

New Brunswick Elementary Student Wellness Survey

Grades K-5
2016-2017



Feedback Report

Loch Lomond School

The New Brunswick Elementary Student Wellness Survey: Feedback report provides highlights of major findings related to key provincial indicators that are considered crucial for monitoring student wellness behaviours and for developing a culture of well-being in our province.

For more information on this report, please contact:

Monica Lavoie,
Research Coordinator
Monica.Lavoie@nbhc.ca

Michel Arsenault,
Research Analyst
Michel.Arsenault@nbhc.ca

New Brunswick Health Council

Pavillion J.-Raymond-Frenette
100 des Aboiteaux Street, Suite 2200
Moncton, New Brunswick
Canada E1A 7R1
Tel: 1-877-225-2521
Fax: 506-869-6282

The New Brunswick Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in co-operation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students. The data was collected from students and parents of 203 (94%) public schools and 3 First Nations Schools in New Brunswick.

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INTRODUCTION

Regarding the New Brunswick Student Wellness Survey

The *New Brunswick Student Wellness Survey* was initiated in 2006–2007 to support the implementation of the Wellness Strategy (Province of New Brunswick, 2014). The survey initiative aims to collect information directly from the perspective of children and youth and their parents, and to mobilize action on well-being. The surveys have followed a 3-year cycle, as illustrated in the table below.

SURVEY	GRADES	SURVEY COMPLETED BY	SURVEY PERIOD
<i>New Brunswick Elementary Student Wellness Survey</i>	Kindergarten to Grade 5	Student version: Students in Grades 4 and 5 Family version: Parents of students in Kindergarten to Grade 5	2007–2008 2010–2011 2013–2014 2016–2017
<i>New Brunswick Student Wellness Survey</i>	Grades 6 to 12	Students	2006–2007 2009–2010 2012–2013 2015–2016

These surveys provide the foundation for *New Brunswick’s Wellness Strategy 2014–2021: The Heart of our Future* (Province of New Brunswick, 2014), which aims to enhance quality of life for all. Two key outcomes were identified in New Brunswick’s Wellness Strategy:

- Healthy and resilient people
- Healthy and resilient environments

The *New Brunswick Elementary Student Wellness Survey* addresses four key themes related to those outcomes: learning, social and emotional development, healthy lifestyles, and health status. The information contained in this report is provided to assist with the prioritization, development and implementation of initiatives that promote wellness attitudes and behaviours among students. When such reports are broadly shared with health and wellness stakeholders and service providers, as well as parents, district-level personnel, and leaders of the business, non-profit and civic sectors, new partnerships and supports can be secured.

This Year’s New Brunswick Elementary Student Wellness Survey

In 2016-2017, over 12,000 students (grades 4-5) and 24,000 parents (K-5) from 203 (94%) public and, for the first time, 3 First Nations schools participated in the survey. This compares to over 8,000 students and 14,000 parents from 136 (62%) public schools in the 2013–2014 survey.

Why Student Wellness is Important to Academic Development

The relationship between wellness and education is a mutually supportive one. Wellness is more than the absence of illness and refers to a healthy physical and emotional state, especially as an actively pursued goal (Oxford Dictionaries). Pursuing wellness includes engaging in behaviours such as being physically active, healthy eating, getting proper sleep, and nurturing social and emotional needs. Extensive research has linked these aspects of wellness to educational outcomes such as academic readiness, engagement and success. Ultimately, healthy students are better learners.

A Comprehensive Approach to School Health

The Joint Consortium for School Health (JCSH) promotes the Comprehensive School Health Framework to address both the academic development and wellness of students. The framework emphasizes the need for planning and implementing whole school approaches that incorporate key wellness perspectives and practices across four domains:

- Social and physical environment
- Teaching and learning
- Healthy school policy
- Partnerships and services

To learn more about the Comprehensive School Health Framework and the Joint Consortium for School Health, please visit www.jcsh-cces.ca.

The *New Brunswick Student Wellness Survey* reports are a valuable source of information for planning initiatives using a Comprehensive School Health Framework. The survey outcomes detailed in those reports may assist in identifying areas of strength on which to build, as well as priority wellness areas that require further attention or promotion. Students, parents, communities and school staff can all be involved in improving student wellness.

