provide 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

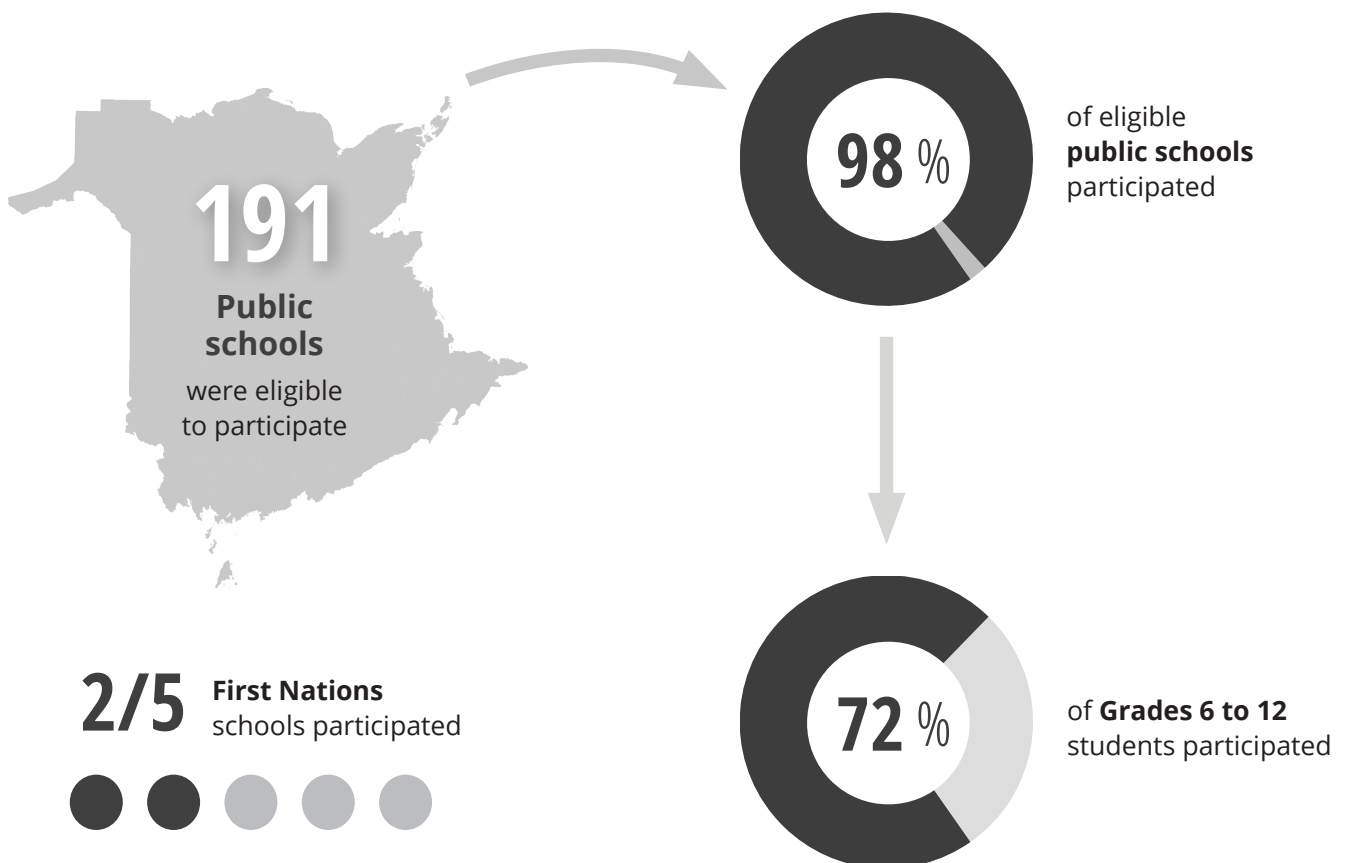
- The questionnaire used in the 2018–2019 *New Brunswick Student Wellness Survey* cycle underwent changes compared to that of the previous cycle. Some questions were removed or amended, other questions were added. As such, caution always needs to be exercised when attempting to compare the results of the survey with results from prior survey cycles because of some 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, from November 2018 to May 2019. 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

Who takes part in the New Brunswick Student Wellness Survey?

