



# YOUTH HEALTH

IN SIMCOE MUSKOKA







We all have a unique role to play in supporting and raising healthy, resilient youth, capable of reaching their full potential.



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**For more information about the data presented in this report visit:** [www.simcoemuskokahealthstats.org](http://www.simcoemuskokahealthstats.org)  
**or contact Health Connection at 705-721-7520 or 1-877-721-7520 or email:** [hconnect@smdhu.org](mailto:hconnect@smdhu.org)

# About Our Youth

Being a youth in the 21st century is to face challenges and opportunity, to adapt to changing technologies, changing world events and policies that will impact their future. They are part of a generation fighting stigma against mental health, creating inclusion for trans-identified youth and carving out an identity separate from the Millennials.

Our youth are between the innocence of childhood and the burden of adult responsibilities and real world expectations. To be a youth is to endure transition in education, physical growth, maturity and relationships. It can be a time of exploration, self-discovery and experimentation. It is not an easy time to grow up and that is why understanding the health status of youth in our region is important.

There are 37,000 youth age 12 to 17 who live in Simcoe Muskoka and this is expected to remain stable over the next 10 years.<sup>1</sup> To date, the amount of health status data we have had on local youth has been limited. In 2015 we participated in over-sampling of the Ontario Student Drug Use and Health Survey (OSDUHS) for students in Grades 7 to 12 in our elementary and high schools across the region. The OSDUHS is an anonymous, voluntary survey administered to students in Ontario every two years. There were 1,274 Grade 7 to 12 students surveyed in public elementary and high schools in

Simcoe Muskoka and a total of 10,426 across Ontario, representing close to one million students across the province including more than 40,000 attending school in Simcoe Muskoka. The data reflected in this report are from OSDUHS unless otherwise cited.

The data paints a picture of youth at the point in time it was collected, and provides a window into their physical development, mental well-being, substance and technology use. This information assists public health and community stakeholders in recognizing strengths and gaps in supporting youth during this important time in their life. Youth/student in this report refers to those in Grades 7 to 12, unless otherwise specified.

## Simcoe Muskoka Student Demographics

- Nine in 10 students have lived in Canada for their entire life, and speak only English at home, both of which are significantly higher than the provincial average.
- One in 10 students identify as a visible minority and only 1% speak a non-official language most often at home, both of which are significantly lower than the provincial average.
- One in five students live at more than one home, which is significantly higher than the provincial average.
- Students rated their subjective socioeconomic status (SSES) on a scale of 1 to 10 (1-Worst/10-Best). More than one-third of students rated their SSES as 8 to 10, nearly half rated their SSES as 6 to 7 and 15% rated their SSES as 1 to 5.



# Physical Health

Good health and well-being contribute to students’ ability to learn and support overall academic achievement.<sup>2</sup> Promoting student health and well-being is most effectively accomplished using a holistic approach, comprehensively addressing multiple health concepts and involving the whole school community.<sup>3</sup>

## Physical Activity

For health benefits, youth should accumulate at least 60 minutes of moderate to vigorous physical activity every day.<sup>4</sup> The vast majority of local youth are not meeting the Canadian Physical Activity Guidelines.<sup>5</sup> Approximately one-quarter of students report they are physically active for at least 60 minutes each day in the past week; furthermore, physical activity levels decline as teens get older. About one in five students age 16 or over report being physically active for 60 minutes every day. Twice as many males report meeting the physical activity guidelines when compared with females.

There is also a strong link between subjective socio-economic status (SSES) and physical activity levels with fewer than one in five youth who rate their SSES in the lowest category self-reporting they are physically active for 60 minutes each day. For youth in the highest SSES this number doubles.

One of the easiest ways for youth to get regular daily physical activity and reduce the time spent sitting (sedentary) throughout the day is by walking

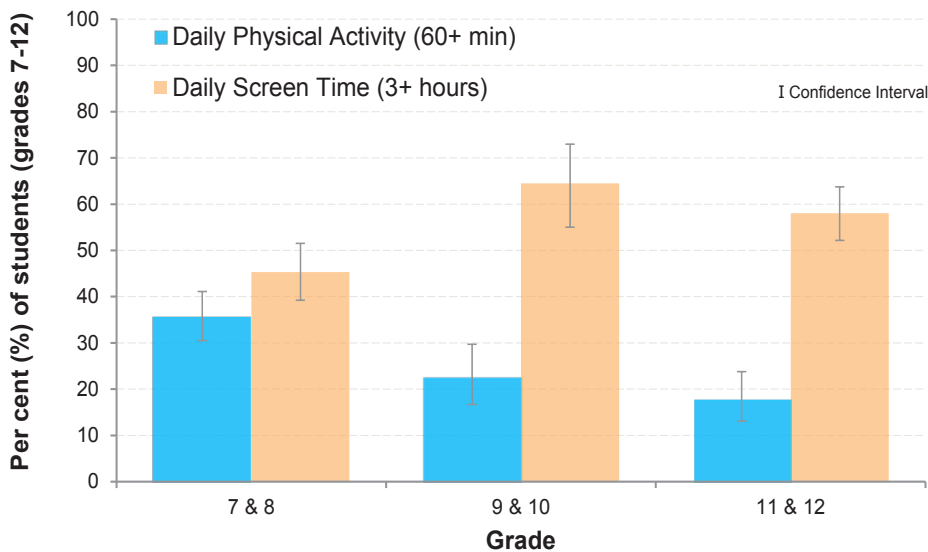
and cycling to and from school.<sup>6</sup> Approximately one-quarter of Simcoe Muskoka students usually use some form of active transportation to go to school (e.g. walking or biking).