Students can use the results to:

- Relate the results to curriculum concepts being taught in the classroom
- Engage in dialogue about the results to seek solutions and create student-driven action plans
- Participate in planning activities for programs related to the School Wellness Grant
- Organize a school-based action team or student wellness club
- Help organize new initiatives (e.g., start an intramural program, hold a health fair, create a video, develop a presentation, or explore health behaviours of another country)
- Share and use the data in class, at home and in the community

Parents and communities can use the results to:

- Plan activities with students, staff, community members and the Parent School Support Committee (PSSC) or Home and School Association (HSA)
- Model healthy behaviours and support the adoption of healthy behaviours
- Share their skills, talents and expertise to support the school and the community
- Work with community groups to help address identified issues

School staff can use the results to:

- Communicate outcomes with students and staff and the Parent School Support Committee (PSSC) or Home and School Association (HSA)
- Incorporate wellness objectives into School Improvement Plans
- Develop class assignments and activities
- Engage students in planning and delivering wellness activities
- Create opportunities for staff to model healthy behaviours
- Support requests for funding (e.g., School Wellness Grant)
- Support the development, monitoring and implementation of healthy school policies
- Enhance delivery of services or programs for students (e.g., counselling, breakfast program)
- Form new partnerships with parents and the wider community to take collective action
- Implement and evaluate actions to promote wellness

THE NEW BRUNSWICK STUDENT WELLNESS SURVEY DATA IN ACTION

The results of the *New Brunswick Elementary Student Wellness Survey* are shared through various means:

1. **School Feedback Reports:** Reports provided to participating public schools comparing their results to the New Brunswick average.
2. **First Nations Schools Feedback Reports:** Reports provided to participating First Nations schools comparing their results to the New Brunswick average among First Nations schools.
3. **Educational Districts Feedback Reports:** Reports provided to participating school districts comparing their results to the New Brunswick average.
4. **Educational Districts Data:** Detailed data files provided to participating school districts with information for each school within their jurisdiction.
5. **Special Groups Reports:** Disaggregation of the indicators by groups of interests
 - i. Anglophone and Francophone sectors
 - ii. Gender
 - iii. Aboriginal
 - iv. Immigrants
 - v. Students with learning exceptionalities or special education needs
6. **“At a Glance” Provincial Summary Report:** A one-pager provincial overview of key indicators from the *New Brunswick Elementary Student Wellness Survey*. In addition to the most recent results, the report also provides a comparison with results from the last survey cycle (2013–2014).

Provincial reports on the health and well-being of New Brunswick children and youth (New Brunswick Child & Youth Advocate, 2016) use this data to monitor the status and needs of this age group. As a result, the Interdepartmental Working Group on Children and Youth was established to collaborate on actions from the *Strategy for the Prevention of Harm for Children and Youth in New Brunswick* (Province of New Brunswick, 2015). This committee relies on indicators generated from the *New Brunswick Elementary Student Wellness Survey*.

At a more local level, key indicators from the *New Brunswick Student Wellness Survey* were embedded within the *My Community at a Glance* (New Brunswick Health Council, 2017) community profiles, which provides important information for local governments, Non-Government Organizations, and Regional Health Authorities, as they plan for services and projects to support community needs.

Important Considerations:

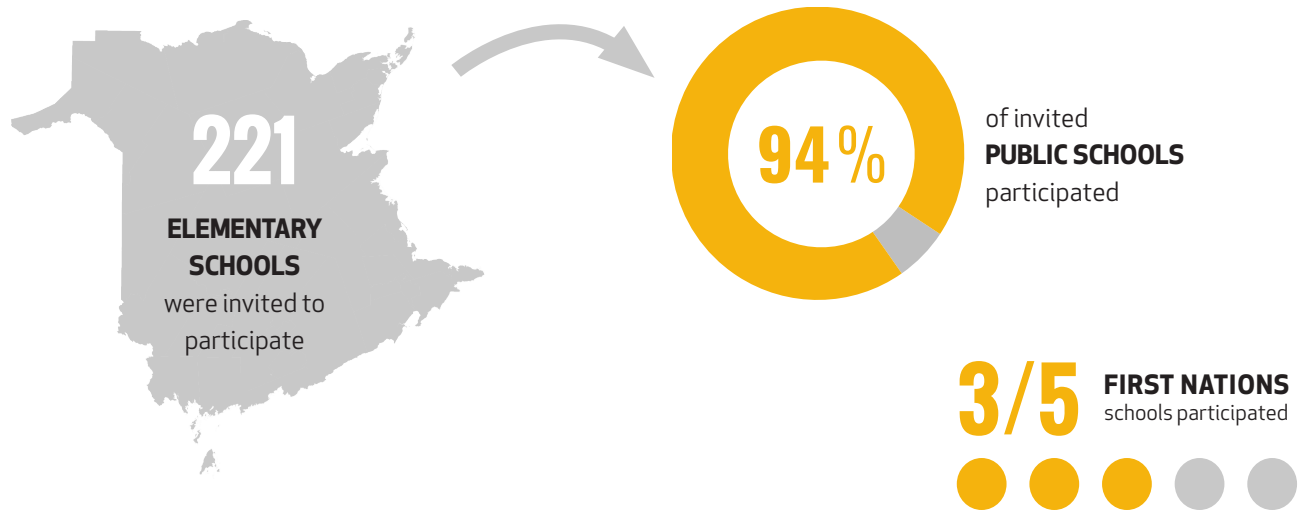
- Efforts have been made to keep the present report concise. If you find that an important indicator you have used in the past is not presented here, it might still be available upon request. Please contact us for more information if that is your case.
- The *New Brunswick Elementary Student Wellness Survey 2016–2017* maintained the same methodology as was used in the last cycle (2013–2014). As such, results between those two cycles can be compared to assess changes. However, caution needs to be exercised if attempting to compare the results of the survey with results from survey cycles prior to 2013–2014 because of potentially differing methodologies or definitions.
- In order to give schools enough time and flexibility to administer the survey, the time frame was over a 7-month period (November 2016 to May 2017). As a result, the responses to some questions (e.g. modes of commuting to and from school) might have been influenced by seasonality.

SURVEY PARTICIPATION

Who takes part in the New Brunswick Elementary Student Wellness Survey?

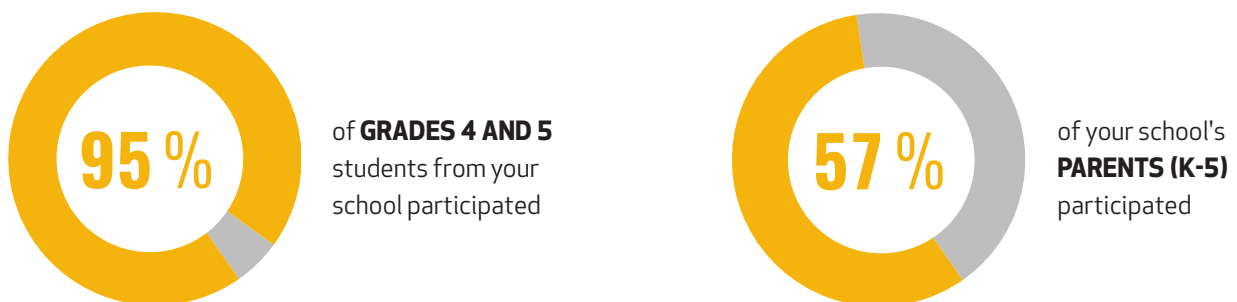
PARTICIPATING SCHOOLS

In 2016-2017, a total of 94% of invited public schools and three First Nations schools have participated in the *New Brunswick Elementary Student Wellness Survey*. Such high level of school participation provides high credibility to the provincial results.



PARTICIPATING STUDENTS AND PARENTS

To ensure quality information, it is equally important for an adequate number of students and parents from participating schools to complete the survey. In 2016-2017, 92% of students and 57% of parents from participating schools across New Brunswick returned their completed survey.



METHODOLOGICAL NOTE

All efforts are made to encourage the participation of students and parents. However, in some cases, the number of respondents may be lower than anticipated. Caution should be exercised when interpreting results, especially at the school level, when there are a relatively small number of students or parents responding to the survey. In cases where the number of respondents is deemed too low, data was suppressed as a precaution. In such cases, schools may opt to use their district level value as the next closest reference point.