PARTICIPATION RATES

In 2018–2019, a total of 98% of eligible public schools and 2 First Nations schools have participated in the *New Brunswick Student Wellness Survey*. Such high level of school participation provides high credibility to the district and provincial results. To ensure quality information, it is equally important for an adequate number of students from the participating schools to complete and return their survey. In 2018–2019, 72% of students from participating public schools across New Brunswick returned their completed survey.*



METHODOLOGICAL NOTE

All efforts are made to encourage the participation of students. However, in some cases, the number of respondents within a given school may be lower than anticipated. Caution should be exercised when interpreting results, especially in those cases where there are a relatively small number of students 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.

** This year, our survey was conducted concurrently with the Canadian Student Tobacco, Alcohol and Drugs Survey, for which 1 in 9 students from grades 7 to 12 from most schools were sampled to take part in. Those students are not included in our participation rates.*

TABLES

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 of 187 (98%) public schools in New Brunswick. Data was also collected from two First Nations Schools to prepare a First Nations schools' specific report.

The following tables present 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
- Participation and engagement
- Healthy lifestyles
- Safety
- Health status

Legend

Wherever possible, icons are used to identify whether the indicators touch on risk or protective factors.



Individual



Family



School



Community



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 Students of Lower Socio-Economic Conditions

CONTEXT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982
SEX AT BIRTH		
Female	46	50
Male	54	50
GENDER IDENTITY		
Woman / girl	44	49
Man / boy	53	49
Other	3	1
AGE		
10 years or younger	0	0
11 years old	13	12
12 years old	14	14
13 years old	13	14
14 years old	12	14
15 years old	13	14
16 years old	14	15
17 years old	15	14
18 years old	3	3
19 years or older	1	0
GRADE		
Grade 6	16	14
Grade 7	14	14
Grade 8	13	14
Grade 9	13	14
Grade 10	14	15
Grade 11	15	15
Grade 12	15	15



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

CONTEXT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982



LANGUAGE SPOKEN AT HOME

English	67	68
French	14	18
Equally both French and English	13	9
Mi'kmaq	1	0
Wolastoqey	1	0
Another language(s)	4	4



LANGUAGE SPOKEN WHEN NOT AT HOME

English	70	71
French	15	17
Equally both French and English	12	10
Mi'kmaq	1	0
Wolastoqey	1	0
Another language(s)	2	2



CULTURAL DIVERSITY

Aboriginal / Indigenous youth	16	8
A visible minority (other than Aboriginal / Indigenous)	7	6
Immigrant youth	9	9



SEXUAL ORIENTATION

LGBTQ+	26	16
Gay or lesbian	4	2
Bisexual	11	6
Asexual	2	1
Unsure	6	5
Other	5	2
Heterosexual	74	84



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

CONTEXT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982



LEARNING EXCEPTIONALITY OR SPECIAL EDUCATION NEEDS

Any diagnosis	45	27
Autism / Asperger Syndrome	5.0	2.3
Behavioural disorder	3.7	1.2
Blind or low vision	6.5	3.1
Deaf or Hard-of-Hearing	3.8	1.3
Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)	16.4	9.6
Intellectual Disability	1.8	0.4
Language / Speech Impairment	4.3	1.6
Learning Disability	8.5	4.7
Physical Disability	2.5	1.0
Mental Health Disorder	11.6	6.1
Gifted	4.2	1.8
Other	6	4



SOCIO-ECONOMIC CONDITION

Youth reporting "Always" or "Often" going to school or to bed hungry because there is not enough food at home	100	5
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Individual



