



Cannabis use

Obesity

Mental health

Physical activity

Alcohol use

Smoking

Sedentary behaviour

Northwestern Health Unit

2022-23



Thank you for your support of the 2022-23 COMPASS survey.

This is your public health unit's customized School Health Profile.

This report shows the 2022-23 COMPASS survey results from participating students enrolled at schools in your region. Please note that in some cases results may not add up to 100% due to rounding. For public health units with participating schools that have grade 7 and 8 classes, data from these classes *were only included if the sample size was large enough to present aggregate data (i.e., if 3 or schools within the board had participating grade 7 and 8 classes).*

Also, please note that 61% of students participated in COMPASS this year. This report includes data from 8 schools in your region.

For schools that have participated in the COMPASS survey in previous years, we have included comparisons of past years' data on the second-last page of this profile. This comparison allows you to see if certain health behaviours are improving, staying the same, or getting worse at your school. If you have questions about the data that are not reported in the profile, please contact the COMPASS Project Manager (see below).

Examples of action steps can be found in the recommendations section at the bottom of each page. A more detailed list of resources can be accessed on the [COMPASS website](#).

For more information about this profile, additional resources, or the COMPASS project in general, visit www.uwaterloo.ca/compass-system/about or contact:

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Obesity Outcomes at Northwestern Health Unit



Among students at your school:

67% are of healthy weight

50% describe themselves as being about the right weight

41% are trying to lose weight

31% of students at your school have a weight in the overweight or obesity range

WHY THIS IS AN ISSUE

Obesity is influenced by numerous factors, including biology, behaviours, mental health, and social/environmental factors (e.g., where someone lives, their income, social relationships). Excess body fat puts youth at risk of developing a range of preventable health problems, including type-2 diabetes, cardiovascular disease, cancer, and joint problems. However, a focus on obesity and weight loss may have unintended harmful effects, including weight-based bullying, poor body image, and unhealthy weight-control behaviours. Research from COMPASS and elsewhere shows weight dissatisfaction and perceptions of being overweight predict lower engagement in health behaviours and poor mental health, regardless of actual body size.

RECOMMENDATIONS

- Consider adopting a strength-based (vs. deficit-based) program and avoid weight-targeted messaging. See [Healthy Bodies, Healthy Minds](#) or the [National Eating Disorders Association Toolkit](#) for guidance on addressing body image, eating, fitness, and weight concerns in today's challenging environment
- The [Body Activism Activity Guide](#) provides guided activities inspired by [The Body Project](#) in an effort to promote body acceptance and prevent eating disorder onset
- The [National Eating Disorder Information Centre \(NEDIC\)](#) offers free online workshops and presentations to help youth prevent further development of food and body related concerns
- Model healthy behaviours and avoid weight and "fat talk" around students

Physical Activity Outcomes at Northwestern Health Unit

Among students at your school:



73% are meeting the National guideline of 60 min/day of physical activity

71% Ontario average*

*2021-22 COMPASS Survey



49% reported strength training at least 3 days/week



36% reported participating in intramural sports or non-competitive sports clubs



41% reported participating in varsity sports



34% reported participating in sports outside of school

WHY THIS IS AN ISSUE

Being physically active is an effective way to improve and maintain physical and mental health, reduce the risk of chronic diseases (e.g., heart disease, stroke, type 2 diabetes, some cancers), support growth and development, and help youth to concentrate, learn, and achieve academic success. Unfortunately, physical activity levels decline over adolescence, particularly among females. Teens report dropping out of sports and physical activities due to increased competition, not feeling “good enough”, and lack of time related to greater academic demands.

