WHY Survey Update

To:	Chair and Members of the Board of Health
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Prepared By:	Lyndsey Dossett Health Promotion Specialist, 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

That the Board of Health 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.
- Sociodemographic data breakdowns are necessary to understand the public health impacts facing specific sub-groups of the population.
- Analysis of mental health, substance use, and self-harm in children and youth revealed differences between sociodemographic sub-groups, with non-binary

gender identity students and students who are not heterosexual seeing the largest discrepancies.

- This report provides an early analysis for a project on the secondary impacts of the pandemic on children and youth, which aims to inform the development of strategies to address the most pressing negative impacts of the pandemic for children.

Background

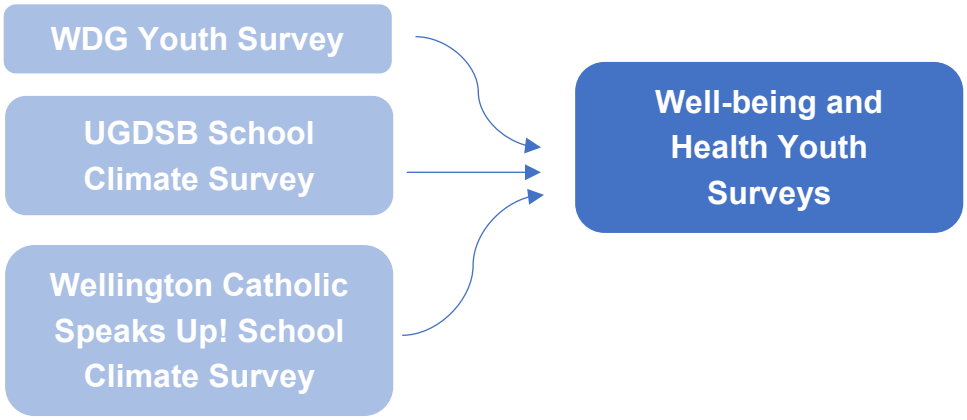
The Well-being and Health Youth (WHY) Surveys collect self-reported information from students, parents, and staff in Wellington-Dufferin-Guelph. The surveys were first collected in November 2019 and again in February 2022. The goal of the WHY Surveys is to create a shared understanding of the health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

Creation of the WHY Surveys

WDG Public Health 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 WDG Public Health 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: 3 surveys combined into 1



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 the 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, the WDG community is in a unique position to reexamine supports provided for youth and shift priorities if necessary.

Participation

Overall, participation in the WHY Surveys exceeded expectations. In 2019, over seventeen thousand responses were collected from students. In 2022, participation rose

to over nineteen thousand responses. Participation in the student survey increased by over 15% in 2022 compared to 2019.

To calculate approximate response rates, UGDSB and UGCDSB provided enrollment data for the 2021-22 school year. Approximately 71% of students enrolled in grade 4 and above in UGDSB and WCDSB completed the survey. Response rates for junior and intermediate students were considerably higher than the response rate for senior students, at 83%, 85%, and 57%, respectively.

Measuring Health Equity in the Data

Marginalized youth are at particular risk of adverse childhood experiences (ACEs), which are potentially traumatic or stressful experiences that may happen in a person's life before the age of 18. Exposure to these early adversities can increase the risks of developing negative health behaviours and outcomes later in life.[2] However, community investment in programs and policies that reduce stress and support children and adults who care for them can result in better health outcomes across the lifespan.[3]

Marginalized youth can include young refugees, youth living in rural areas, Indigenous, racialized people and ethnic minority youth, young persons living with disabilities, and young people of diverse sexual orientations and gender identities.[4] The impacts of marginalization are exacerbated for youth who are at high risk of poverty, homelessness, social isolation, violence, racism, discrimination, mental health challenges, and/or stigma.

The Mental Health Commission of Canada, UNICEF Canada, and youth are calling for interventions, programs, and services that meet the needs of specific populations to reduce health inequities.[5,6,7] One way to address these needs is to collect, analyze, and share data on marginalized youth to better understand the public health impacts facing specific groups. There has also been interest from the following community partners for Wellington-Dufferin-Guelph Public Health to measure health equity that will inform community interventions and strategies: Growing Great Generations, Community Resilience Coalition, and Guelph-Wellington Ontario Health Team.