Family



School



Community











Protective



Risk

Results for Students of Lower Socio-Economic Conditions

LEARNING

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
 	DAILY HOMEWORK		
None		30	18
Less than 1 hour a day		37	45
1 to 2 hours a day		24	29
More than 2, but less than 5 hours a day		7	7
5 or more hours a day		2	1
 	DAILY LEISURE READING		
None		48	37
Less than 1 hour a day		28	38
1 to 2 hours a day		15	17
More than 2, but less than 5 hours a day		5	6
5 or more hours a day		4	2
 	STUDENT VALUES		
Getting good grades *		85	93
Making friends *		79	87
Participating in school activities outside of class *		51	57
Getting to class on time *		74	87
Learning new things *		76	88
Expressing my opinion in class *		58	65
Getting involved in the student council or other similar groups *		39	36
Learning about my culture/heritage (e.g., Francophone, First Nations, Irish) *		55	58
* Youth reporting "Very important" or "Important."			
 	STUDENT ENGAGEMENT		
Youth reporting they "Strongly agree" or "Agree" that their learning needs are met at their school		63	80

Results for Students of Lower Socio-Economic Conditions














SOCIAL AND EMOTIONAL DEVELOPMENT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

P

RESILIENCE

High and moderate levels of resilience

	I am able to solve problems without harming myself or others (for example by using drugs and/or being violent). *	37	71
	I know where to go in my community to get help. *	31	55
	Getting an education is important to me. *	18	27
	I try to finish what I start. *	39	61
	I have people I look up to. *	30	45
	My parent(s)/caregiver(s) know a lot about me. *	27	46
	My family stands by me during difficult times. *	31	54
	My friends stand by me during difficult times. *	26	54
	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others). *	30	44
	I am treated fairly in my community. *	24	41
	I feel I belong(ed) at my school. *	17	37
	I enjoy my cultural and family traditions. *	14	27
		29	49

* Youth reporting that this statement describes them "A lot."

P



LINK PROGRAM

Youth not aware of the program	66	60
Youth aware of the program but having never used it	32	39
Youth aware of the program and having used it	3	1



COMMUNITY SUPPORT

Mean score of community support (values ranging from 5 to 25)

P

P

P

P

P

R

People say 'hello' and often stop to talk to each other in the street. *	18	19
It is safe for younger children to play outside during the day. *	57	64
You can trust people around here. *	70	83
There are good places to spend your free time (e.g., recreation centres, parks, shopping centres). *	53	67
I could ask for help or a favour from neighbours. *	57	66
I could ask for help or a favour from neighbours. *	58	70
Most people around here would try to take advantage of you if they got the chance. *	39	21

* Youth reporting "Strongly agree" or "Agree."



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

SOCIAL AND EMOTIONAL DEVELOPMENT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982
SCHOOL CONNECTEDNESS		
High level of school connectedness	77	92
I feel close to people at my school. *	68	80
I feel I am part of my school. *	59	78
I am happy to be at my school. *	53	71
I feel the teachers at my school treat me fairly. *	64	83
I feel safe in my school. *	64	84

* Youth reporting "Strongly agree" or "Agree."

PRO-SOCIAL BEHAVIOUR		
High level of pro-social behaviour	76	85
I often do favours for people without being asked. *	60	71
I often lend things to people without being asked. *	49	57
I often help people without being asked. *	64	74
I often compliment people without being asked. *	60	69
I often share things with people without being asked. *	59	66

* Youth reporting 4, 5 or 6 on a scale ranging from 1 to 6, where 1 is "Definitely not like me" and 6 is "Definitely like me."

OPPOSITIONAL BEHAVIOUR		
High level of oppositional behaviour	35	15
I cut classes or skip school. *	27	13
I make other people do what I want. *	21	12
I disobey my parents. *	32	17
I talk back to my teachers. *	27	13
I get into fights. *	24	10
I often say mean things to people to get what I want. *	15	4
I take things that are not mine from home, school or elsewhere. *	15	4

* Youth reporting 4, 5 or 6 on a scale ranging from 1 to 6, where 1 is "Definitely not like me" and 6 is "Definitely like me."