RECOMMENDATIONS

- Share equipment-free exercise resources with students, such as those from [Active Kids](#) and [PHE Canada](#), for a fun, physically active break during class, on breaks, or at home.
- Provide student leadership opportunities to coordinate peer physical activities (e.g., intramurals, non-competitive clubs, daily physical activity (DPA) or have students supervise open fitness facility times)
- Install privacy stalls or curtains in change rooms to increase participation in intramurals and varsity sports at school
- Consider creating a yoga room or yoga club, or designate female-only times in weight rooms to increase female participation in physical activity
- Promote adherence to the [Canadian 24-Hour Movement Guidelines](#), which encourage 60 minutes of moderate to vigorous physical activity per day alongside light physical activity throughout one's day

Healthy Eating Outcomes at Northwestern Health Unit

Among students at your school:



32% eat fruit and **37%** eat vegetables 7 days per week



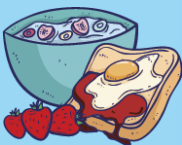
37% restrict/alter their food intake on 1 or more days per week with the intention of changing their weight/shape



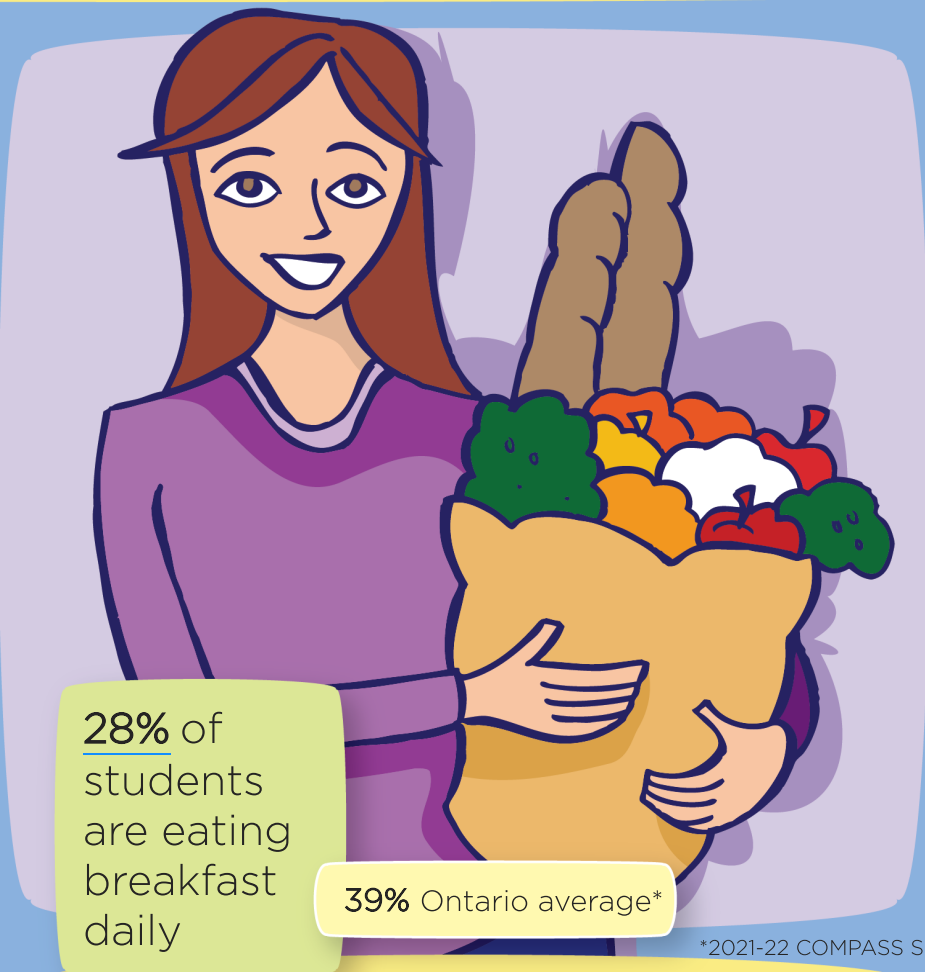
72% drink plain water on 7 days per week



6% sometimes go to bed hungry because there is not enough money to buy food



7% eat breakfast provided from a school program 5 days per week



28% of students are eating breakfast daily

39% Ontario average*

*2021-22 COMPASS Survey

WHY THIS IS AN ISSUE

Healthy eating is important for growth and development and helps youth to learn and achieve academic success. Eating a healthy diet is an important way for youth to achieve and maintain good health and reduce the risk of many chronic diseases such as heart disease, stroke, type 2 diabetes, obesity, and some cancers.

