

Well-Being and Health Youth Surveys

To: Chair and Members of the Board of Health

Meeting Date: September 7, 2022

Report No. **BH.01.SEP0722.R17** Pages: 11

Prepared By: Blair Hodgson, Health Promotion Specialist, Health Analytics
Julian Martalog, Manager, Health Analytics

Approved By: Dr. Kyle Wilson, MSc, PhD
Director Information Systems & Chief Privacy Officer

Submitted By & Signature: *Original signed document on file*

Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.

Key Points

- The Well-Being and Health Youth (WHY) Surveys collect self-reported health and well-being data from students, parents, and school board staff in Wellington-Dufferin-Guelph (WDG).
- The first cycle of the WHY Surveys was collected in November 2019, the second was collected in February 2022.
- Analysis of the two cycles revealed changes in mental health, substance use, bullying and many other areas.
- Several data products have been created to promote awareness and use of WHY Surveys data in WDG.

Discussion

Background

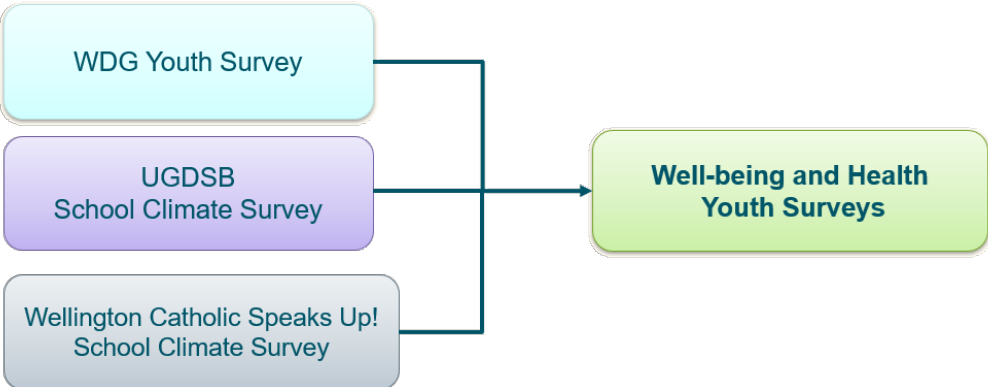
The Well-being and Health Youth (WHY) Surveys collect self-reported information from students, parents, and staff in Wellington-Dufferin-Guelph (WDG). The surveys were first collected in November 2019 and again in February 2022. The goal of the WHY Surveys is to create a shared understanding of the health and well-being of youth in our community. The results help service providers identify issues to focus on at the school, board, and community level.

Creation of the WHY Surveys

Wellington Dufferin Guelph Public Health (WDGPH) and the WDG Report Card Coalition first began surveying local youth in 2011 with the WDG Youth Survey. The Youth Survey collected self-reported information from grade 7 and 10 students every 3 years. Data was collected during the 2011-12, 2014-15 and 2017-18 school years.

Meanwhile, in 2014, the Ministry of Education introduced equity and inclusive education guidelines that required all school boards to conduct anonymous school climate surveys of students, staff and parents at least once every two years.¹ Many of the topics required in the School Climate Surveys were also included in the Youth Survey, such as bullying, school environment and mental health. In 2018, Upper Grand District School Board (UGDSB), Wellington Catholic District School Board (WCDSB) and WDGPH agreed to merge the Youth Survey and School Climate Surveys to conserve public resources and avoid duplication of work.

Figure 1. Local Youth Health and Well-being Surveys



About the WHY Surveys

The WHY Surveys are comprised of questionnaires for students in grade 4 and above, parents, and staff at UGDSB and WCDSB schools. The surveys are collected every two years and allow for comparisons over time. Results provide local information on a wide range of topics related to youth health and well-being, including mental health, physical health, school environment, bullying, community participation, social connections, substance use and sexual health.

Results of the WHY Surveys are used at the school level to inform initiatives such as the Healthy School Program. School board results are used to inform planning such as Board Improvement Plans for Student Achievement. Finally, community level results are explored by various service providers in WDG to identify areas where youth in our community need additional supports.

WHY Surveys and the COVID-19 Pandemic

WHY Surveys data was collected just before the pandemic began and again nearly two years into the pandemic. By comparing the two cycles, the surveys provide a unique glimpse into how schools and students have coped and changed during a tumultuous two-year period. As many community organizations are resuming programs and services for youth, our community is in a unique position to reexamine supports provided for youth and shift priorities if necessary.

WHY Surveys Results

Participation

Overall, participation in the WHY Surveys exceeded expectations. In 2019, over twenty thousand responses were collected from students, staff, and parents. In 2022, participation rose to over twenty-seven thousand responses. More than two thirds of the increase between cycles was accounted for by the parent surveys. Participation in the parent survey increased by 350% in 2022 compared to 2019. Exact responses for the 2019 and 2022 surveys can be reviewed in **Table 1**.