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

SOCIAL AND EMOTIONAL DEVELOPMENT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

Mental Fitness



LEVELS OF MENTAL FITNESS

High level of mental fitness	7	23
Moderate level of mental fitness	39	55
Low level of mental fitness	53	22



MENTAL FITNESS NEEDS

Need for autonomy highly satisfied	39	67
Need for competence highly satisfied	45	75
Need for relatedness highly satisfied	50	78



LIFE DOMAINS OF MENTAL FITNESS

Mental fitness needs highly satisfied by family	48	79
I feel free to express myself at home. *	30	53
I feel like I have a choice about when and how to do my household chores. *	23	32
I feel I do things well at home. *	24	43
I feel my parents think that I am good at things. *	31	56
My parents like me and care about me. *	43	74
I like to spend time with my parents. *	30	51
Mental fitness needs highly satisfied by friends	59	81
I feel free to express myself with my friends. *	38	52
I feel I have a choice about which activities to do with my friends. *	26	44
I feel I do things well when I am with my friends. *	31	45
I feel my friends think I am good at things. *	25	40
My friends like me and care about me. *	31	49
I like to spend time with my friends. *	52	67
Mental fitness needs highly satisfied by school	32	57
I feel free to express myself at school. *	15	25
I feel I have a choice about when and how to do my schoolwork. *	22	35
I feel I do things well at school. *	17	34
I feel my teachers think I am good at things. *	18	31
My teachers like me and care about me. *	18	30
I like to be with my teachers. *	16	20

* Youth reporting "Really true for me."



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

SOCIAL AND EMOTIONAL DEVELOPMENT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

Bullying



BULLYING VICTIMS

Youth having been a victim of bullying at least once in the last couple of months	71	51
Physical attacks	31	12
Verbal attacks	58	37
Cyber-attacks	36	17
Having someone steal or damage their things	37	16
Exclusion	51	32
Being bullied with mean comments about their race / religion / personal features	33	14
Other students made sexual jokes, comments, or gestures	37	17



BULLYING PERPETRATORS

Youth having bullied another student at least once in the last couple of months	37	23
Physical attacks	17	6
Verbal attacks	28	15
Cyber-attacks	18	6
Stealing from or damaging someone else's things	13	3
Exclusion	20	11
Bullying with mean comments about someone's race / religion / personal features	13	4
Making sexual jokes, comments, or gestures towards someone	16	6




















RESPONSE TO BULLYING

Youth ignoring it	25	22
Youth telling their parents about it	16	22
Youth telling their teacher about it	17	18
Youth telling their principal or vice-principal about it	11	9
Youth telling an adult at the school about it	12	11
Youth joining in the bullying	3	1
Youth reporting that if a student complains to an adult at school about bullying, something is "Always" or "Often" done about it	26	43



Results for Students of Lower Socio-Economic Conditions

SOCIAL AND EMOTIONAL DEVELOPMENT

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
MENTAL AND EMOTIONAL SUPPORT			
 	Youth needing to see or talk to someone for a mental or emotional problem in the last 12 months	49	30
 	Youth who needed to see or talk to someone about their mental or emotional problem but did not see someone	19	9
 	Help not available at school *	23	11
 	Help not available in community *	14	6
 	Help not available at home *	27	13
	Help not available among peers or friends *	17	9
 	Uncomfortable going for help *	61	70
 	Not knowing where to go to get help *	26	22
 	Other *	29	30



* Among those in need who did not see someone

Results for Students of Lower Socio-Economic Conditions



PARTICIPATION AND ENGAGEMENT

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

EXTRACURRICULAR ACTIVITIES AT SCHOOL

 	Youth participating in any activities or groups inside school	55	54
	A sports team (e.g., volleyball, hockey, soccer)	25	28
	An individual sport (e.g., running, cycling, skating)	6	7
	Volunteer work	10	11
	Arts groups (e.g., music, dance, drama)	10	11
	Student Clubs or Groups (e.g., peer helper, yearbook, TADD)	8	11
	Science or Technology (e.g., science fairs, school website)	6	6
	Church or other religious/spiritual group	3	2
	Other activity or group (e.g., chess, math, debate)	12	11


EXTRACURRICULAR ACTIVITIES OUTSIDE SCHOOL

 	Youth participating in any activities or groups outside school	55	55
	A sports team (e.g., volleyball, hockey, soccer)	26	28
	An individual sport (e.g., running, cycling, skating)	10	14
	Volunteer work	12	13
	Arts groups (e.g., music, dance, drama)	8	9
	Community groups (e.g., scouts, girl guides, 4-H, cadets)	5	4
	Church or other religious/spiritual group	8	10
	Other activity or group (e.g., chess, math, debate)	9	7