RECOMMENDATIONS

- Encourage students to drink water throughout the day by making water more accessible (e.g., installing water bottle filling stations, allowing water bottles at desks)
- Provide and actively promote student nutrition programs, such as breakfast programs, that are available to students free of charge, every day, and ideally, throughout the day (not just before morning classes)
- Avoid using low nutrient density food as a reward or in fundraising initiatives
- Given the risks of excessive caffeine intake among youth, consider implementing a policy to ban energy drinks on school property
- Establish a school nutrition committee, including students and community registered dietitians (RDs). Youth often voice a desire for healthier options in schools and to be involved in the decision making about what foods are offered for sale
- Encourage students to stay on campus for lunch by providing more youth-friendly and less busy spaces to eat. Some schools have staggered lunch times to reduce congestion in the cafeteria

Screen Time Outcomes at Northwestern Health Unit

Among students at your school:

2% are meeting the National guideline of 2 hours or less of recreational screen time/day



Surfing the internet:
1.2 hours/day



Texting, messaging, emailing:
1.2 hours/day



Browsing/scrolling social media:
2.1 hours/day



Watching/streaming TV shows or movies:
1.8 hours/day



Playing video/computer games:
1.5 hours/day



Video calling (e.g., Facetime, Skype, Zoom):
0.8 hours/day

Average time spent doing homework:
1.1 hours/day



WHY THIS IS AN ISSUE

Youth spend a considerable amount of time sitting throughout the school day, often in front of screens or using devices. Studies suggest that the amount of time spent being sedentary increases physical and mental health risks, regardless of the amount of time spent being physically active.

RECOMMENDATIONS

- Consider creating 'screen-free' spaces at your school to encourage students to actively engage without their phone
- Create a screen-time reduction challenge at your school to encourage students to set goals to reduce daily screen time
- Educators and parents can access information and tools at [Media Smart](#) to help youth develop the critical thinking skills they need to interact with media, and tackle internet safety concerns in a positive way
- Organizations such as [ParticipACTION](#) offer resources to promote healthy living and reduce sedentary behaviour
- Refer to the [school-related sedentary behaviour guidelines](#) recently released by the Sedentary Behaviour Research Network for screen time recommendations and suggestions to reduce sedentary behaviour during the school day.

Sleep Outcomes at Northwestern Health Unit

Among students at your school:

58% are meeting the National guideline of 8 to 10 hours of sleep per night

On average, students reported getting **7.9** hours of sleep per weekday night

On average, students reported getting **8.8** hours of sleep per weekend night

69% reported their sleep quality as good in the past week



WHY THIS IS AN ISSUE

Shorter sleep duration during adolescence has been associated with depressed mood, reduced motivation, lower academic achievement, and behavioral and physical health problems. Adequate sleep, both in quantity and quality, is shown to improve adolescents' cognitive functioning, alertness, and energy throughout the day. A natural shift in circadian rhythms occurs at puberty, causing adolescents to get tired and fall asleep later, which conflicts with early school start times. As a result, sleep durations typically decline over the duration of secondary school.

RECOMMENDATIONS

- Promote adherence to the [Canadian sleep guidelines](#), which encourage those aged 14 - 17 years to get 8 - 10 hours of uninterrupted sleep, with consistent bed and wake-up times
- Promote healthy sleep hygiene in your school's Health and Physical Education curriculum, including behaviours aimed at mitigating sources of stress (e.g., completing schoolwork before dinner as opposed to late at night and avoiding phones in the bed)
- Ensure students are being physically active throughout the school day and get natural daylight, which can improve sleep quality and quantity
- Consider delaying school start times. [COMPASS research](#) found even minimal delays of 10 minutes are associated with increased sleep time, while 10-minute advances predicted reduced sleep

Tobacco Use and Vaping Outcomes at Northwestern Health Unit

Among students at your school:

36% have never smoked but are susceptible to begin smoking in the future



17% of students have smoked a cigarette in the past 30 days

7% Ontario average*



32% of students have used an e-cigarette (vape) in the past 30 days

19% Ontario average*

*2021-22 COMPASS Survey



Among students that reported vaping in the last 30 days:

48% of students have used an e-cigarette (vape) to relax and/or relieve stress/anxiety

38% of students have used an e-cigarette (vape) because they were curious / to try something new

WHY THIS IS AN ISSUE

Cigarettes and most e-cigarettes contain nicotine, which is highly addictive and can harm the developing adolescent brain and increase the risk for future addiction to other drugs. Evidence suggests that vaping and cigarette use co-occur, raising concern about the rise in vaping prevalence among adolescents. Youth perceptions of nicotine use as low risk for both danger and addiction, make this an important public health effort for education and use prevention.

