

2024 WHY Surveys

To: Chair and Members of the Board of Health

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Recommendations

It is recommended 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 cycle was collected in February 2022, and the third cycle was collected in November 2023 and February 2024.
- Analysis of the three cycles revealed changes in mental health, substance use, and other areas.
- Gender differences are very apparent across all domains of children's health and well-being.

- New indicators added to the 2024 WHY Surveys highlight challenges in emerging areas of children's health and well-being.
- Several data products have been created to promote awareness and use of WHY Surveys data in WDG.

Background

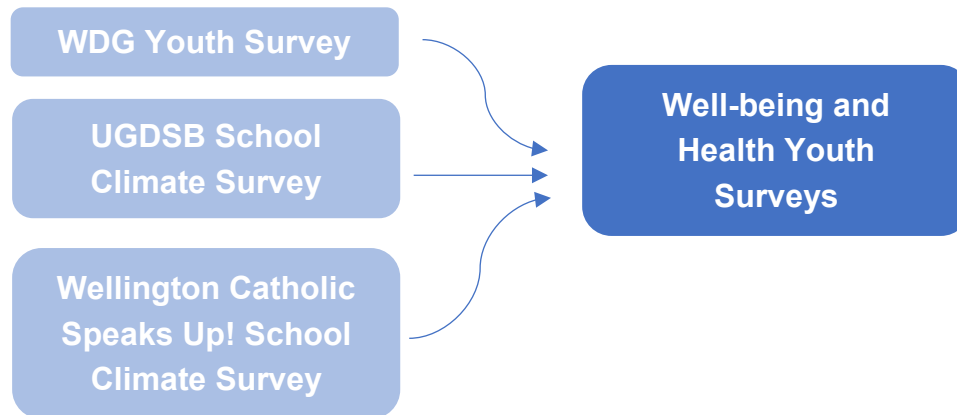
The Well-being and Health Youth (WHY) Surveys collect self-reported information from students, parents, and staff in Wellington-Dufferin-Guelph. The surveys were first collected in November 2019. A second cycle was collected in February 2022 and a third cycle was collected in November 2023 and February 2024. 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, 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: three surveys combined into one.



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 support.

WHY Surveys and the COVID-19 Pandemic

WHY Surveys data was collected just before the pandemic began, nearly two years into the pandemic, and over two years after the final pandemic lockdown. By comparing the three cycles, the surveys provide a unique glimpse into how schools and students changed during the tumultuous two-year pandemic period, and the status of their health and well-being more than two years since the pandemic lockdowns. Many 2024 indicators have rebounded towards 2019 proportions in comparison to the 2022 results, which displays the hard work that has been done to address the pandemic's impacts and the work that still needs to be done to address the challenges we are facing as a community.

Participation

Participation in the WHY Surveys differed for student, parent, and staff respondents. In 2019, over twenty thousand responses were collected from students, staff, and parents. In 2022, participation rose to over twenty-seven thousand responses. In 2024, participation reduced to over twenty-four thousand responses from students, staff, and parents. Student responses increased by 4% from 2022 to 2024. Participation in the parent and staff surveys decreased by 41% and 60%, respectively, in 2024 compared to 2022 (Table 1).

Table 1. Responses for the 2019, 2022, and 2024 WHY Surveys.

	2019 Responses	2022 Responses	2024 Responses
Students	17,027	19,665	20,444
Parents	1,246	5,716	3,393
Staff	2,289	1,901	769
Total	20,562	27,282	24,606

To calculate approximate response rates, UGDSB and WCDSB provided enrollment data for the 2023-2024 school year. Approximately 69% of students enrolled in grades 4 and above in UGDSB and WCDSB completed the survey. This is generally considered to be an excellent response rate. Response rates for junior and intermediate students were considerably higher than the response rate for senior students (Table 2).

Table 2. Student Response Rates for the 2019, 2022, and 2024 WHY Surveys.