VOLUNTEERING

 	Youth taking part in volunteer activities in the last 12 months	64	72
	Supporting a cause (e.g. food bank, UNICEF, Operation Christmas Child)	26	28
	Fund raising (e.g. charity, school trips)	33	39
	Helping in my community (e.g. coaching sports, volunteering at hospital)	31	31
	Helping neighbours or relatives (e.g. cutting grass, babysitting)	50	54
	Doing other organized volunteer activity	34	34

JOBS

	Youth having a part-time job outside of school	36	34
	Youth working on weekends	25	26
	Youth working on weekdays	22	20
	Youth working during school vacations	11	13



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTHY LIFESTYLES

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

Healthy Eating



HEALTHY EATING HABITS

P	Youth eating 5 or more servings of vegetables or fruit *	41	42
P	Youth eating plant-based proteins *	26	20
P	Youth drinking at least 2 servings of milk *	39	36
P	Youth drinking at least 6 servings of water *	33	29
R	Youth eating non-nutritious foods (e.g. fries, chips, candy, donuts) *	83	85
R	Youth drinking non-nutritious beverages (e.g. punch, pop, energy drinks, sports drinks) *	64	54
R	Youth drinking high energy drinks *	24	8
P	Youth eating breakfast daily	23	41
R	Youth eating at a fast food place or restaurant at least once in the last 7 days	62	63
R	Youth eating at a fast food place or restaurant 3 times or more in the last 7 days	21	14
P	Youth eating an evening meal together with family, friend(s) or guardian(s) daily	31	46
R	Youth eating meals while watching television at least once in the last 7 days	69	67
R	Youth eating meals while watching television 3 times or more in the last 7 days	49	40

* The day before the survey



SCHOOL ENVIRONMENT FOR HEALTHY EATING

P	Youth thinking that there is not enough variety in the food offered at their school	37	27
P	Youth noticing a breakfast program in the last 12 months	33	44
P	Youth noticing a fruit and vegetable snack program in the last 12 months	11	14
P	Youth noticing healthy foods sold at sporting events or special food events (e.g., dances and movie nights) in the last 12 months	12	14
P	Youth noticing healthy foods or non-food items sold for fundraising in the last 12 months	9	13
P	Youth noticing healthy foods offered in vending machines and at canteens in the last 12 months	13	19
P	Youth noticing healthy foods offered at cafeteria or in hot lunch program in the last 12 months	23	37
P	Youth noticing information in their cafeteria about how to make healthier food choices in the last 12 months	6	9
P	Youth noticing lower prices for healthier foods in the last 12 months	5	4
P	Youth noticing school staff show a positive attitude towards healthy living and health-related issues in the last 12 months	18	29



Individual



Family



School



Community

















Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTHY LIFESTYLES

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
R	BARRIERS TO DAILY BREAKFAST		
	Not having time for breakfast	30	24
	The bus coming too early	15	10
	Sleeping in	16	14
	Not being hungry in the morning	27	27
	Feeling sick when eating breakfast	18	13
	Trying to lose weight	13	6
	Having nothing to eat at home	23	4
Physical Activity			
	PHYSICAL ACTIVITY HABITS		
R 	Youth having more than 2 hours per day of screen time	72	71
P 	Youth meeting the guidelines on 60 minutes of daily moderate or vigorous physical activity	21	19
P 	Youth commuting to and from school actively	9	7
R 	Youth commuting to and from school inactive	73	78
	Youth commuting to and from school both actively and inactive	18	15
P 	PHYSICAL EDUCATION CLASSES IN LAST 5 DAYS		
	0 physical education classes	40	43
	1 physical education class	10	8
	2 physical education classes	21	22
	3 physical education classes	11	11
	4 physical education classes	5	5
	5 physical education classes	13	12
P 	SCHOOL ENVIRONMENT FOR PHYSICAL ACTIVITY		
	Youth participating in before school, noon hour, or after school physical activities organized by their school	37	38
	Youth participating in competitive school sports teams	33	36
	SLEEP		
P 	Youth sleeping 8 hours or more every night	27	37