RECOMMENDATIONS

- Maintain, enforce and **clearly communicate** (e.g., through your school's Student Handbook or Agenda) a comprehensive smoke and tobacco-free school policy. Such a policy should also prohibit e-cigarette use and any tobacco use (including cigarettes, cigarillos or little cigars, and smokeless tobacco) on school property
- Educate students on the risks of vaping. Educator resources and interactive games are available from initiatives such as [Not An Experiment](#) and [CATCH My Breath](#).
- Continue the conversation with students regarding vaping risks by bringing [Health Canada's "Consider the Consequences"](#) virtual awareness tour to your school.
- Introduce the [Quash mobile app](#), developed by the Lung Health Association, to help students quit smoking or vaping. Access [facilitator training](#) for educators to deliver the program at school

Alcohol Use Outcomes at Northwestern Health Unit

Among students at
your school:

26% reported binge drinking in the past month (consuming 5 drinks of alcohol or more on one occasion)

15% Ontario average*

14% reported riding in a vehicle when the driver had been drinking alcohol, in the past month

41% reported drinking alcohol in the past month

Among students that reported drinking alcohol in the past month, **43%** of them reported drinking alcohol when they were all by themselves



*2021-22 COMPASS Survey

WHY THIS IS AN ISSUE

Alcohol is the most common drug used by high school students. Research demonstrates delayed onset of alcohol use is vital to healthy brain development and good mental health. Alcohol use by youth increases dramatically between grades 9 to 12. Evidence from COMPASS has shown a clear link between drinking onset and declines in academic achievement. Alcohol impairs the decision-making process and is a major cause of early mortality among youth via accidents and self-harm. Early experience with alcohol use during adolescence is a serious risk factor for developing long-standing problems that continue into adulthood, including dependence and chronic disease.

RECOMMENDATIONS

- Have sports team coaches discuss the dangers and misconceptions of heavy drinking, or combining alcohol and energy drinks - as student athletes have been shown to be higher consumers of alcohol
- Use awareness campaigns to target misperceptions of student drinking norms - students tend to overestimate peer alcohol consumption
- Incorporate into the curriculum the '[Low-Risk Alcohol Drinking Guidelines](#)' for youth and young adults as recommended by the Canadian Centre on Substance Abuse (CCSA)
- Consider introducing the "[Saying When App](#)", a program created by the Centre of Addiction and Mental Health (CAMH) that provides directions for youth to take charge of their drinking.

Cannabis Use Outcomes at Northwestern Health Unit



Among students at
your school:

28% reported using cannabis in
the past month

14% Ontario average*

Among students that reported using
cannabis in the past month, **65%** of them
reported using cannabis when they were
all by themselves

11% reported using cannabis
edibles in the past year

9% Ontario average*

19% reported riding in a vehicle
when the driver has been using
cannabis, in the past month

*2021-22 COMPASS Survey

WHY THIS IS AN ISSUE

Cannabis is one of the most commonly used substances among young people. Evidence from COMPASS and elsewhere has shown that some students who use cannabis are more likely to report using other substances, report greater symptoms of anxiety and depression, and may experience a decrease in academic achievement over time. High-risk cannabis use (e.g., high frequency, high potency) among youth is an important issue to address as it has been shown to negatively impact a teen's perception, memory, judgment, reasoning, motivation, school performance, and risk-taking behaviour.

