**Common Briefing Note**

# **Subject: ­­­­­­­­­­­­­­­­­­HBSC (Health Behaviour in School-aged Children) National Results Release**

**Date: June 15 2020**

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Decision(s) / Direction(s) Requested:**

 **Decision** [ ]  **Discussion** [ ]  **Information** [x]

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Purpose:**

To provide JCSH member provinces and territories with background information, common messaging, and an update on the national report release of the results of the 2017/2018 Canadian Health Behaviour in School-aged Children (HBSC) survey.

**2. Key Messages:**

* The 2017/2018 survey collected data from over 220,000 young people in 45 countries and regions in Europe and Canada. Approximately 21,500 students from 12 provinces and territories in Canada participated in this survey round.
* Data focus for 2017/2018 survey:
	+ Social context (relations with family, peers, school, and online communication)
	+ Health outcomes (subjective health, mental health, overweight and obesity, and injuries)
	+ Health behaviours (patterns of eating, physical activity, and toothbrushing)
	+ Risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying)
* New items on family meals, electronic media communication, and cyberbullying were introduced to the HBSC survey in 2017/2018 and measures of individual health complaints and underweight are included for the first time in this report.
* National Release: The National Report of the HBSC 2017/2018 results will be released June 22.
* Provincial/Territorial-specific Reports: Prince Edward Island, Nova Scotia, Alberta, Manitoba, Ontario, Yukon, and Northwest Territories have representative samples and will receive reports.
* HBSC Communications:
	+ A webinar on the release of the national report is set for June 29.
	+ A series of mini-reports, webinars, and a seminar will be developed for fall 2020 to explore specific issues in more depth. Examples of issues:
		- Mental Health
		- Substance Use
		- Relationships & Connections in relation to Social Media Use
		- Health Inequalities.

**3. Background:**

* HBSC is a World Health Organization collaborative cross-national study; it has provided information about the health, well-being, social environment, and health behaviours of young people aged 11, 13, and 15 for over 30 years. In Canada, the HBSC surveys students in Grades 6-10.
* In Canada, it is coordinated and conducted by the Social Program Evaluation Group at Queen’s University, with primary funding and support from the Public Health Agency of Canada.
* The 2017/2018 cycle is the third (also, 2009/2010, 2013/2014) in which the Joint Consortium for School Health and, specifically, the School Health Coordinators’ Committee, has worked closely with the Canadian research leads to support data collection and schools’ participation in the survey.
* This also represents the third survey round in which interested provinces/territories have provided expanded sample sizes (usually, 3,000+ students per jurisdiction) and, thus, will receive provincial- / territorial- specific reports.

**4. Additional Factors:**

* Concurrent to the release of the International HBSC Report (May 21 2020) was the publication of a themed issue on HBSC results by the Journal of Adolescent Health. There are plans to develop a knowledge transfer toolkit.
* Planned for 2021/2022 survey round: Continued collaboration with the three territories to better respond to concerns and respectfully support the outcomes of the Truth and Reconciliation Commission Report.
* The HBSC in Canada is led by Principal Investigators Dr. Will Pickett and Dr. Wendy Craig, both of Queen’s University. Team members are Colleen Davison (Queen’s), Don Klinger (Queen’s), Elizabeth Saewyc (UBC), Frank Elgar (McGill), Geneviève Gariépy (U de Montréal), Ian Janssen (Queen’s), Kathy Georgiades (McMaster), Matthew King (Queen’s), Michael McIsaac (UPEI), Scott Leatherdale (Waterloo), and Suzy Wong (PHAC).
* More information is found at the following links:
	+ <http://www.hbsc.org/membership/countries/canada.html>
	+ <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/school-health/health-behaviour-school-aged-children/hbsc-study-overview.html>

**5. Implications:**

* The PT-specific reports have resulted in information of significance: for example, one PT-specific set of questions resulted in data on young girls (Grades 9 and 10) living in rural/isolated communities. The data showed that these young girls are feeling alienated, disaffected, and disconnected from their teachers, peers, families, and communities. Response actions are underway.
* Another PT has reached out to access HBSC data on vaping following a youth vaping-related illness.
* The wider impact of the Canadian HBSC surveys is multi-faceted:
	+ an important training ground for new researchers, many of whom have gone on to publications and research/teaching careers
	+ impacted public health and medical careers
	+ used in Senate hearings (e.g., cannabis legalization)
	+ featured in [UNICEF report cards](https://www.unicef-irc.org/publications/series/report-card/)

Prepared by JCSH Secretariat

June 15 2020