## Screen Time

The Canadian Society for Exercise Physiology recommends that youth limit their recreational screen time to no more than two hours per day.<sup>4</sup> Approximately half of Simcoe Muskoka students in Grades 7 and 8 are meeting these guidelines. However, recreational screen time increases with age. By the time students reach Grades 11 and 12, more than half report spending three or more hours watching TV/movies, playing video/computer games, chatting on a computer/tablet chatting, emailing, or surfing the Internet in their free time.

## Daily Physical Activity (60+ minutes) & Screen Time (3+ hours)

by Grade, Simcoe Muskoka Students, 2015





### Healthy Eating

Fruit and vegetable consumption is very low among youth in Simcoe Muskoka with only 14% (10%-18%) reporting they eat vegetables and fruits five or more times per day. Data suggest that youth are also not meeting minimum recommendations for other healthy foods including grains and milk products.<sup>7</sup>

Approximately half of students don't eat breakfast before coming to school every day and breakfast consumption decreases with age. By the time youth reach Grades 11 and 12 less than half eat breakfast daily. As many as 1500 students in Simcoe Muskoka always or often go to bed or to school hungry.

More than three-quarters of Simcoe Muskoka students drink sugar-sweetened beverages every week. Males are more likely than females to consume sugar sweetened beverages every week. More than one in 10 Simcoe Muskoka students reported drinking a high caffeine energy drink in the past week, which was similar to the overall provincial average. Twice as many males as females reported drinking high caffeine energy drinks in the past week. Caffeine energy drinking consumption increases with age.

Low consumption of vegetables and fruit, combined with regular intake of sugary and/or high caffeine drinks, puts youth at risk of not meeting nutrient needs for proper growth and development. It may also lead to specific health problems such as weight gain, tooth decay, diabetes and heart disease.<sup>8</sup>

### Healthy Weights and Body Image

One in 10 students in Simcoe Muskoka is obese and this rate increases for those of lower subjective socioeconomic status. Obese youth, particularly females, are more likely to have mental health problems than teens with a healthy weight.<sup>9</sup> About one-quarter of female students in Simcoe Muskoka think they are too fat, compared to one in ten male students. The fact that females perceive themselves to be too fat can lead to an overemphasis on body weight and appearance as well as the development of negative body perceptions and dissatisfaction surrounding specific body parts.<sup>10</sup>



## Sexual Health

Sexual activity is a natural part of human growth and development.<sup>11</sup> The most significant changes in sexual development occur during adolescence, including: the onset of puberty, development of sexual attitudes and behaviours, and onset of sexual activity.<sup>12</sup> Healthy sexuality also includes an understanding of the body and reproductive health, gender identity and expression, attraction, and forming healthy relationships.

A little more than one-third of teens (15 to 19 years) in Simcoe Muskoka say they have had sexual intercourse at least once, and more than half of those said they were less than 16 years old when they first had intercourse.<sup>13</sup> Among teens who report they have ever had sex, almost all say they were sexually active in the past year and over half say they have had more than one sexual partner in the past 12 months.<sup>13</sup> Nearly four in five report using a condom the last time they had sex.<sup>13</sup>

In 2015, 273 sexually transmitted infections were reported in youth aged 15-19 years, for a rate of 8 STI infections per 1,000 youth. This rate has not changed significantly in the last five years and chlamydia still leads as the most common STI for this age range.<sup>14</sup> The rate of teen pregnancy in 2011 was 465 pregnancies among Simcoe Muskoka teens 15-19 years, for a teen pregnancy rate of

26 pregnancies per 1,000 females. This rate has declined locally by an average of 2% per year, which is consistent with provincial trends.<sup>15</sup>

## Sleep

The optimal amount of sleep required in adolescence is reported to be at least eight and a half hours per night, and data suggest that the majority of Canadian teenagers are sleeping less than seven hours.<sup>16</sup> After starting high school the majority of youth in Simcoe Muskoka are not meeting national sleep guidelines. By Grades 11 and 12 only one-quarter of students say they are getting eight hours of sleep per night.

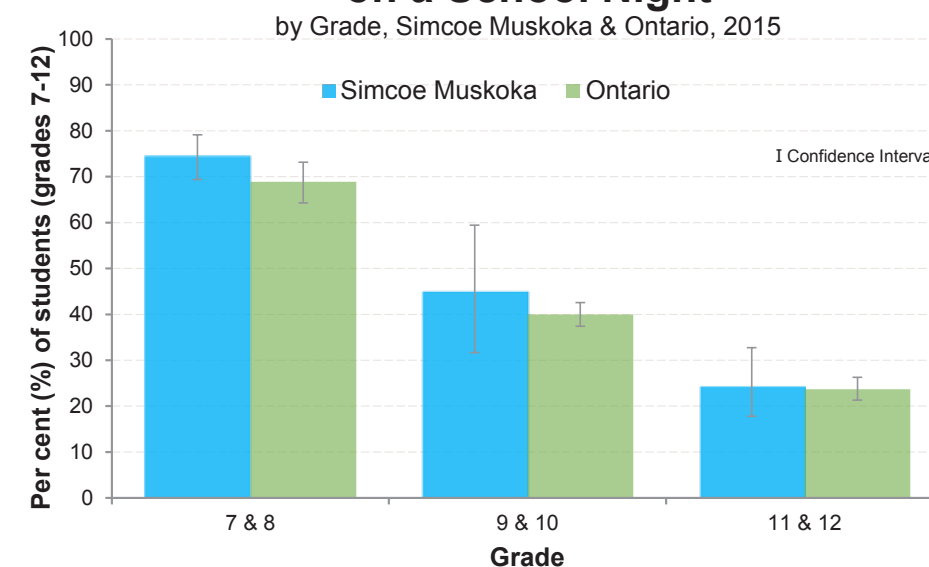
It is biologically normal for youth to shift the time they go to sleep to a later time as they enter adolescence; however, this can be problematic as school schedules require that students wake up early.<sup>16</sup> The result of the later sleep time and early wake time is sleep deprivation, which can interfere with learning and health. Sleep deprivation can impair concentration, motivation, self-regulation, response time, motor ability, visual acuity, memory and attention; all of which are important elements needed while in school.<sup>16</sup>