RECOMMENDATIONS

- Create, implement and enforce a school policy on cannabis use on school property and cannabis intoxication while at school; involve students in this policy creation and implementation. Remember that strict disciplinary actions associated with non-adherence to cannabis policies may not be effective as intended. Create space for supportive and non-judgmental dialogue with your students
- Incorporate into the curriculum '[Canada's Lower-Risk Cannabis Use Guidelines](#)' as recommended by the Centre for Addiction and Mental Health (CAMH)
- Provide or facilitate meaningful education-based programming, ideally in a small-group or individual setting, to help students learn about the risks associated with cannabis use in a safe, pragmatic, and non-stigmatizing way. Educator toolkits are available from [CAMH](#) and the [Canadian Students for Sensible Drug Policy](#) to assist in this programming
- Educators can use a [Cannabis Education Discussion Guide](#) created by Ophea to activate discussion about cannabis with secondary students.

Bullying Outcomes at Northwestern Health Unit

Among students at your school **within the past month:**

25% have been bullied

19% Ontario average*

11% have bullied others

Types of Bullying



18% have been verbally attacked

5% have been victims of sexual harassment



6% have been victims of cyber-attacks

8% have been victims of social bullying (e.g. being purposely excluded from a group)



4% have been physically attacked

Reasons for Bullying



3% have been bullied for their race/ethnicity/culture

1% have been bullied for their religion



2% have been bullied because their family isn't as wealthy as others

3% have been bullied for their sexual orientation



3% have been bullied for their gender identity

7% have been bullied for a physical, learning, or emotional challenge

11% have been bullied for their image/appearance

*2021-22 COMPASS Survey

WHY THIS IS AN ISSUE

Adolescents who have been bullied are more likely to report detentions, suspensions, receiving a failing grade, carrying weapons, and skipping school. Weight-based bullying is still the most frequently reported cause of bullying. Students who are victims of bullying are also more likely to start bullying others. Bullying can have a lifelong impact on mental health and future relationships.

RECOMMENDATIONS

- Educate teachers, students, and parents about cyberbullying and outline procedures to follow when cyberbullying occurs. Education should be implemented as part of the regular curriculum, instead of one-time workshops. See resources from [Media Smarts](#), [PREVNet](#), and [Common Sense](#) for ideas to incorporate into your curriculum
- Consider implementing a [peer mediation program](#) - in addition to empowering students to address issues of bullying, peer mediation programs have been shown to have a generally positive effect on school climate

Mental Health Outcomes at Northwestern Health Unit

Among students at your school:

69% reported feeling they actively contribute to the happiness and well-being of others

71% reported feeling competent and capable in the activities that are important to them

51% reported feeling that their life is purposeful and meaningful



58% reported feeling optimistic about their future

57% reported feeling engaged and interested in their daily activities

61% reported having supportive and rewarding social relationships



40% reported feeling lonely on most days in the past week



32% felt depressed most days in the last week



45% felt nervous, anxious, or on edge on most days in the last 2 weeks



45% rated their mental health as good, very good, or excellent

WHY THIS IS AN ISSUE

Youth with higher levels on mental health are better able to learn and manage life's challenges. Positive mental health is characterized by engagement and motivation, self-awareness, self-efficacy, hope for the future, and a sense of purpose and belonging. All students can benefit from learning self-regulation and social-emotional skills to better cope with negative emotions, reduce the probability of some mental disorders, and improve the management of existing mental health issues. Students' mental health and wellbeing can be impacted by a wide variety of social, cultural, structural, and systemic factors. Meaningful and trusting relationships with adults and feeling like one "matters" are among the strongest predictors of student mental health and wellbeing.

RECOMMENDATIONS

- Use a comprehensive approach in teaching social emotional skills, positive mental health practices, and mental health literacy involving students, parents, staff, and community partners
- Help reduce the stigma associated with mental health by prioritizing it within the school environment and programming. Dedicate silent and safe space for relaxation, or facilitate a mental health awareness week
- Learn how to spot signs of distress among students, but also recognize that signs of struggle may not be obvious. Encourage open-door policies and equip staff with [mental health literacy](#) to recognize when students need support
- Use culturally-appropriate approaches when discussing mental health with minority groups. Some helpful resources include the [School Mental Health Action Kit](#) and the [We Matter Campaign](#)
- Mentally healthy school staff are important for mentally healthy students. See [TeachResiliency](#) for resources designed for teachers by teachers to promote healthy spaces for both students and educators