CONTEXT

What are the demographics of our population?

POPULATION DEMOGRAPHICS

It is important to understand the demographics of the children we serve and keep those in mind when we want to understand the children's health status and identify how to address potential issues. Two populations of children with different demographics might have different needs.

Figure 1: Aboriginal Children
(First Nation, Métis or Inuit) %

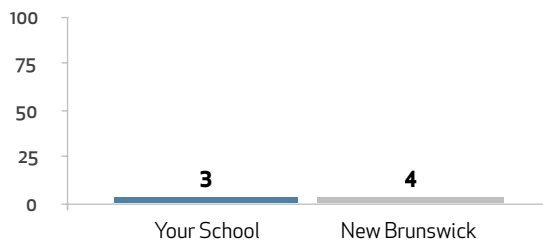


Figure 2: Immigrant Children %

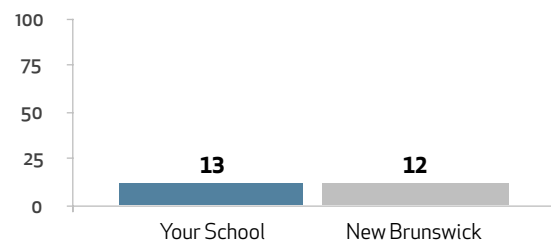
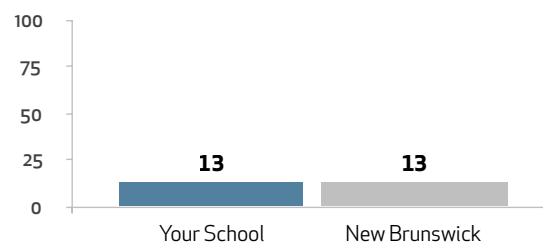


Figure 3: Children with a learning exceptionality
or special education need %



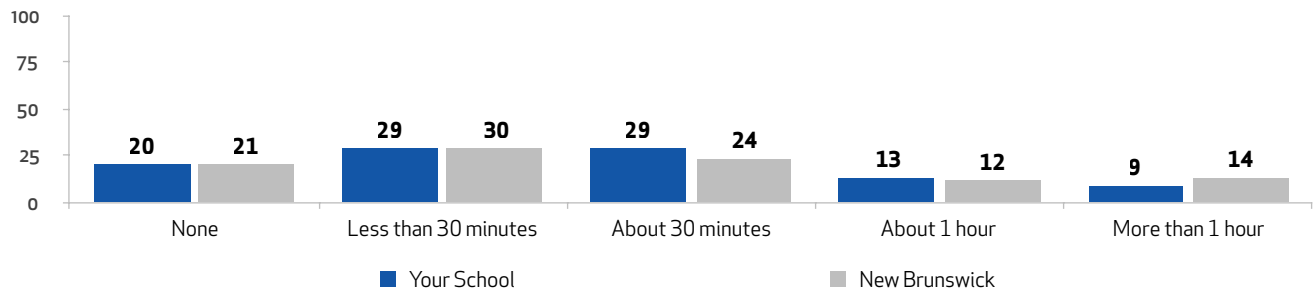
LEARNING

How do our students perceive learning?

LEISURE READING

Leisure reading provides children the opportunity to apply skills learned in school to authentic and interest-based texts. In line with Self-Determination Theory (Ryan & Deci, 2000), motivation to read can either be autonomous or controlled (De Naeghel, Van Keer, Vanstennkiste, & Rosseel, 2012). Autonomous motivation is reading for the enjoyment or the meaning it provides, while controlled motivation refers to feelings of internal or external pressures to read. According to the authors, both forms of motivation influence children's leisure reading but those with autonomous motivation engage more often with literature and have better comprehension.