# Physical Health

## Oral Health

Oral health is an important component of overall health.<sup>17</sup> Among Simcoe Muskoka Grade 8 students screened in the 2015-2016 school year, just over one in ten had active, untreated tooth decay.<sup>18</sup> Approximately one in 10 Simcoe Muskoka youth (12 to 19 years) have no form of dental insurance.<sup>19</sup> Youth aged 10 to 19 years visited local emergency departments 280 times due to urgent oral health concerns.<sup>20</sup>

## Usually Sleeps Eight or More Hours on a School Night





# Mental Health

When students are mentally healthy, they are better prepared to learn.<sup>21</sup> Mental health can be viewed as a continuum (normal functioning to clinical disorder or diagnosis). All youth can benefit from learning skills and behaviours to help cope with stressful situations and challenges, however, some youth are more susceptible to mental health problems and can benefit from additional supports.

## In Simcoe Muskoka:

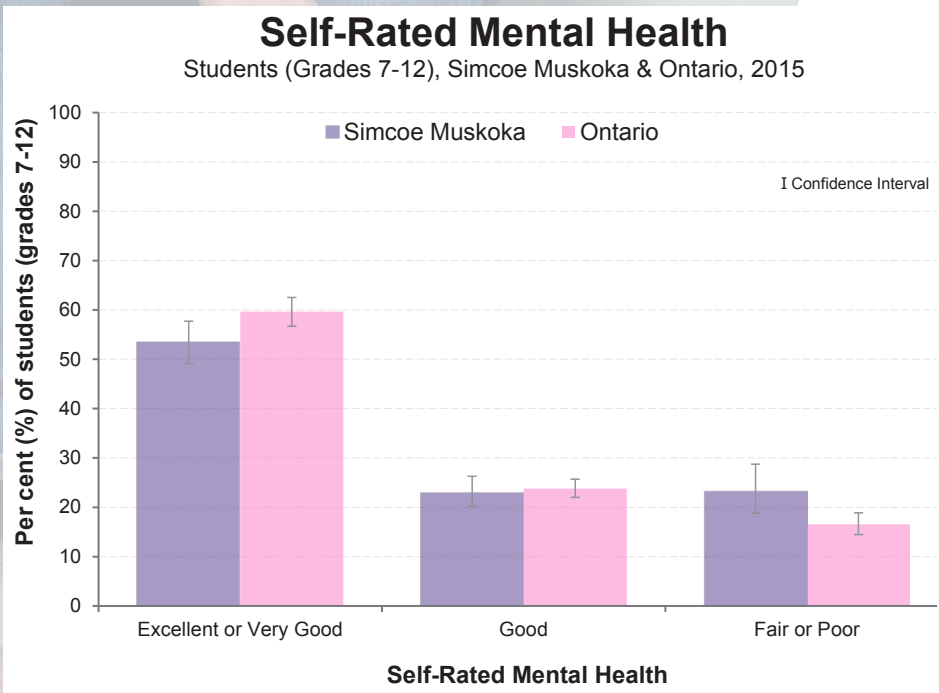
- Half of students reported their mental health as excellent or very good; almost one-quarter reported their mental health as fair or poor (both of these are significantly worse than the provincial average).
- More than one-quarter of high school students rated their mental health as fair or poor which was significantly worse than students in Grades 7 and 8.
- Female students and students who rated themselves in a lower socioeconomic status reported significantly lower mental health status.

## School Connectedness

More than 80% of local students say they feel connected to their school. School connectedness can improve self-esteem and support students to make positive connections in multiple areas of their lives. It can also help to prevent bullying at school.<sup>22</sup> In Simcoe Muskoka, students who report feeling least connected to their school include those in the lowest SSES and those in the highest grades.

## Bullying/Cyberbullying

In Simcoe Muskoka, 22% (19%-26%) of students report being bullied electronically or on the internet in the past year. Twenty-five per cent (21%-30%) of students report being bullied at school in the past year and both are similar to the provincial averages. Female students and those with lower SSES report being bullied (both cyberbullied and at school) significantly more than did male students and those with higher SSES.



### Elevated Stress

In Simcoe Muskoka, about one in three students report they have either experienced a lot of elevated stress, strain or pressure in the past four weeks or more than they could take. This is similar to the provincial average. Students in higher grades are more likely to have experienced elevated stress in the past month. Half of students in Grades 11 and 12 say they have had elevated stress, compared to less than one-fifth of students in Grades 7 and 8. Female students are also more likely than males to experience elevated stress.

### Social Media Use

Approximately one in 10 students report using social media for at least five hours per day. Students using high levels of social media also report significantly higher rates of fair/poor mental health, psychological distress, suicidal ideation, and being cyber-bullied. Significantly more females report being high social media users than males.