School Connectedness & Academic Achievement Outcomes at Northwestern Health Unit

Among students at your school:

66% feel they are part of their school

78% feel safe at school

84% feel that teachers treat them fairly

68% feel close to people at school



62% feel happy to be at their school



63% would like to complete a post-secondary education

84% think getting good grades is important

WHY THIS IS AN ISSUE

Academic achievement outcomes can be influenced by student engagement in a number of health behaviours (substance use, physical inactivity, screen time and adherence to healthy eating recommendations). The [Pan-Canadian Joint Consortium for School Health](#) recognizes the importance of taking a comprehensive approach to school health to support improvement in students' academic achievement outcomes. This approach incorporates addressing health through social and physical environments, teaching and learning, policy and partnerships and services. School climate influences the experiences of students, teachers, and staff within a school. Creating a positive school climate can promote positive self-esteem and mental health in students, improve their attendance and academic success, and reduce the likelihood of engaging in risky behaviours (e.g., drugs, alcohol).

RECOMMENDATIONS

- The Pan-Canadian Joint Consortium for School Health provides a number of tool kits to assist schools in developing a healthy school environment, including a [healthy school planner](#).
- Share the [secondary school toolkit](#) by Middlesex-London Health Unit with educators for strategies to increase school connectedness and student sense of belonging to their school.

Equity and Inclusion Outcomes at Northwestern Health Unit

Among students at your school:

68% report feeling unwelcome or uncomfortable at school:

10% due to their race

5% due to their religion

8% due to their sexual orientation

8% due to their gender identity

34% due to their image/appearance

19% due to their marks at school

8% due to a physical challenge

9% due to a learning challenge

21% due to an emotional challenge

33% due to other reasons



WHY THIS IS AN ISSUE

When students feel welcomed and accepted in their school, they are more likely to succeed academically. Disparities in feeling welcome and accepted by their school differs by race, ethnicity, religion, sexuality, and socioeconomic status can contribute to inequities in academic achievement and well-being, highlighting the importance of multi-faceted training and initiatives to reduce disparities among educators. Educators can work to support an equitable and inclusive school environment in which the diverse student body is reflected and represented in the curriculum and all extra-curricular activities. Helping students feel valued, appreciated, and respected in school may help improve academic achievement and inequities in wellbeing, as well as promote participation in school-based activities that foster positive health behaviours.

RECOMMENDATIONS

- Recognize the importance of a welcoming, calm, and safe school environment with caring adults who demonstrate concern and respect for all students. Use a student advisory model to ensure every student has at least one supportive adult in the school.
- Encourage student-led initiatives that promote inclusiveness and a positive school culture as student-led initiatives are more effective compared to those led by external groups.
- Share the [equity, diversity, and inclusion report \(Pdf\)](#) with educators for strategies to incorporate these elements into their teaching journey.
- Engage your students from diverse backgrounds in the planning of school events and programs. This will allow for the development and delivery of school-based programs that reflect the voice of diverse groups and create an inclusive environment for students.

Climate Change and Eco-Anxiety Outcomes at Northwestern Health Unit

Among students at your school:

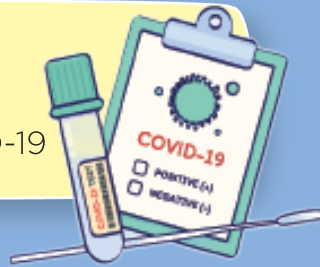


7% reported thinking about climate change often or almost always makes it difficult for them to sleep

5% reported climate change often or almost always interferes with their ability to get work or school assignments done

14% reported they often or almost always try to reduce behaviours that contribute to climate change

29% reported being somewhat or very concerned with COVID-19



12% reported they often or almost always believe they can do something to help address the problem of climate change

WHY THIS IS AN ISSUE

Eco-anxiety is a growing issue facing adolescents as climate change progresses. Often defined as anxiousness about the effects of climate change on both future generations and the environment, eco-anxiety more often affects children and youth. Climate change anxiety is found to be linked to poorer mental health outcomes, including low mood, helplessness, and depression. Equipping youth with the skills needed to cope with these worries can positively impact their mental health and ability to make positive contributions to combating climate change.