In the WHY Survey data, there is the ability to look at the following sociodemographic sub-groups: gender, sexual orientation, racialized group, language(s) spoken at home, Canadian-born status, and urban/rural geographic location. For urban/rural geographic location, Statistics Canada's Rural Data Viewer was used to classify municipalities as either urban or rural. All municipalities outside of metropolitan areas were coded as rural

and all municipalities within metropolitan areas were coded as urban.[8] This is the same definition used for Statistics Canada's Rural Canada Statistics data hub, which explores the growing field of data, analyses, and tools focused on rural communities and regions of Canada.[9]

Discussion

Mental Health

The 2022 student results showed poorer outcomes for all mental health indicators compared to the 2019 results however, some of these results were more pronounced in some sociodemographic sub-groups. In students who did not identify as white, there were higher proportions who often or always struggled with balancing roles at home and school, often or always struggled with severe stress about grades or exams, and often or always struggled with pressure from peers compared to students who did identify as white. This group of students also reported smaller proportions for knowing where to get help with problems (e.g., substance use, self-harm, family problems, etc.) and having at least one adult in their lives they could talk to about their problems. These same trends were seen when comparing students born outside of Canada and students born in Canada, as well as students who did not speak English at home and students who did speak English at home.

When looking at the urban/rural geographic location of students, rural students reported a 6% decrease in the proportion who often or always struggled with pressure from peers while urban students reported a 3% increase since 2019. In 2019, there was a lower proportion of rural students who knew where to get help with problems however, in 2022, there was a lower proportion of urban students who knew where to get help with problems.

The most striking differences in mental health outcomes were seen in students who identified as non-binary and students who reported their sexual orientation as not heterosexual (see Table 1).

Table 1. Proportion of student respondents who reported mental health challenges, by sexual orientation and gender identity, in 2022.

Sociodemographic sub-group	Report often or always struggling with balancing roles at home and school	Report often or always struggling with pressure from peers	Have at least one adult in their lives they can talk to about their problems	Know where to get help at school with problems
Sexual orientation				
Not heterosexual	35.4%	17.2%	76.2%	42.8%
Heterosexual	21.8%	9.4%	90.0%	55.1%
Gender identity				
Non-binary	42.0%	23.9%	72.0%	37.9%
Male and Female	23.9%	13.3%	90.0%	53.1%

Self-Harm and Suicide

Some of the most dramatic WHY survey changes observed between 2019 and 2022 were in the self-harm and suicide indicators. When looking at the following indicators, similar increasing trends were found across all sociodemographic sub-groups:

- Proportion of students who reported harming themselves in the past 12 months
- Proportion of students who reported thoughts of suicide in the past 12 months
- Proportion of students who reported sometimes, often, or always having thoughts of self-harm

The proportion of students who reported harming themselves in the past 12 months ranged from 19% to 20%. The proportion of students who reported thoughts of suicide in the past 12 months ranged from 14% to 16%. The proportion of students who reported sometimes, often, or always having thoughts of self-harm ranged from 17% to 21%.

The largest differences in the self-harm and suicide indicators were reported in the sexual orientation and gender identity sociodemographic sub-groups. There were much larger proportions of non-binary students and students who reported their sexual orientation as not heterosexual who harmed themselves in the past 12 months, had thoughts of suicide in the past 12 months, and sometimes, often, or always had thoughts of self-harm (see Table 2).

Table 2. Proportion of student respondents who reported self-harm and suicide, by sexual orientation and gender identity, in 2022.