### Mental Health Services Accessed

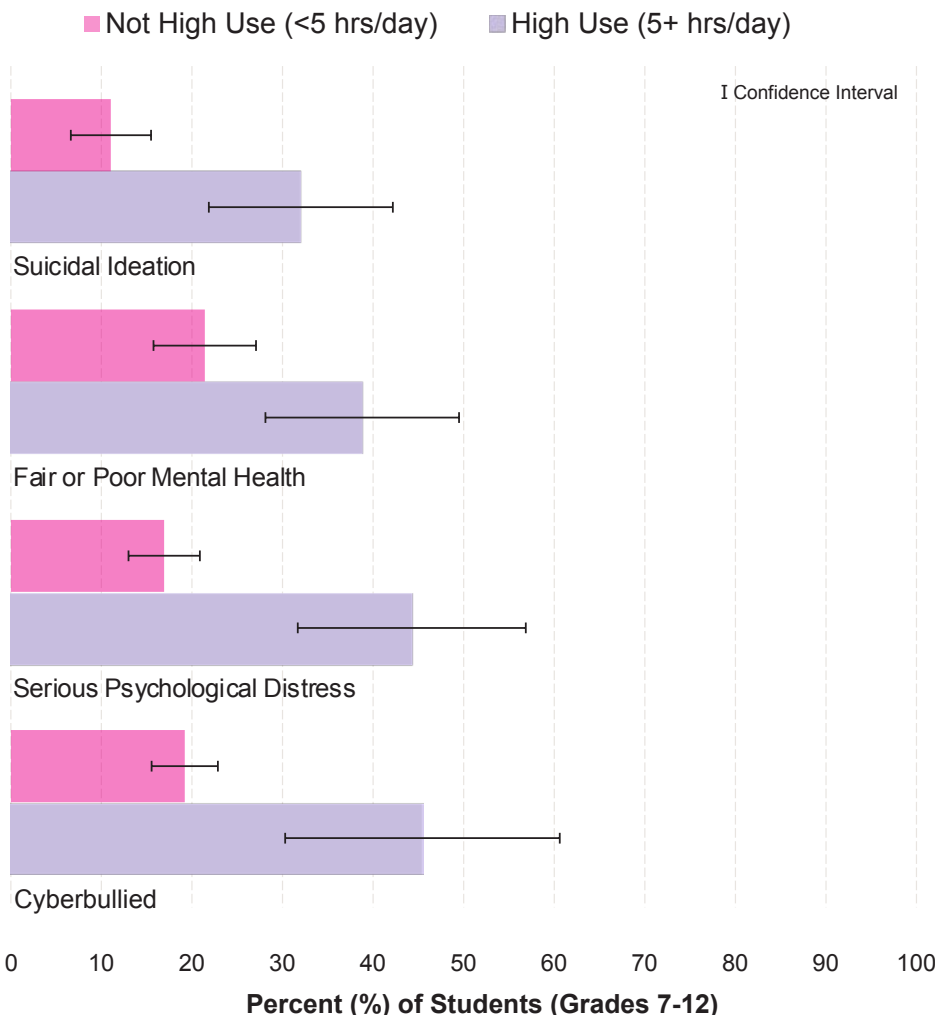
One-fifth of Simcoe Muskoka students report that they have seen a health professional in the past year about their mental or emotional health, which is similar to the provincial average. Mental health visits are more than twice as common among female students when compared with males.

Thirty-one per cent **(26%-37%)** of Simcoe Muskoka students report they have wanted to talk to someone about a mental health or emotional problem in the past year, but did not know where to turn. Locally, about twice as many female students reported unmet mental health service needs when compared with male students. Provincially, those with lower SSES also reported significantly higher unmet mental health service needs when compared with students with higher SSES.

## Mental Health

### Select Mental Health Indicators, by High Social Media Use

(5+ hours per day)  
Simcoe Muskoka Students (Grades 7-12), 2015





## Special Focus on Youth with Fair or Poor Mental Health: The One in Five

Compared with others in their school, students who identify they have fair or poor mental health report significantly different outcomes including\*:

- less daily physical activity,
- less feelings of school connectedness,
- more being bullied at school and online,
- more screen time and use of social media,
- more smoking and opioid use,
- more problem video gaming (among males).

*\*This data doesn't tell us whether the fair/poor mental health caused the challenges, or the reverse, or neither, but does indicate that certain youth face a number of risk factors that are important to understand.*

The students who report their mental health as fair or poor also report experiencing dramatically higher rates of psychological distress, low self-esteem and suicidal ideation; rates that are ten times higher than students with good to excellent mental health.

### Intentional Self-Harm

Emotional and psychiatric distress is a factor in non-suicidal self-injury.<sup>23</sup> From 2009 to 2015 emergency department visit rates among youth age 10 to 19 years for intentional self-harm more than doubled in both Simcoe Muskoka and Ontario.<sup>20</sup>

Typically, those who self-injure do so to temporarily relieve overwhelming negative emotion or as a way to inflict anger or punishment on themselves.<sup>23</sup> Less commonly, self-harm may be used to influence others or create physical signs of distress.<sup>23</sup> Research suggests that those who self-injure are also at an increased risk for suicide.<sup>24</sup>

### Suicidal Ideation

Thirteen per cent (11%-17%) of students reported that they seriously considered attempting suicide in the past year. Female students, high school students and those with lower SSES reported suicidal ideation significantly more than did male students, Grade 7 and 8 students, and those with higher SSES respectively.

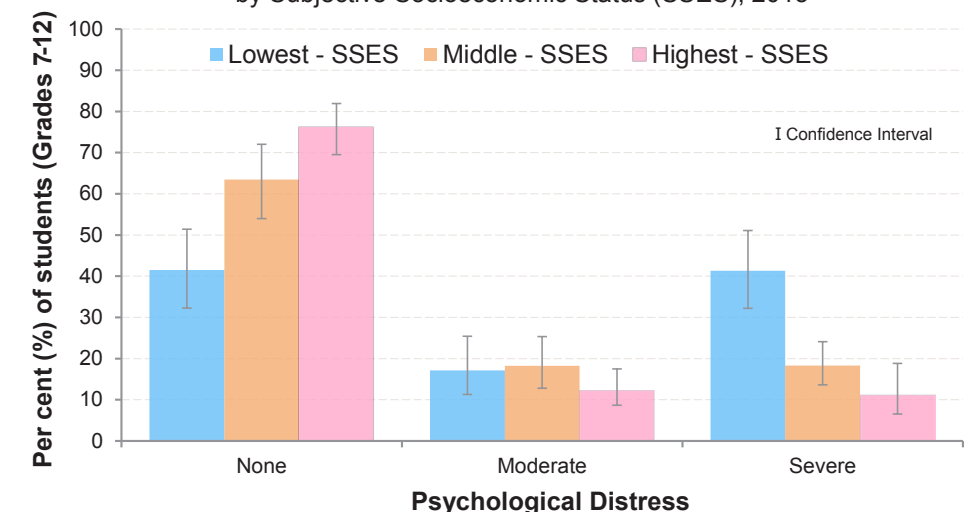
Evidence suggests that suicidal ideation in the last 12 months is a predictor of suicidal attempts.<sup>25</sup> Psychiatric disorders are common to the vast majority of adolescents who commit suicide.<sup>24</sup>