Table 1. Responses for the 2019 and 2022 WHY Surveys

	2019 Responses	2022 Responses	Change
Students	17027	19665	+ 2638
Parents	1246	5716	+ 4470
Staff	2289	1901	- 388
Total	20562	27282	+ 6720

To calculate approximate response rates, UGDSB and UGCDSB provided enrollment data for the 2021-22 school year. Approximately 71% of students enrolled grade 4 and above in UGDSB and WCDSB completed the survey. This is generally considered to be an excellent response rate. For comparison, the 2019 Ontario Student Drug Use and Health Survey (OSDUHS) had a 59% response rate.² Response rates for junior and intermediate students were considerably higher than the response rate for senior students. Response rates by division and grade can be reviewed below in **Table 2**.

Table 2. Student Response Rates for the 2019 and 2022 WHY Surveys

Division Grade	Response Rates (Surveys / Enrolled Students)	
	2019	2022
Junior Division	80%	83%
Grade 4	78%	82%
Grade 5	81%	84%
Grade 6	82%	83%
Intermediate Division	84%	85%
Grade 7	81%	86%
Grade 8	86%	84%
Senior Division	39%**	57%
Grade 9	47%**	69%
Grade 10	46%**	64%
Grade 11	42%**	62%
Grade 12 and higher	26%**	37%
All Grades	61%	71%

** Approximately half of enrolled secondary students did not have the opportunity to participate in the 2019 survey

Data Considerations & Limitations

When interpreting the results of the WHY Surveys there are several limitations that should be considered:

- **Self-Reported Data**

All of the information collected in the WHY Surveys is self-reported, which means that researchers cannot easily determine if the responses are accurate. Participants may unintentionally give inaccurate responses due to errors in memory or understanding. They may also over report socially desirable behaviors (like helping others) while under reporting undesirable behaviors (such as stealing).

- **Sampling Bias**

This bias occurs when the sample group of a population differs in some key manner from the rest of the population. Only staff, students and parents of students attending UGDSB and WCDSB schools were eligible to participate in the WHY Surveys and are not reflected in the findings. Similarly, because each of the WHY Surveys was voluntary, each person made their own decision about whether or not to participate. It is possible that those who chose to participate differed from those who did not participate in some important ways.

- **Determining Causation**

In light of the extraordinary circumstances of the COVID-19 pandemic, it can be tempting to assume that the changes between the 2019 and 2022 surveys were the result of the pandemic. This report highlights many differences between the results of the 2019 and 2022 surveys, however, determining the cause of these changes is beyond the scope of this project.

Key Findings

The WHY Surveys collected data for more than 280 distinct variables. Considering that most of these data can be analyzed by year, grade, gender, and geographic area, it would be challenging to describe every significant finding in this report. Instead, this section will highlight areas in which consistent trends were observed for multiple variables related to a specific topic or participant group.