Sociodemographic sub-group	Harmed themselves in the past 12 months	Report thoughts of suicide in the past 12 months	Report sometimes, often, or always having thoughts of self-harm
Sexual orientation			
Not heterosexual	44.2%	36.1%	33.2%
Heterosexual	12.6%	8.4%	4.8%
Gender identity			
Non-binary	59.7%	52.2%	58.3%
Male and Female	17.6%	12.7%	17.3%

Substance Use

Substance use was an area in which most indicators showed students reporting a decrease in use, including alcohol, cigarettes, e-cigarettes, cannabis, prescription pain pills, sedatives, and other substances. However, there was an exception for rural students who reported a 12% increase in the proportion who binge drank in the past year and a 3% increase in the proportion who used cannabis in the past year, compared to urban students.

In 2022, students who did not identify as white, reported their sexual orientation as not heterosexual, were not born in Canada, identified as non-binary, did not speak English at home, or lived rurally were more like to report using prescription pain medication without a prescription (see Table 3). Some of these same sub-groups of students also reported a higher proportion of sedative use in the past year (see Table 3).

Table 3. Proportion of student respondents who reported substance use in the past year, by sociodemographic sub-group, in 2022.

Sociodemographic sub-group	Used prescription pain pills without a prescription in the past year	Used sedatives in the past year
Racialized group		
Do not identify as White	13.1%	2.4%
Identify as White	10.3%	2.5%
Sexual orientation		
Not heterosexual	14.1%	3.9%
Heterosexual	10.1%	2.1%
Country of birth		
Born outside Canada	12.2%	2.7%
Born in Canada	10.8%	2.5%
Gender identity		
Non-binary	17.1%	5.3%
Male and Female	10.6%	2.3%
Language spoken at home		
English not spoken at home	11.7%	1.7%
English spoken at home	10.8%	2.6%
Urban/rural geographic location		
Rural	12.1%	2.8%
Urban	10.5%	2.4%

Knowledge Sharing

As WDG Public Health moves out of Incident Management System (IMS), the emergency response for the COVID-19 pandemic, there has been increasing community interest in the results of the 2019 and 2022 WHY Survey results for strategic planning, decision-making, and policy change.

The Health Promotion team is in the process of developing a communication plan to meet the needs of a variety of audiences. The role of the Public Health Unit is to develop communication materials for knowledge sharing activities relating to the meaningful use of the data in research, policy, and practice to achieve the following objectives:

- Increase the knowledge and awareness of students, parents/caregivers, and school staff on important health outcomes and resources.

- Increase the knowledge and understanding of community and school board health care providers (e.g., mental health nurses) on important health outcomes.
- Work with community partners to determine risk factors and protective factors for children and youth to inform planning, strategies, interventions, and resources.
- Encourage the use of WHY Survey data in health indicators that are being used by Ontario Health Teams (OHTs) and other community partners to measure health system performance.

The following communication strategies are being developed:

- Social media campaign: social media posts on the WDG Public Health Twitter, Facebook, Instagram, YouTube, and TikTok.
- Campaign website: develop a campaign website on the WDG Public Health website to link related information, resources, and supports for the topic areas being posted about.
- Campaign posters/pamphlets: develop materials for availability at the schools to inform students, parents/caregivers, and staff on information, resources, and supports for important health outcomes.
- Webinars/presentations: present to community partner organizations, school boards, and Ontario Health Teams on important health outcomes, risk factors, and protective factors to inform planning, strategies, and interventions.

Secondary Impacts of the Pandemic on Children and Youth

Because the timing of the past two cycles of the WHY Survey were just prior to the pandemic and almost two years into the pandemic, it is possible to research youth experiences of COVID-19, which is of interest to community partners and a call to action from youth engagement.[7] This project was mapped out and called Exploring Secondary Impacts of the Pandemic on Children and Youth (see Appendices A and B).

There are a few deliverables outlined for this project in 2023, and they include:

- Identifying 4-6 impacted areas.
- Explore local data related to the selected impacted areas.
- Create evidence briefs for each impacted area.
- Facilitate community partner sessions to discuss knowledge translation and mobilization.
- Board of Health report.