### Psychological Distress

One in five Simcoe Muskoka students say they have experienced severe psychological distress in the past four weeks, which is significantly higher than the provincial average. Rates of severe psychological distress are significantly worse for high school students, for female students and for students with lower SSES.

### Perceived Psychological Distress

(Past 4 Weeks),  
Simcoe Muskoka Students (Grades 7-12),  
by Subjective Socioeconomic Status (SSES), 2015



# Substance Use

The teen years are a time of transition in which many lifelong skills and behaviours are established.<sup>26</sup> It is also a time of significant brain development in which risk-taking behaviours, including the use of alcohol and experimentation with other drugs, commonly begin.<sup>27,28</sup>

## Most Commonly Used Drugs

Alcohol, cannabis and tobacco are the substances used most commonly by youth in Simcoe Muskoka; this is consistent with provincial and national trends.<sup>26,29</sup> According to the Canadian Centre on Substance Use and Addictions, use of alcohol or other drugs among many youth is experimental or occasional. A substantial minority use these substances in a way that poses a risk of harm to their own health and/or the health of others.<sup>26</sup>

## Alcohol Use

Alcohol is the number one drug used by local youth with half of local students report drinking alcohol in the past year with one in five saying they binge drink (consuming five or more drinks on a single occasion). These rates increase significantly with age. In fact, by the time students are in Grades 11 and 12, 74% (68%-80%) admit to drinking underage and 35% (30%-42%) say they binge drink, but only one-third of students perceive that regular binge drinking has no risk or low risk to their health.

Local statistics indicate that underage drinking is associated with high-risk behaviours. For example, one in five high school students in Simcoe Muskoka admit they could not remember what they did while under the influence of alcohol and one in 10 teens report they were injured or someone else was injured because of their drinking.

The majority of students say they think it is very or fairly easy for them to get alcohol and when asked where they obtain the alcohol they drink, half of students reported their usual source of alcohol was family or taking it from home. One-third of high school students under the age of 19 report that their parents allow them to drink alcohol at home, including one-quarter of students in Grades 9 and 10.

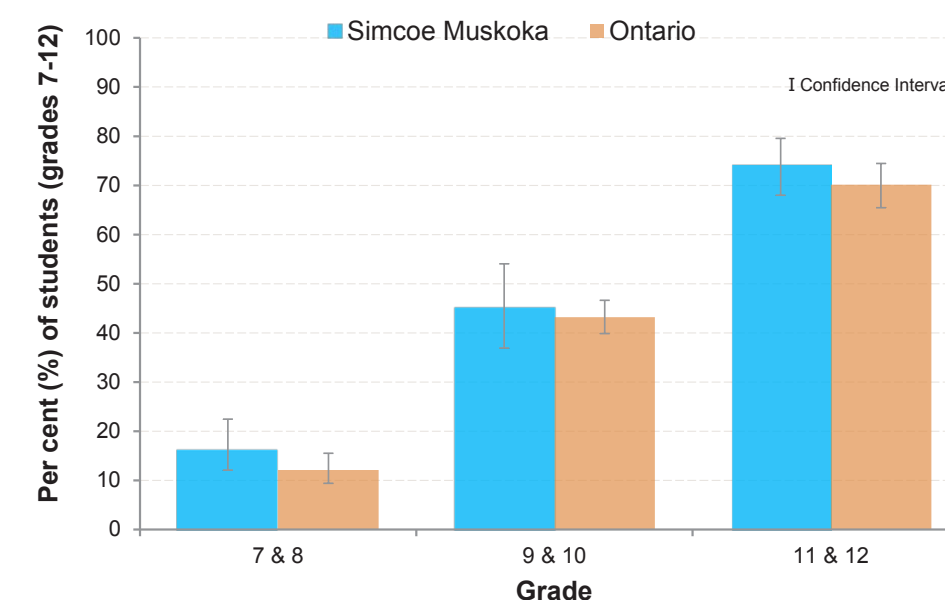
In Simcoe Muskoka, fewer than one in 20 students with a valid driver's licence report drinking and driving but more than one in 10 youth say they have been a passenger in a vehicle with someone who was drinking and driving.

Alcohol is a psychoactive drug and can cause damage to the developing brain.<sup>28</sup> Harmful use of

alcohol can result in dependence, disease, and/or injury.<sup>30</sup> Adolescents, in comparison with other age groups, are among those at greatest risk of harm from alcohol use.<sup>30</sup>