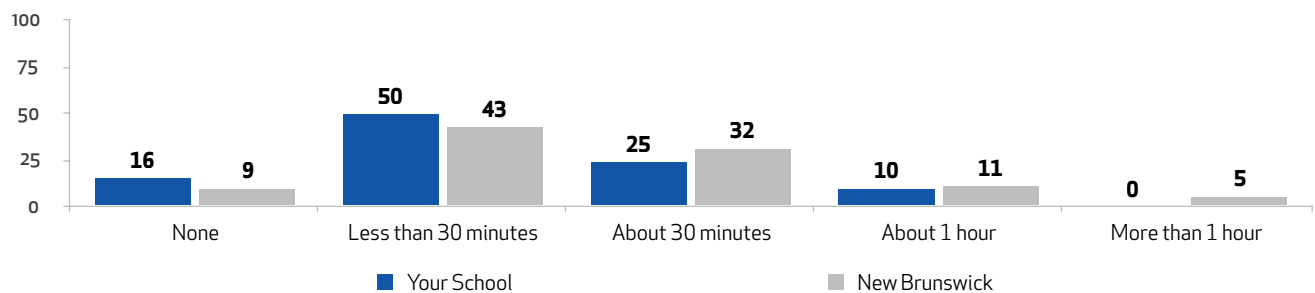
Figure 4: Children's daily leisure reading %



HOMEWORK

As Paul and Rudman (2014) puts it, the amount of homework “right for each individual school can surely only be determined through intense scrutiny of its own unique socio-cultural identity” (p. 25). Still, the amount of time children should spend doing homework is subject to an ongoing debate among professionals and researchers alike. On achievement, Cooper, Robinson, and Patal’s (2006) literature synthesis concludes that homework has an impact on academic achievement but that the positive results depend on grade level, with higher grades seeing better impact than lower grades. Exploring the homework situation of their schools, the U.S. Department of Education (Warkentien, Fenster, Hampden-Thompson, & Walston, 2008) reports that the amount of homework expected of children by their teachers and the amount of time students actually spent on homework was indeed increasing with grade level.

Figure 5: Children's daily homework %



SOCIAL AND EMOTIONAL DEVELOPMENT

How do our students develop socially and emotionally?

MENTAL FITNESS

Mental fitness is defined as a state of psychological wellness that comes from the fulfilment of three basic psychological needs: autonomy (freedom to make choices), competence (using our gifts and strengths), and relatedness (feeling connected and close with others). It is important that all three needs be met for optimal mental fitness but it is also important that they be met in each life context, that is, at school, with the family and with friends (Milyavskaya, et al., 2009). Satisfaction of these basic needs enhances mental health (Ryan & Deci, 2000), as well as resilience (Lavoie, Mancuso, & Bourque, 2016).

In order to increase the mental fitness of children, one must focus on satisfying their three basic psychological needs: competence, autonomy, and relatedness.

Competence

"I have strengths and gifts that are recognized by myself and others."

Children need to recognize and use their personal gifts and strengths in achieving personal goals.

Autonomy

"I am able to make choices about things that are important to me."

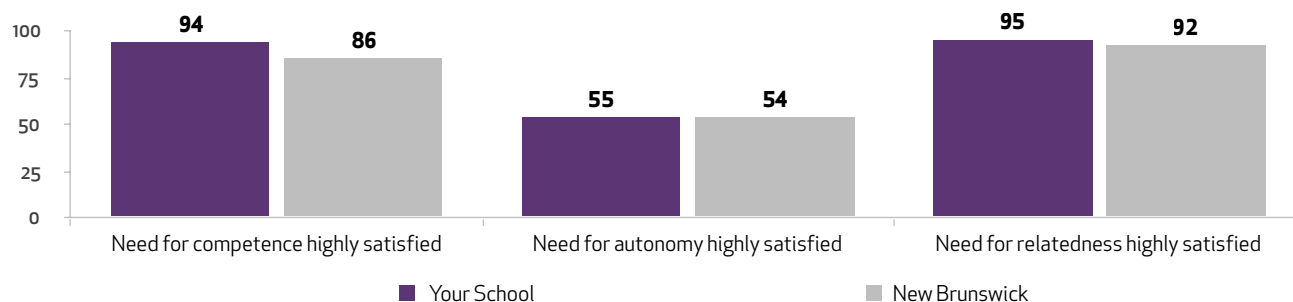
Children need the personal freedom to make choices or decisions that affect their lives.

Relatedness

"I feel included, supported and encouraged by others."

Children need to feel close, connected and encouraged in their interactions with others.