RECOMMENDATIONS

- Expand knowledge on the topic of eco-anxiety and how to cope through resources such as the Royal College of Psychiatrists' information for [parents and caregivers](#) and [young people](#).
- [Eco-Anxious Stories](#) provides resources, stories, and workshops to help people cope and connect to others dealing with eco-anxiety. Consider sharing their [Quick Tips for Eco-Anxiety](#) resource that covers steps to accepting your climate emotions.
- Consider spending time in nature with students and youth before, during, or after school to help manage eco-anxiety symptoms
- Support students with adapting to a new post-pandemic world with resources such as this [Returning to a New Normal](#) article from Anxiety Canada

Gender Comparisons at Northwestern Health Unit

Among girls at your school:

Among boys at your school:



23% are eating breakfast daily

33% are eating breakfast daily



71% meet the National guideline for daily physical activity

76% meet the National guideline for daily physical activity



2% meet the National guideline of 2 hours or less of recreational screen time per day

2% meet the National guideline of 2 hours or less of recreational screen time per day



35% reported vaping in the last 30 days

29% reported vaping in the last 30 days



27% reported binge drinking within the last month

25% reported binge drinking within the last month



27% have used cannabis within the last month

27% have used cannabis within the last month



26% have been bullied within the last month

21% have been bullied within the last month



65% feel they are a part of their school

72% feel they are a part of their school



69% would like to complete a post-secondary education

59% would like to complete a post-secondary education



59% felt nervous, anxious, or on edge on most days in the last 2 weeks

28% felt nervous, anxious, or on edge on most days in the last 2 weeks



Note: Other gender response options are collected, but to maintain student privacy due to small sample size, findings are presented here by boys and girls gender only

Grade Comparisons at Northwestern Health Unit

Among students at your school:

	9	10	11	12
Are eating breakfast daily	25%	26%	32%	29%
Met the National guideline for daily physical activity	73%	76%	73%	70%
Met the National guideline of 2 hours or less of recreational screen time per day	3%	2%	2%	3%
Reported vaping in the past 30 days	21%	34%	36%	41%
Reported binge drinking within the last month	11%	30%	30%	38%
Used cannabis within the last month	17%	29%	32%	40%
Had been bullied within the last month	25%	23%	27%	25%
Felt they were part of their school	70%	65%	66%	61%
Would like to complete a post-secondary education	55%	63%	66%	73%
Felt nervous, anxious or on edge most days in the last 2 weeks	42%	46%	45%	49%



Note: To maintain student confidentiality, grade results are reported as <5% for small percentages if the grade sample size is less than 95.

Year Comparisons at Northwestern Health Unit

Among students at your school:

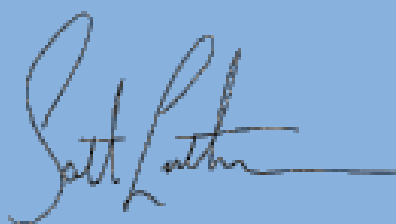
	2012-13	2021-22	2022-23
Are eating breakfast daily	38%	31%	28%
Met the National guideline for daily physical activity	78%	71%	73%
Met the National guideline of 2 hours or less of recreational screen time per day	6%	2%	2%
Reported vaping in the past 30 days		31%	32%
Reported binge drinking within the last month	34%	26%	26%
Used cannabis within the last month	25%	24%	28%
Had been bullied within the last month	25%	21%	25%
Felt they were part of their school	72%	66%	66%
Would like to complete a post-secondary education	73%	67%	63%
Felt nervous, anxious or on edge most days in the last 2 weeks		43%	45%



Notes: Blank cells indicate that the measure was not available in COMPASS that year. Discrepancies in numbers from previous year's reports are due to rounding or sample changes. Only schools that participated this year are included in the previous year numbers.

A Message from COMPASS Leadership

Thank you for your involvement in the COMPASS survey. We hope you find this report informative and useful. School participation in COMPASS will help to shape future youth health research and practice across Canada and internationally for years to come. We have enjoyed working with schools in your region and hope to continue working with you to help make schools the healthiest environment possible for students.



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