## Used Alcohol in the Past Year

by Grade, Simcoe Muskoka & Ontario, 2015





## Substance Use

### Cannabis Use

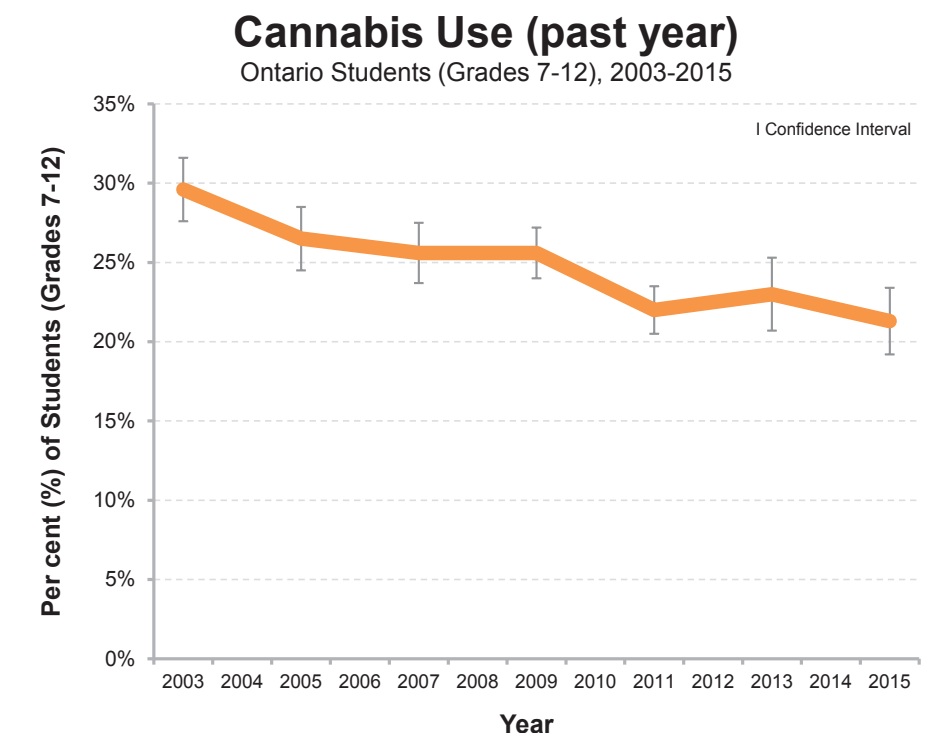
One in four local students report having used cannabis in the past 12 months. The rates of use are lowest among Grade 7 to 8 students, with more than 90% reporting they have not used cannabis in the last year. Cannabis use is higher among local high school students, with 19% (14%-25%) Grade 9 and 10 students and 42% (37%-47%) of students in Grades 11 and 12 saying they have used cannabis in the last year. Despite these statistics, more than three-quarters of high school students say they have not used cannabis in the past month. Less than one in ten students say they use cannabis on a weekly basis. In Ontario, cannabis use was on a downward trend between 1999 and 2011 (from 28.0% to 22.0%), and has remained stable since then.

More than half of Simcoe Muskoka students who have used cannabis in the past year perceive that there is low or no risk associated with regular use. The perception of risk is highest among students in Grades 7 and 8 and less among students in higher grades. Overall the perceived risk of trying cannabis is significantly lower among youth in Simcoe Muskoka in comparison with Ontario.

Accessing cannabis is perceived to be more difficult among Grade 7 and 8 students; however, more than half of high school students in Simcoe Muskoka report that it is very or fairly easy for them to get. Among youth who do report using cannabis in the last year, more than half say that it was given to them or shared by friends while one-quarter said they bought it.

One in 10 youth report driving with a valid driver's licence after using cannabis and one in five say they have been a passenger in a vehicle with someone driving under the influence of drugs.

Regular, prolonged cannabis use is linked to cognitive impairment and respiratory illnesses. Regular cannabis use among students can result in school failure and drop-out and there is growing evidence that chronic heavy use in adolescence can worsen symptoms of schizophrenia and psychosis in those already vulnerable to such conditions.<sup>26</sup>



## Cigarette Use

The number of youth smoking cigarettes in Simcoe Muskoka is lower than it has ever been, with 10% (8%-13%) of students reporting that they have smoked cigarettes in the past year. Rates of smoking are highest among high school students in Grades 11 and 12, and those who report their mental health as fair or poor. The majority of students say they think it is very or fairly easy for them to get cigarettes. When asked where they obtain the cigarettes, approximately two-thirds of youth say they get cigarettes from family and friends.

Declining provincial trends in cigarette use among youth have levelled off since 2011, while the use of electronic cigarettes (e-cigarettes) is an emerging topic of concern. Locally students perceive that cigarette smoking poses greater health risks than use of electronic cigarettes or water pipes.

## Electronic Cigarette Use

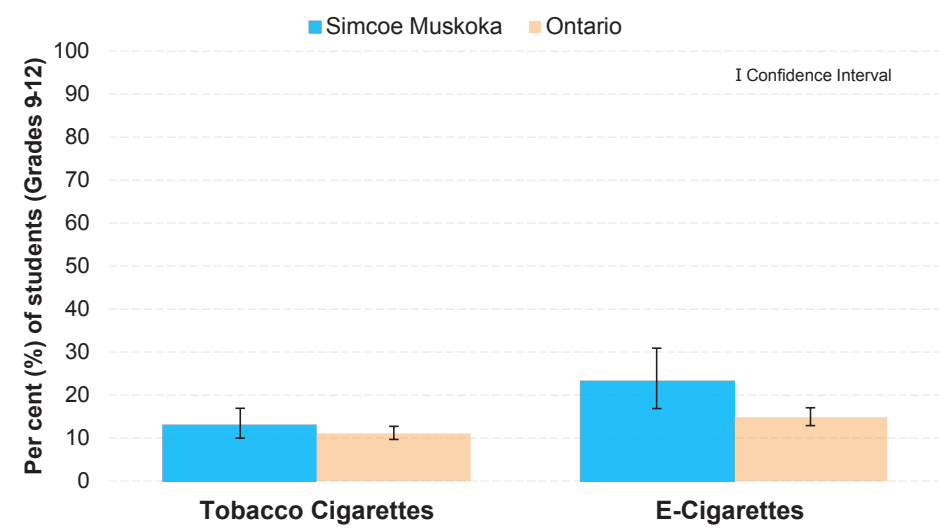
Electronic cigarettes (e-cigarettes) are vaporizer or inhalant-type devices used to heat substances, producing vapours that can be inhaled through the mouth. The vapour may contain nicotine; however, some reports have shown that e-cigarettes are being used to inhale other substances (e.g. marijuana or other drugs).