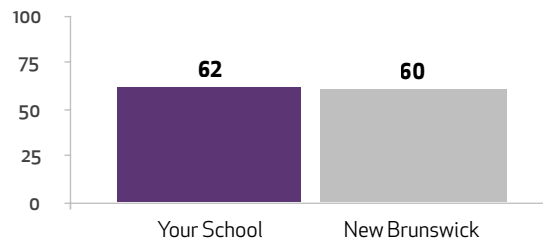
Figure 6: Children with mental fitness needs highly satisfied %



SCHOOL CONNECTEDNESS

School connectedness is “the belief by students that adults and peers in the school care about their learning as well as about them as individuals” (Centers for Disease Control and Prevention, 2009, p. 1). In a study of fourth graders, school connectedness was associated with lower levels of stress and anger, as well as higher social confidence, behaviour control and perceived coping resources (Rice, Kang, Weaver, & Howell, 2008). You et al. (2008) also report that school connectedness helped prevent students from initiation of risky behaviours.

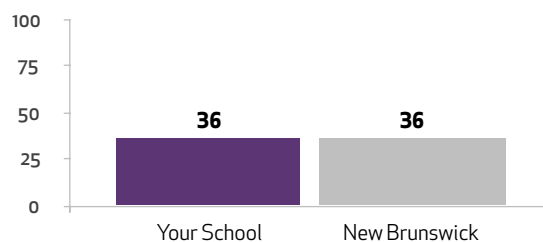
Figure 7: Children with a high level of school connectedness %



BULLYING

Addressing bullying behaviours in early school years is important because social groups are constantly changing during those years and rejection is not yet chronic (Martin-Anton, Monjas, Garcia Bacate, & Jiménez-Lagares, 2016). Bullying includes both direct and indirect aggressive behaviours that can be physical, verbal, relational (e.g. rumours), or directed toward the damage of property (Evans, Fraser, & Cotter, 2014). A proper definition of bullying also considers these three defining features: the intent to harm, a power imbalance (ex. physical strength, social power) and repetition. In such circumstances, both bullies and victims experience ongoing difficulties in social, psychological, and academic adjustment (Ttofi, Farrington, Losel, & Loeber, 2011), some of which can even persist into young adulthood (Ttofi, Farrington, & Losel, 2012). Addressing bullying behaviours early increases the chances of laying out alternate courses of development for bullies and victims alike.

Figure 8: Children having been bullied during the year %



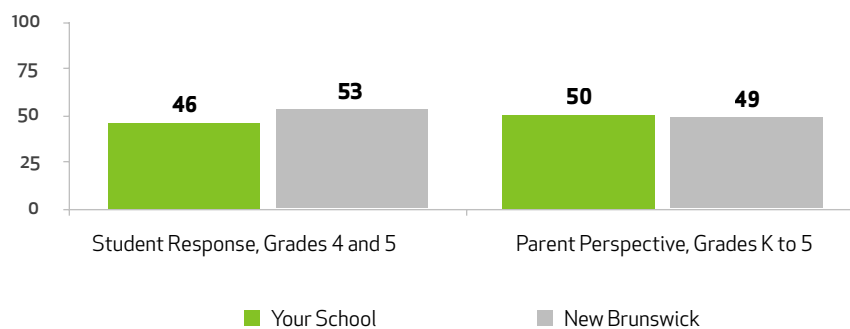
HEALTHY LIFESTYLES

How healthy are our students' behaviours?

HEALTHY EATING

Canada's Food Guide (Health Canada, 2011) recommends 5-6 servings of vegetables or fruit each day for children between the ages of 4 and 13. It is well known that eating habits influence physical and psychological health. For example, Kirk, Kuhle, Ohinmaa, and Veugelers (2012) found a trend whereby a very healthy diet was associated with less healthcare utilization among Nova Scotia children. But, meeting dietary recommendations also influences children's academic achievements (Faught et al., 2017). According to the study, the effect is even more important when one combines the meeting of multiple diet and lifestyle recommendations, such as sugar limitations and sleep duration. Children can experience insufficient nutrition in two different ways: not eating enough and not eating enough of the good nutrients. Both influence school performance (Mclsaac, Kirk, & Kuhle, 2015).