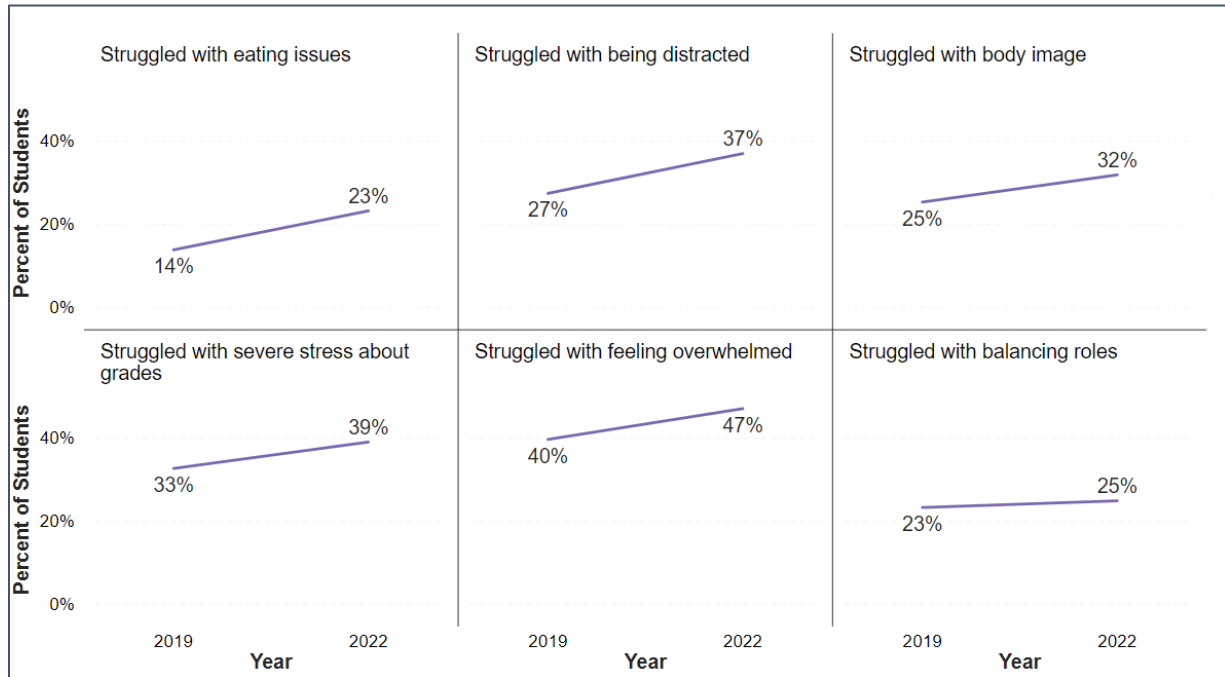
Mental Health

The 2022 student results showed poorer outcomes for all mental health indicators compared to the 2019 results. In some cases, these changes were negligible, for example, a 2% increase in the percentage of students who reported struggling with peer pressure. Unfortunately, other changes were significant and alarming, such as the 68% increase in the percentage of students who reported often or always struggling with eating issues. Striking gender differences existed for many mental health outcomes, in which non-binary youth (youth who do not identify as exclusively male or female) had the poorest outcomes, while female students experienced considerably poorer outcomes than male students.

Overall, most indicators of flourishing mental health, such as having a positive view of the future or high self-esteem, decreased by between 5% to 12%. Conversely, indicators related to mental health challenges, such as psychological distress and thoughts of suicide, tended to increase between 15% to 35%. Although these may not

represent the most dramatic WHY surveys changes observed between 2019 and 2022, the consistently poorer outcomes across mental health indicators suggests a comprehensive decline in mental health among youth attending public schools in WDG.

Figure 2. Percent of students who reported struggling in the past year



Substance Use

Substance use was another area in which several indicators demonstrated a consistent trend. Fortunately, the percentage of students who report past year use decreased significantly for every substance addressed in the survey, including cigarettes, e-cigarettes, prescription pain pills or sedatives without a prescription, cannabis, and other drugs. Although the changes between 2019 and 2022 were small to moderate, they suggest a general decrease in substance use among youth during this period. These findings were generally consistent with those from the 2021 Ontario Student Drug Use and Health Survey.³ Parents and school staff were also less likely to report that their children/students struggled with substance use in 2022 compared to 2019.

Gender differences in past year substance use were small, however, there were considerable differences in age, with older students reporting more substance use than younger students.

Bullying

The percentage of students who reported being bullied at school or on the bus in the past year decreased from 33% in 2019 to 25% in 2022. This change was representative of those observed for several bullying indicators. Students were less likely to report being bullied outside of school and less likely to report that they had seen a friend or classmate being bullied. In 2022, fewer parents reported that their child had been bullied in the past year compared to 2019. Similarly, the percentage of teachers who were aware of a situation in which a student was being bullied was 58% in 2019 and fell to 50% in 2022.

Gender and Sexual Orientation

Between 2019 and 2022 the percentage of students who did not identify as male or female (this report uses non-binary as an umbrella term for these students) more than tripled, increasing from 0.9% to 3.5%. Increases in the percentage of non-binary students were present in all divisions, however the change was largest for intermediate students.

Students in the intermediate and senior divisions were asked to share their sexual orientation. In 2019, 15% of students selected an orientation other than “straight/heterosexual”, in 2022 this figure rose to 24%. Nearly one in four intermediate and senior students in WDG public schools reported a sexual orientation other than heterosexual. This increase was consistent across grades. There were significant gender differences in sexual orientation, with 98% of non-binary students reporting a sexual orientation other than straight, compared to 31% of female students and 11% of male students.

Gender Differences

Consistent gender differences existed across nearly all outcomes. Non-binary students generally had poorer outcomes compared to male and female students.

Female students generally had poorer outcomes than male students. However, these differences tended to be much less pronounced than the differences between non-binary and male and female students. Two exceptions to this trend were carrying a weapon and gambling in the past year. In both cases, male students were nearly twice as likely to report those behaviors than female students.

Knowledge Translation

Over the past two years, there has been considerable interest among the media, service providers, and experts regarding how children and youth have coped during the pandemic. As such, there is a great deal of community interest in the results of the 2019 and 2022 WHY Surveys.

The Health Analytics team is in the process of developing an assortment of data products to meet the information needs of various audiences, including school board partners, internal staff, community partner organizations and the general public.