In Simcoe Muskoka, 23% (17%-31%) of high school students say they have used e-cigarettes and about one in 10 say they have used them to vape nicotine in the past year which is significantly higher than the provincial average. Among those high school students in Simcoe Muskoka who use e-cigarettes, more than one-third say they have vaped a nicotine product and about one-quarter have vaped cannabis. Half of local students say they believe regular use of e-cigarettes has low or no health risks.

Current research suggests that e-cigarette products may be enticing to youth and could lead to nicotine addiction and normalize the act of smoking.<sup>31</sup> Early education may provide opportunity to influence perceptions about risk, before opinions are formed.

# Substance Use

**Smoked Tobacco Cigarettes & Used E-Cigarettes**  
in the Past Year, High School Students,  
Simcoe Muskoka & Ontario, 2015





## Substance Use

### Other Drug Use

Next to alcohol, cannabis and tobacco, opioid pain pills, over-the counter cough and cold medicine and ecstasy are used the most by youth in Simcoe and Muskoka. Approximately one in five Simcoe Muskoka high school students have used an illicit drug, excluding cannabis, in the past year. When cannabis is included more than one in three say they have used an illicit drug, including approximately one-quarter of students in Grades 9 and 10 and more than half of students in Grades 11 and 12.

### Availability of Drugs

Approximately two-thirds of Simcoe Muskoka students in Grades 7 and 8 perceive that drug use is not a problem at their school, with 91% (86%-95%) saying they have not been offered drugs anywhere in the past year.

In contrast, the majority of local high school students say drug use is a problem at their school. Despite these reports, less than one-third of high school students say they have been offered illicit drugs at their school in the past year and close to two-thirds say that they have not been offered drugs anywhere in the last year.

### Opioids

Close to one in 10 Simcoe Muskoka students say they have used opioid pain pills to get high in the past year. Approximately one in five say that it would be very or fairly easy for them to get opioids without a prescription. Opioid-related emergency department visits are lowest among youth, compared with all other age groups.<sup>32</sup>

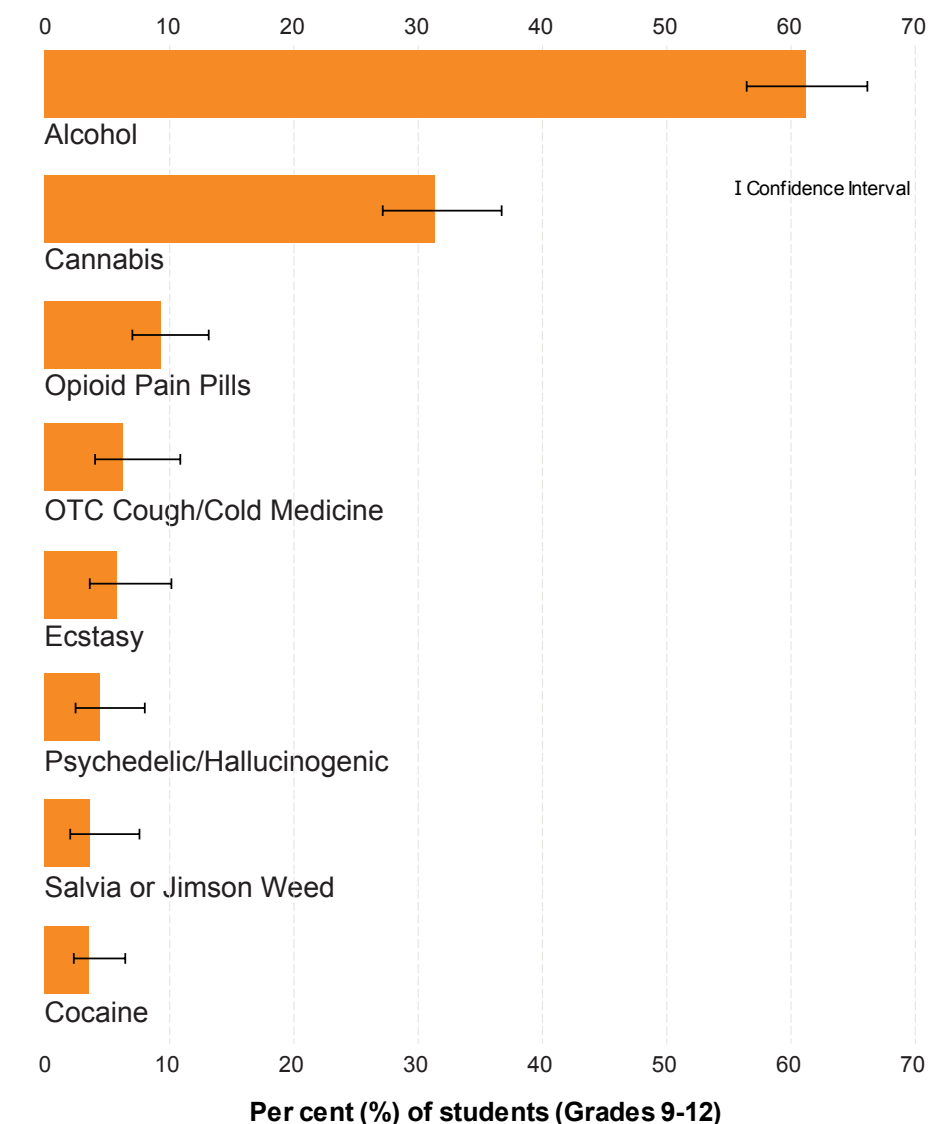
### Other Drugs

Approximately one in 20 Simcoe Muskoka students report using over-the-counter cough and cold medicine to get high. In addition, approximately one in 20 high school students in Simcoe Muskoka say they have used ecstasy in the past year, with a significantly higher percentage of Grade 11 and 12 students than students in Grades 9 and 10 reporting they have used this drug. More than one in five high school students say it is very or fairly easy for them to get ecstasy or MDMA and a similar number say they perceive low or no risk associated with trying ecstasy.