Conclusion

The WHY Surveys collect valuable self-reported data on the health and well-being of students in the Wellington-Dufferin-Guelph region. The sociodemographic information collected as part of the WHY Survey allows for the analysis and dissemination of data on marginalization to better understand the public health impacts facing specific groups of youth. Analysis of mental health, self-harm and suicide, and substance use in children and youth revealed differences in these health outcomes between sociodemographic sub-groups. It is important to highlight these differences by sharing this information to community partners, health care providers, school staff, parents, students, and the public to meet the diverse needs of children and youth in the community. Through new and ongoing partnerships between WDG Public Health, various levels of government, and community organizations, transformative changes at the health system level can occur to make an impact on the lives of children and youth.

Ontario Public Health Standards

Foundational Standards

☒ Population Health Assessment
☒ Health Equity
☐ Effective Public Health Practice
☐ Emergency Management

Program Standards

☒ Chronic Disease Prevention and Well-Being
☐ Food Safety
☒ Healthy Environments
☒ Healthy Growth and Development
☐ Immunization
☐ Infectious and Communicable Diseases Prevention and Control
☐ Safe Water
☒ School Health
☒ Substance Use and Injury Prevention

2023 WDGPH Strategic Directions

☐ **People & Culture:** WDGPH has an organizational culture of engagement, inclusion and agility.

☒ **Partner Relations:** WDGPH collaborates with partners to address priority health issues in the community.

☒ **Health System Change:** WDGPH is positioned to be an agent of change within the broader health sector.

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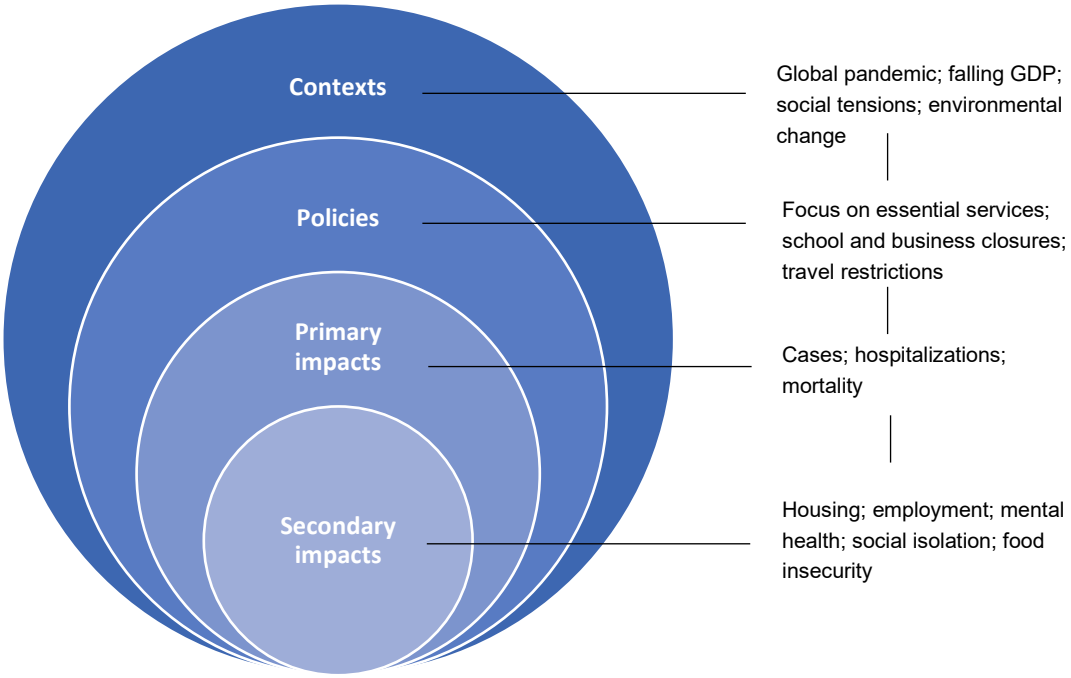
Appendices

Appendix A. The cascading impacts of the COVID-19 crisis on child well-being (adapted from the *Innocenti Report Card 17* broad conceptual framework).[10]



Appendix B. Exploring Secondary Impacts of the Pandemic on Children and Youth project goal.