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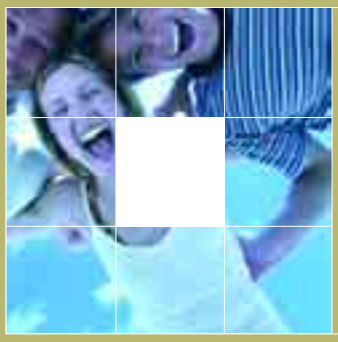

Summary: *Improving the Health of Young Canadians*

Our environment and choices in adolescence can have lifelong effects. Our bodies change during this period. So do our social roles, relationships, ideas, expectations and values. It is a time when we experiment, develop skills for adulthood and establish behaviours that can promote or impair health.

Throughout our lives, patterns of health and disease are largely a consequence of how we live, learn and work. *Improving the Health of Young Canadians* examines why some youth are healthy and others are not. Our primary focus is on how links with family, friends, school and the community are—or are not—related to health and to risky health behaviours. This summary report presents highlights from the full report. We invite you to refer to the underlying analyses, data and references at **www.cihi.ca/cphi**.

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Many studies of youth health and development focus on risky health behaviours and outcomes. Injuries, smoking, substance use and unsafe sexual practices are common themes. Another approach is to identify factors related to good health, high self-worth or low anxiety. Some research does exist in this area, but there is still much that we do not know. For example, little is known about the relationship between positive "assets" in adolescents' social environment and their health.

Improving the Health of Young Canadians begins to fill this gap. It explores the association between positive ties with families, schools, peers and communities and the health behaviours/outcomes of Canadian youth aged 12 to 19 years old. These new analyses draw on the National Longitudinal Survey of Children and Youth (NLSCY) and the Canadian Community Health Survey (CCHS). In addition, the report highlights findings from related research and evaluations of programs designed to support healthy transitions to adulthood.

How Are Canada's Youth Doing?

- In 2003, 67% of youth said that their health was excellent or very good (CCHS).
- In 2001, close to 70% of youth reported high self-worth and engagement in pro-social behaviours (NLSCY).
- In 2003, Canadian youth ranked second in reading, third in mathematics and fifth in science out of 41 countries.[1]
- Smoking rates among teens have decreased,[2] as have teen pregnancy rates[3] and the proportion of youth who report engaging in sexual intercourse.[4]
- Rates of alcohol and substance use are higher among older than younger youth.[5]
- Non-fatal injuries related to sports and falls are high relative to other causes of injury.[5]
- Research shows that some youth—such as those from low-income families,[6] Aboriginal youth[7] and new immigrant youth[8]—can face particular challenges in making healthy transitions to adulthood.

What Role Do Assets Play in Adolescent Health?

Most youth have positive assets in their social environment, but that's not true for everyone. CPHI analyses of NSLCY data indicate that 53% of youth aged 12 to 15 report high levels of both parental nurturance and monitoring; 74% report a high level of school engagement. Among youth aged 12 to 17, 80% report a high level of peer connectedness and 73% report involvement in volunteer activities.

In this report, we looked at the link between each of these factors, known as positive assets, and a range of health behaviours and outcomes. Then we explored the interrelationships between these assets and health behaviours and outcomes.

behaviours.[9] Consistent with this, CPHI analyses showed that youth with four or five assets are more likely to report high levels of self-worth and better health status than youth with two or three assets, who in turn, rate their health and self-worth better than youth with zero or one asset. In general, youth with more assets are less likely to report engaging in risky behaviours such as using tobacco, alcohol and marijuana and are more likely to report low levels of anxiety.

Socioeconomic Status (SES). Income and education, two common measures of socioeconomic status, are important determinants of health. Previous research suggests that, for youth, the relationship is complex. Some studies have found links between socioeconomic status and several aspects of youth health, but not all aspects.[10]

There is a link between positive assets and a range of health behaviours and outcomes among youth.

Family, School, Peers and Community. Youth who feel nurtured by their parents and who feel connected to their school and their peers tend to report better health, higher self-worth and lower levels of anxiety. Those who feel nurtured by their parents and feel engaged in their school are also less likely to report engaging in risky behaviours such as smoking, drinking alcohol, using marijuana and associating with peers who commit crimes. Youth who report higher levels of parental monitoring are also less likely to report engaging in risky behaviours such as using tobacco, alcohol or marijuana. Similarly, youth who volunteer report better self-rated health and self-worth and lower rates of tobacco and marijuana use than non-volunteers; however, youth who volunteer are also less likely to report lower levels of anxiety.

Multiple Assets. The more assets adolescents possess, the more likely they are to engage in health-promoting behaviours and the less likely they are to engage in risky health

Based on the Canadian survey data used in this report, the proportion of youth reporting high levels of parental nurturance is higher in the highest income level (Q5) and in the highest household education level (college or university graduation).†† However, the proportion of youth reporting high levels of parental monitoring, peer connectedness, school and community engagement did not vary significantly by income or education level. We also evaluated the likelihood of certain health outcomes and behaviours in youth with higher household income and education levels, compared to those of youth in households with lower levels of education/income.††† We found no significant differences in the likelihood of reporting excellent or very good health, high self-worth or tobacco, alcohol or marijuana use by the different income or education groups. The lack of variation across the different SES levels may be due to a potential loss in sensitivity produced by the grouping together of different levels of the variables.†††

†† Due to a small sample size in the lowest income adequacy level (Q1), the lowest and lower-middle income adequacy levels (Q1 and 2) were grouped together.

††† Lowest and lower-middle income adequacy levels (Q1 and 2) were grouped together and compared with higher income levels (Q3, 4 and 5 combined). Similarly, education levels were divided into higher/lower levels of education; that is, households with secondary school graduation or less and households with some college/university education or more.

Youth Development Approaches, Policies and Programs

Based on reviews of the latest international evidence, researchers suggest that interventions that may contribute to healthy youth development are those that are comprehensive and address common factors associated with multiple behaviours, that create positive environments and opportunities and that engage youth.[11, 12, 13]

As this report shows, there are links between aspects of adolescents' social environments and their health in Canada too. Across the country, many different policies and programs aim to improve the quality of the relationships that youth have with their families, friends, schools and communities.

Unfortunately, relatively few have been formally evaluated. Most evaluations that do exist have focused on process outcomes (for example, the number of youth participating in the program or client satisfaction), rather than on long-term effects on health-related behaviours and health outcomes.

About the Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. CPHI's mission is twofold:

- To foster a better understanding of factors that affect the health of individuals and communities; and
- To contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

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