Division Grade	Response Rates (Surveys / Enrolled Students)		
	2019	2022	2024
Junior Division	80%	83%	79%
Grade 4	78%	82%	77%
Grade 5	81%	84%	78%
Grade 6	82%	83%	82%
Intermediate Division	84%	85%	82%
Grade 7	81%	86%	83%
Grade 8	86%	84%	82%
Senior Division	39%*	57%	56%
Grade 9	47%*	69%	73%
Grade 10	46%*	64%	61%
Grade 11	42%*	62%	56%
Grade 12 and higher	26%*	37%	37%
All Grades	61%	71%	69%

* 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 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. Because each of the WHY Surveys was voluntary, each person made their own decision about whether to participate. It is possible that those who chose to participate differed from those who did not participate in some important ways.

- **Determining Causation**

Considering the extraordinary circumstances of the COVID-19 pandemic, it can be tempting to assume that the changes in the 2022 surveys were the result of the pandemic. This report highlights many differences between the results of the 2019, 2022, and 2024 surveys, however, determining the causes of these changes is beyond the scope of this project.

Discussion

Mental Health

Many of the 2024 results suggest students have begun rebounding to the challenging reporting levels we saw in the 2022 survey and returning to 2019 levels. This suggests that, even with all the challenges we are still facing, the hard work the school boards and community organizations are doing towards improving the health and well-being of students after the COVID-19 pandemic is paying off.

Some encouraging changes that were seen in the mental health of children and youth, are that 47% of students have a high score on the Positive Mental Health scale, which includes indicators like, “I feel hopeful about my future”, “I feel proud of myself”, and “I feel in control of my life”. This has increased from being lower in 2022 back to the 2019 levels. Furthermore, more than 4 in 5 students (82%) reported knowing where to get help with problems. This indicator saw a huge increase from 52% in 2022 and 57% in 2019. This is reflective of initiatives at both school boards to increase students' knowledge of where to get help with problems.

Nevertheless, there are some concerning changes in the mental health of children and youth. In 2024, 43% of students struggle with being distracted, which is up from 27% in 2019. There was an increase in students struggling with pressure from peers, from 13% in 2019 to 22% in 2024. Almost half of students (45%) reported struggling with severe stress about grades or exams, which increased from 33% in 2019. Thoughts of self-harm increased from 17% to 21% and thoughts of suicide increased from 12% to 16%, between 2019 and 2024 (see Table 3).

Table 3. Encouraging and concerning changes in mental health indicators for grades 4-12 students, Wellington-Dufferin-Guelph, 2019-2024.

Indicator	2019	2022	2024
<i>Encouraging Changes</i>			
Have a high score on the Positive Mental Health scale	47%	44%	47%
Know where to get help with problems [†]	57%	52%	82%
<i>Concerning Changes</i>			
Struggling with being distracted	27%	37%	43%
Struggling with pressure from peers	13%	14%	22%
Struggling with severe stress about grades or exams	33%	39%	45%
Thoughts of self-harm [†]	17%	18%	21%
Thoughts of suicide [†]	12%	15%	16%

[†] Question wording or the response options changed from previous years.

Substance Use

Substance use was another area in which several indicators demonstrated a consistent trend. Fortunately, the percentage of students who reported past-year-use decreased for many substances in the survey, including alcohol, e-cigarettes/vaping, and cannabis (Table 4). Although the changes between 2019 and 2024 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 2023 Ontario Student Drug Use

and Health Survey (OSDUHS).² Using prescription pain pills without a prescription and cough medicine to get high have increased from 2022 and these findings were also highlighted by OSDUHS as increasing trends to pay attention to.

Table 4. Proportion of student respondents who reported substance use in the past year, Wellington-Dufferin-Guelph, 2019-2024.