- **School-Level Interactive Report**

This report contains school-specific results for over 140 indicators from the student, parent, and staff WHY Surveys. It highlights the largest changes over time and gender differences for each individual school. This report was developed to provide a high-level summary for a wide variety of topics. The School-Level Interactive Report has already been shared with UGDSB and WCDSB staff. This report is targeted towards specific audiences and will not be available publicly.

- **Public Interactive Report**

This report contains all of the data from the School-Level Interactive Report, but at the municipal level. It also includes additional features, such as a page that explores 22 indicators that were first collected as part of the WDG Youth Survey and date back to 2011. It is intended to provide a high-level summary of the WHY Surveys data while also providing users with the opportunity to explore the data on their own.

- **Customizable Slide Deck**

This is a stock slide deck that can be modified to suit various presentations to community partners. The deck contains standard information about the surveys' development, scope, and limitations, and can be easily modified to focus on specific topics, geographic areas, and age groups. This slide deck has already been adapted for five different audiences.

- **Data Exploration Dashboard**

This report was developed for internal staff and community partners who require more in-depth analysis on a particular topic. It allows users to explore the results at various levels, including survey year, gender, grade, and geography. The Data Exploration Dashboard will not be available publicly but will be shared upon request and accompanied by Data Exploration Session facilitated by a member of the Health Analytics team.

- **Graphic Results Summary**

This brief results summary will include the most important findings. It will be accessible to all audiences and shall serve as an entry-point to the WHY Surveys data products. The report will contain infographic elements organized by topic.

Health Analytics and Communications at WDGPH have partnered to develop a social media campaign to increase public awareness of and interest in the results of the WHY Surveys. The campaign will begin in September, during the first week of school. A different finding from the WHY Surveys will be highlighted each day, accompanied by resources for more information.

Finally, the 2019 and 2022 WHY Surveys are a critical source of local data for WDG Public Health's new project that explores the secondary impacts of the pandemic on local youth. This project will use academic literature, local population health information, service use data and firsthand accounts provided by students and parents to explore how the pandemic has affected children and youth in WDG. Topic specific reports will be released publicly as evidence briefs.

Conclusion

The WHY Surveys collect valuable self-reported health and well-being data from students, school board staff and parents in Wellington, Dufferin, and Guelph. The results help create a shared understanding of students' well-being and identify challenges facing local youth. This report explored the creation of the WHY Surveys as well as the results from the 2019 and 2022 data collection cycles.

Analysis of the cycles revealed numerous trends related to mental health, substance use and many other topics. Several data products have been developed to explore these various findings and meet the diverse needs of data users. The results of the WHY Surveys will provide valuable insights for local public health campaigns and projects for years to come.

Ontario Public Health Standard

The WHY Surveys are relevant to the Population Health Assessment component of the Foundational Standard.

Population Health Assessment

“Population health assessment includes the **measurement, monitoring, analysis, and interpretation of population health data** and knowledge and intelligence about the health status of populations and subpopulations, including social determinants of health and health inequities. Population health assessment **provides the information necessary to understand the health of populations** through the collaborative development and **ongoing maintenance of population health profiles, identification of challenges and opportunities**, and monitoring of the health impacts of public health practice”.⁴

2020 WDGPH Strategic Direction(s)

Double click checkbox to change from unchecked to checked.

Service Delivery: We will provide our programs and services in a flexible, modern and accessible manner, and will ensure they reflect the immediate needs of our Clients and our role in the broader sector.

System Transformation: We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.

Knowledge Transfer: We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

Health Equity

Results of the WHY Surveys will be used to identify issues to focus on at the school, board, and community level. However, youth in WDG are not a homogeneous group. Results are examined by geography, grade, and gender. This allows service providers to identify groups who may be struggling more than others in certain areas. For example, non-binary and female students consistently report poorer mental health outcomes than male students.

References

1. Ontario Ministry of Education. Equity and Inclusive Education in Ontario Schools. Guidelines for Policy Development and Implementation. [Internet]. 2014. [cited 2022 August 4] Available from: <https://www.ugdsb.ca/wp-content/uploads/2017/07/inclusiveguide.pdf>
2. Boak, A., Elton-Marshall, T., Mann, R. E., Hamilton, H. A. Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health; 2020. [Internet] [cited 2022 August 4] Available from: https://www.camh.ca/-/media/files/pdf---osduhs/drugusereport_2019osduhs-pdf.pdf
3. Boak, A., Elton-Marshall, T., Hamilton, H. A. The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health; 2022. Available from: <https://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf>
4. Ontario Ministry of Health and Long-Term Care. Protecting and Promoting the Health of Ontarians. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability [Internet]. 2018. [cited 2022 August 4] Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2018.pdf

Appendices