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTHY LIFESTYLES

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

Alcohol and drug consumption



ALCOHOL CONSUMPTION

Youth having ever had a drink of alcohol that is more than just a sip	49	40
Youth drinking alcohol once a month or more in the last 12 months	35	24
Youth drinking 5 or more drinks at one time, at least once a month in the last 12 months	23	15



CANNABIS CONSUMPTION

Youth having ever used or tried cannabis	41	24
Youth using cannabis in the last 12 months	36	21
Youth using cannabis every day in the last 12 months	10	3



OTHER DRUG CONSUMPTION

LSD and other hallucinogens (e.g., PCP, magic mushrooms)	15	4
Pain Relievers (e.g., Fentanyl, Percs, Oxycontin)	19	6
Amphetamines (speed)	13	3
Ecstasy, MDMA (E, Xtc, Adam, X)	12	3
Cocaine (coke, crack, snow, rock)	14	4
Cough and cold medicines	28	16
Stimulants (e.g., Ritalin, Concerta, Adderall)	13	4
Sedatives / tranquilizers (e.g., Valium, Ativan, Xanax, GHB)	13	3
Methamphetamines / Crystal methamphetamine (ice)	11	2
Glue or solvents (e.g., gasoline, butane, model glue)	10	2
Heroin (horse, tar, junk)	9	1
Other	24	9



CONSUMPTION ONSET

Average age at which grade 12 students tried cigarettes for the first time (years)	13	15
Average age at which grade 12 students drank alcohol that was more than a sip (years)	14	15
Average age at which grade 12 students first used or tried cannabis (years)	14	15



Individual



Family



School



Community



Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTHY LIFESTYLES

	Low Socio-Economic %	New Brunswick %
Number of students	1,887	38,982

Smoking



SMOKING SUSCEPTIBILITY

Youth of all grades having tried smoking	36	22
Grade 6 youths having tried smoking	9	4
Grade 7 youth having tried smoking	22	7
Grade 8 youth having tried smoking	32	11
Grade 9 youth having tried smoking	40	20
Grade 10 youths having tried smoking	48	27
Grade 11 youths having tried smoking	52	35
Grade 12 youths having tried smoking	51	42
Youth susceptible to smoking (among those who have never tried it)	40	28



SMOKING HABITS

Youth smoking daily or occasionally	27	14
Youth smoking daily	12	5



ALTERNATIVE SMOKING PRODUCTS

Youth having tried alternative smoking products	48	32
E-cigarettes (electronic cigarettes, vape)	37	29
Little cigars or cigarillos (plain or flavoured)	20	12
Cigars (not including little cigars or cigarillos)	14	9
Roll-your-own cigarettes (tobacco only, in rolling papers)	13	6
Smokeless tobacco (chewing tobacco, pinch, snuff, or snus)	8	4
Nicotine patches, gum, lozenges, or inhalers	7	3
A water pipe (hookah) to smoke shisha (herbal or tobacco)	11	5
Blunt wraps (a tube made of tobacco used to roll cigarette tobacco)	10	4
Bidis (little cigarettes hand-rolled in leaves, tied with string at the ends)	6	2



Individual



Family



School



Community






















Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTHY LIFESTYLES

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
EXPOSURE TO SECOND-HAND SMOKE			
 	Youth having at least one person at home who smokes	35	15
 	Youth having at least one parent (or step-parent or guardian) who smokes	56	38
 	Youth having at least one sibling who smokes	31	16
	Youth having at least one friend who smokes	44	26
	Youth riding in a car with someone smoking cigarettes in the last 7 days	39	18
 	Youth reporting no one is allowed to smoke in their home	64	81
 	Youth reporting only special guests are allowed to smoke in their home	4	2
	Youth reporting smoking is allowed only in certain areas in their home	19	13
 	Youth reporting smoking is allowed anywhere in their home	13	4
 	Youth reporting their school has a clear set of rules about smoking	80	89
 	Youth reporting that students get into trouble if they are caught breaking the smoking rules at their school	63	70