Indicator	Grades	2019	2022	2024
<i>Encouraging Changes</i>				
Used an e-cigarette in the past year	7-12	22%	15%	11%
Drank alcohol in the past year	7-12	41%	36%	31%
Binge drank in the past year	7-12	22%	21%	15%
Used cannabis in the past year	7-12	15%	13%	11%
Ever tried cannabis	4-6	7.8%	5.8%	1.7%
<i>Concerning Changes</i>				
Are current smokers	7-12	4.5%	2.6%	3.8%
Used prescription pain pills without a prescription in the past year	7-12	14%	11%	12%
Used cough medicine to get high in the past year	7-12	14%	10%	17%
Ever tried alcohol	4-6	1.6%	1.4%	7.0%

Gender Differences

In 2024, 2.2% of students did not identify as female or male, which decreased from 3.6% in 2022, but is higher than students in 2019 (1.0%). A similar pattern was followed for grade 7-12 students' reporting of sexual orientation from 2019 to 2024. In 2024, 18% of students reported a sexual orientation other than straight/heterosexual, which decreased from 23% in 2022, but is higher than students in 2019 (15%).

Consistent gender differences existed across nearly all indicators. Students who did not identify as female or male students generally had poorer outcomes compared to female or male students. Below are the top five differences between students identifying as another gender (i.e., not female or male) compared to those who identified as female or male students. Students identifying as another gender reporting more than triple the proportion in each of these indicators:

1. Attempted suicide in the past 12 months (19% vs 3.6%)
2. Used sedatives in the past year (7.5% vs. 2.1%)
3. Harmed themselves in the past 12 months (43% vs. 10%)
4. Have a high score on the Psychological Distress scale (34% vs. 8.4%)
5. Thoughts of suicide in the past 12 months (57% vs. 14%)

Female students generally had poorer outcomes than male students. However, these differences tended to be much less pronounced than the differences between students identifying as another gender and female or male students. Below are the top five differences between female and male students, with females reporting more than double the proportion in each of these indicators:

1. Experienced non-consensual sexual activity (12% vs. 3.5%)
2. Harmed themselves in the past 12 months (15% vs. 6.4%)
3. Struggling with body image (41% vs. 17%)
4. Struggling with eating issues (28% vs. 12%)
5. Did not seek help for mental health concerns when professional help was needed (31% vs. 14%)

A few areas of concern for male students in comparison to female students, are: more than two hours playing video games each day (32% vs. 8.0%), grades 4-6 students who have ever tried alcohol (9.4% vs. 4.0%), and report gambling in the past year (29% vs. 13%).

New Indicators

Questions were added to the 2024 WHY Surveys based on emerging needs and areas of focus. Although there is no previous data available for these indicators, they were added to begin tracking the trends in Wellington-Dufferin-Guelph across these important areas of children's health and well-being (see Table 5).

For school climate, majority of students reported positive learning habits and behaviours, such as contributing to ideas in the classroom and using strategies to help them learn. Students were asked to reflect on their experiences of discrimination at school and more than one third (36%) reported discrimination at school because of race or ethnic background, religion or faith, gender identity, sexual orientation, or a disability.

For mental health challenges, almost one in four students (23%) did not seek help for mental health concerns when professional help was needed. Measuring resilience in children and youth has become of interest to WDGPH and community partners due to the long-term benefits of resiliency in children. Resiliency skills and habits developed in childhood extend into adulthood. Adults who were resilient children tend to have better job stability, healthier relationships, and an overall higher quality of life. The Brief Resilience Scale (BRS) was developed to measure the ability to bounce back or recover from stress³. Almost one in three students (29%) reported low resilience on the BRS. To

continue assessing the impact of the pandemic on children and youth, students were asked about the pandemic's effect on their mental health with well over half of students (68%) reporting its negative impact.

For physical health, there was a lot of interest for WDGPH program planning and from community partners on safe routes for active transportation to school. Almost half of students (44%) reported active transportation (e.g., walking or wheeling) to school each week. Due to concerns around the relationship between screen time and other health outcomes, students were asked about daily video game and social media use. The Canadian Society for Exercise Physiology⁴, endorsed by the Canadian Pediatric Society⁵, recommends two or less hours of screentime outside of schoolwork per day for school aged youth. One in five students (21%) reported more than two hours of video games each day, and one in three students (33%) reported more than two hours spent on social media or apps each day.