Self-reported use of other drugs (cocaine, heroin, inhalants, methamphetamines, psychedelic or hallucinogenic drugs, salvia or jimson weed) among Simcoe Muskoka high school students is very low, with less than 5% reporting any use.

### Drug Use in the Past Year

Among High School Students, Simcoe Muskoka, 2015



# Supporting Youth Health and Well-being

Global research supports a comprehensive approach to addressing youth health and well-being.<sup>33</sup> It also acknowledges the importance of placing youth at the centre, focusing resources around them to promote health, social development and academic success, to ensure that they reach their full potential.<sup>34</sup>

## A Whole Community Approach

While schools are recognized as an ideal setting to improve health outcomes because almost all youth attend school,<sup>35</sup> students, school staff, parents, families, child care, public health and community service providers can work together to positively impact the health of youth by:

- engaging them as leaders within their school and community and providing opportunities for them to be actively engaged in addressing factors that influence their health,
- making information, skills and training available to support curriculum, teaching and student learning,
- role-modeling healthy behaviours,
- identifying shared priorities, setting health-related goals and addressing them comprehensively,
- ensuring healthy physical and social environments,
- improving coordination and access to resources and services,
- supporting them to develop positive relationships at home, at school and in the community.

## Promoting Positive Mental Health

Although there has been a focus on mental health for a number of years, much of the work to-date has focused on mental illness, in particular services, access and stigma related issues. Mental health promotion is about fostering the development of positive mental health, by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of mental health.<sup>36</sup>

## Building Resilience

A framework of 40 developmental assets, released by the Search Institute, provides a list of skills, relationships, experiences and behaviours that help youth to thrive. Internal assets (commitment to learning, positive values, social competencies, and positive identity) and external assets (support, empowerment, boundaries and expectations, and constructive use of time) are included.<sup>37</sup>

Studies conducted by the Search Institute show that youth who have more developmental assets are less likely to engage in a wide range of high-risk behaviours (including problem alcohol and drug use) and are more likely to thrive.<sup>37</sup> Families, school staff and other supportive adults can play an important role in building assets among youth in our community.





## Creating Supportive Environments

Mental health can flourish in environments that are safe, just and equitable, and that foster quality connections.<sup>36</sup> Supportive environments can include curriculum and programs that support development of communication and stress management skills, welcoming atmospheres, parenting support programs and more.

## Addressing the Determinants of Health

Youth may experience health disparities due to poverty, unequal access to health care, poor housing and educational inequities. When youth are in poor physical or mental health they may be absent more from school, affecting achievement, educational attainment and possibly employment in the future.<sup>38</sup>

Addressing the determinants of health takes a variety of community organizations each involved in work that reduces health inequities by using formal measures such as policies, programs, and guidelines to remove systemic barriers and facilitate the engagement of all young people.<sup>39</sup>

*We all have a unique role to play in supporting and raising healthy, resilient youth, capable of reaching their full potential.*

## Glossary

**Cannabis:** Derived from the cannabis plant (*Cannabis sativa*). It is used in three main forms: marijuana, hashish and hash oil.

**Confidence Interval:** The 95% confidence interval indicates the interval or range within which the true population percentage probably lies. The reason for using confidence intervals is due to the uncertainty, or sampling error, associated with using results obtained from a sample to draw conclusions about the entire population from which the sample was drawn. The confidence interval (in our case, a 95% confidence interval) can also be interpreted as being 95% likely to include the percentage value we would have obtained if we had studied every member of the target population.

**Cyberbullying:** A form of bullying or harassment using electronic forms of contact.

**MDMA:** An acronym for its chemical name 3,4-methylenedioxymethamphetamine MDMA is known universally among users as ecstasy.

**Oversampling:** An additional sample of a subpopulation, above and beyond the portion of a main sample that already belongs to that subpopulation.

**Obese:** Body mass index (BMI) is a measure used to determine childhood overweight and obesity. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex. BMI is calculated by dividing a person's weight in kilograms by the square of height in meters.

**Psychoactive drugs:** Substances that can alter the consciousness, mood, and thoughts of those who use them.

**Psychological distress:** Symptoms of depression and anxiety are measured using a six-item screening tool. Students were asked how often they felt nervous, hopeless or worthless, among others indicators, in the last four weeks.

**Recreational screen time:** Activities done in front of a screen, such as watching TV, working on a computer, or playing video games in which you are being physically inactive while sitting down.

**Sugar-sweetened beverages:** Drinks with added sugar including: non-diet soft drinks/sodas, flavoured juice drinks, sports drinks, sweetened tea, coffee drinks, energy drinks, and electrolyte replacement drinks.

## Limitations

**OSDHUS data set:** The findings on student health are limited by the questions asked in the OSDHUS survey, and do not reflect all of the topics that the Simcoe Muskoka District Health Unit addresses or those that we would work on with school and community partners.

**Data by sex:** The OSDUHS survey administered by CAMH asks students to identify their sex and gives options for Male and Female. Gender is not asked on the survey.

**Data for sexual health indicators:** The data available to inform this report is heteronormative (the assumption that there is only one sexual orientation and binary genders). Therefore it does not reflect the spectrum of gender identities and sexual orientations that exist.

## Data Sources

Unless otherwise stated the data used in this publication came from the Ontario Student Drug Use and Health Survey conducted by the Centre for Addiction and Mental Health and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the Simcoe Muskoka District Health Unit and do not necessarily represent the official view of the Centre for Addiction and Mental Health.

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## Data Source for Graphs

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