Individual



Family



School



Community













Protective



Risk

Results for Students of Lower Socio-Economic Conditions

SAFETY

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
INJURIES			
	Youth driving an off-road vehicle after drinking alcohol, using cannabis or other illegal drugs, in the last 12 months	18	9
	Youth riding in an on-road vehicle driven by someone who had been drinking alcohol, using cannabis or other illegal drugs, in the last 12 months	29	17
	Youth always wearing a helmet when they rode a bicycle in the last 12 months	20	31
	Youth injured and having to be treated by a doctor or nurse in the last 12 months	41	30
SEXUAL VIOLENCE			
 	Youth reporting having been sexually violated	26	10
 	Youth reporting being victim of dating violence in the 12 months prior to the survey (among those who dated)	34	17
 	Youth reporting they know when they are legally able to consent to sexual activity	67	71



Individual



Family



School



Community














Protective



Risk

Results for Students of Lower Socio-Economic Conditions

HEALTH STATUS

		Low Socio-Economic %	New Brunswick %
Number of students		1,887	38,982
WEIGHTS (BODY MASS INDEX)			
	Youth that are of healthy weight	61	65
	Youth that are underweight	9	7
	Youth that are overweight or obese	30	27
SELF-RATED HEALTH AND WELL-BEING			
	 Youth reporting symptoms of depression in the last 12 months	66	38
	 Youth reporting symptoms of anxiety in the last 12 months	60	38
	 Youth reporting that their health is "Very good" or "Excellent"	45	60
LIFE SATISFACTION			
	 Rating of life satisfaction (Mean score, scale from 0-10)	6	7
	Youth reporting a life satisfaction score of 0-5 *	43	19
	Youth reporting a life satisfaction score of 6-7 *	25	29
	Youth reporting a life satisfaction score of 8-9 *	21	40
	Youth reporting a life satisfaction score of 10 *	11	12

* Scale ranging from 0 to 10, where 0 is the "Worst possible life" and 10 is the "Best possible life."



Individual



Family



School



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Protective



Risk

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New Brunswick Student Wellness Survey

RESULTS AT A GLANCE

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. Provincially, over 38,000 grades 6–12 students have participated in each cycle of the initiative. The following table presents a comparison of results between the 2015–2016 and the 2018–2019 cycles for:

Students of Lower Socio-Economic Conditions

	2015-2016 %	2018-2019 %
Number of students	1,805	1,887
INDIVIDUAL PROTECTIVE FACTORS		
Youth having a high level of pro-social behaviour	77	76
Youth eating 5 or more servings of vegetables or fruit	41	41
Youth having more than two hours per day of recreational screen time	70	72
Youth meeting the guidelines on 60 minutes of daily moderate or vigorous physical activity	23	21
Youth sleeping 8 hours or more every night	25	27
FAMILY/FRIEND PROTECTIVE FACTORS		
Youth with mental fitness needs highly satisfied by family	49	48
Youth with mental fitness needs highly satisfied by friends	60	59
Youth participating in activities or groups inside school	49	55
Youth participating in activities or groups outside school	51	55
COMMUNITY PROTECTIVE FACTORS		
Youth with mental fitness needs highly satisfied by school	33	32
Youth with high level of school connectedness	78	77
Youth taking part in volunteer activities in the last 12 months	67	64
Youth reporting being treated fairly in their community	19	17
Youth needing to see or talk to someone for a mental or emotional problem in the last 12 months	n/a	49
Youth who needed to see or talk to someone about their mental or emotional problem but did not see someone	n/a	19
OUTCOMES		
Youth reporting their learning needs are met at their school	64	63
Youth with high and moderate levels of resilience	40	37
Youth reporting that their health is “Very good” or “Excellent”	48	45
Youth with high and moderate levels of mental fitness	48	47
IMPACT/RISK FACTORS		
Youth smoking daily or occasionally	25	27
Youth having tried E-cigarettes (electronic cigarettes, vape)	33	37
Youth consuming alcohol heavily (5 or more drinks at one time, at least once a month)	27	23
Youth using cannabis in the last 12 months	34	36
Youth victims of dating violence in the last 12 months	33	34
Youth reporting symptoms of depression in the last 12 months	59	66
Youth reporting symptoms of anxiety in the last 12 months	56	60
Youth with high level of oppositional behaviours	34	35