In the parent survey, a question on affordability and ability to access supports was added to provide additional context to health and well-being trends seen in children and youth. Economic stability is a critical determinant of health, particularly for children, who are vulnerable to the adverse effects of poverty. Over one third of parents reported more difficulty than the previous two years with buying food of high quality and variety (43%), ability to pay debts (41%), and ability to pay bills (35%).

Table 5. New indicators on the 2024 WHY Surveys, Wellington-Dufferin-Guelph, 2024.

Indicator	2024
<i>School Climate</i>	
Contribute to ideas in the classroom	77%
Enjoy learning	76%
Participate in their learning	92%
Use strategies to help them learn	80%
Experienced discrimination at school because of race or ethnic background	20%
Experienced discrimination at school because of religion or faith	13%
Experienced discrimination at school because of gender identity	11%
Experienced discrimination at school because of sexual orientation	11%
Experienced discrimination at school because of a disability	10%
Experienced discrimination at school because of any of the above reasons	36%
<i>Mental Health Challenges</i>	
Did not seek help for mental health concerns when professional help was needed	23%
Low resilience on the Brief Resilience Scale	29%
COVID-19 pandemic negatively affected their mental health	68%
<i>Physical Health</i>	
Active transportation (e.g., walk or wheel) to school each day	44%
More than two hours playing video games each day	21%
More than two hours spent on social media sites or apps each day	33%
<i>Parent Survey</i>	
Harder ability to access supports from the community	18%
Harder ability to buy enough food	26%
Harder ability to buy food of high quality and variety	43%
Harder ability to pay bills	35%
Harder ability to pay debts	41%
Harder ability to pay rent or mortgage	31%

Knowledge Sharing

There is considerable interest among the media, service providers and experts regarding the health and well-being of children and youth in the WDG community resulting in wide community interest in the results of the 2024 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 public.

- **School-Level Data Dashboards**

Dashboards for WCDSB and UGDSB contain school-specific results for over 140 indicators from the student, parent, and staff WHY Surveys. They highlight the largest changes over time for each school and gender differences (between

females, males, and students identifying as another gender) across the school boards. These dashboards were developed to provide a high-level summary for a wide variety of topics. The School-Level Data Dashboards have already been shared with school board staff. They are targeted towards specific audiences and are not available publicly.

- **Public Data Dashboard**

This dashboard contains all the data from the School-Level Data Dashboards, but at the regional and municipal levels and includes additional features, such as trending for indicators that were first collected as part of the WDG Youth Survey 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 slide deck that is 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 the school boards and will be adapted for community partners and student advisory groups in the fall.

- **Graphic Results Summary**

To improve accessibility WDGPH will work with the school boards on translated versions of the summary. The summary will serve as an entry-point to the WHY Surveys data products and contain infographic elements organized by topic.

- **Video Summary**

WDGPH will work with the school boards to explore the possibility of developing a video summary of the WHY Surveys results that can be shared through social media channels for the public, with community partners, and in classrooms to inform youth.

Health Analytics and Communications at WDG Public Health will partner to develop a social media campaign to increase public awareness and interest in the results of the WHY Surveys. The campaign will begin in the fall at the start of the school year. A different finding from the WHY Surveys will be highlighted on social media accounts, accompanied by links to resources for more information.

Health Equity Implications

Children from marginalized communities often face greater health challenges. 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. 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.

In the WHY Surveys, there is the ability to look at health outcomes for the following sociodemographic sub-groups: gender, sexual orientation, racialized group, language(s) spoken at home, Canadian-born status, persons with a disability(ies), and urban/rural geographic location. By assessing the health and well-being of marginalized youth, WDGPH and community partners can work towards addressing these inequities through collaboration to provide culturally appropriate services, implementing targeted interventions, and advocating for systemic changes.

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, 2022, and 2024 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 provide valuable insights for comprehensive strategies to support physical, mental, and social health to ensure children in the WDG community can thrive.

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

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- ☐ Improve health outcomes
- ☒ Focus on children's health
- ☒ Build strong partnerships
- ☐ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

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