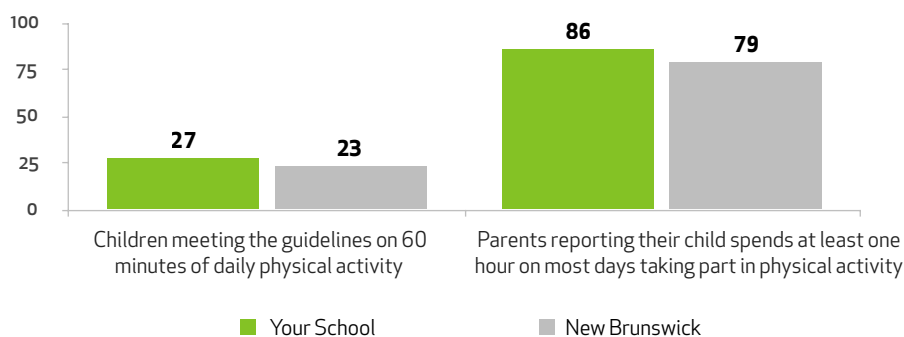
Figure 9: Children eating five or more servings of vegetables or fruit %



PHYSICAL ACTIVITY

The *Canadian 24-Hour Movement Guidelines for Children and Youth* recommend 60 minutes per day of moderate to vigorous physical activity (Canadian Society for Exercise Physiology, 2016). But in reality, our children's physical activity levels are much lower than this recommended amount and schools can play an important role in addressing the situation. Research shows that physical education classes account for up to 40% of children's total physical activity (Hobin, Leatherdale, Manske, & Robertson-Wilson, 2010). Furthermore, for every single additional physical education class that students received, they have 14% more chances of being "very active" (Naiman, Letherdale, Gotay, & Mâsse, 2015). In addition to well-known physical benefits, physical activity also has a positive effect on children's achievement and cognitive outcomes (Fedewa & Ahn, 2011), mood and psychological well-being (Guszkowska, 2004), and is also associated with lower school disconnectedness, especially among males (Trinh, Wong, & Faulkner, 2015).

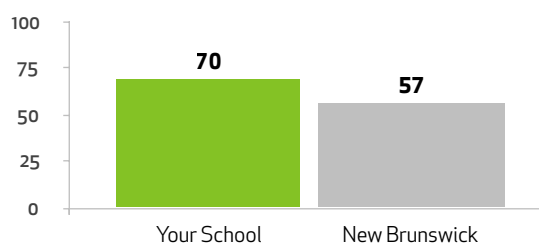
Figure 10: Children's physical activity %



SCREEN TIME

The *Canadian Sedentary Behaviour Guidelines* (Canadian Society for Exercise Physiology, 2016) recommend that children limit recreational screen time to no more than 2 hours per day. The *Active Healthy Kids Canada Report Card* (ParticipACTION, 2016) indicates that our children and youth spend an average of 7.8 hours a day in front of screens. High screen time has an adverse effect on sleep (Hale and Guan, 2015), is associated with more severe symptoms of depression and anxiety (Maras et al., 2015) and is associated with school disconnectedness and poorer academic achievement (Trinh, Wong & Faulkner, 2015). Additionally, children who have both a television and video game console in their bedroom have a 41% increased risk of being overweight or obese (Farajian et al., 2014).

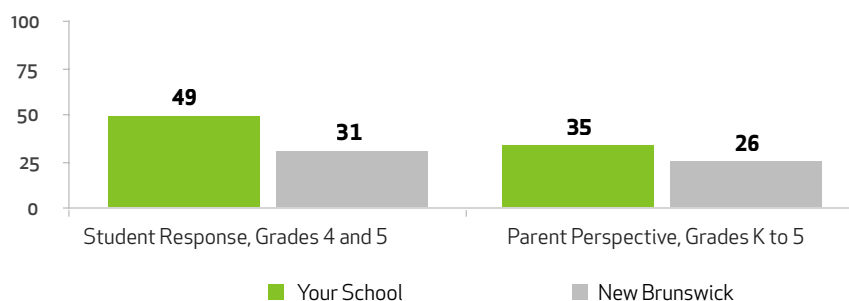
Figure 11: Children having more than two hours per day of screen time %



TOBACCO-FREE LIVING

Second-hand smoke comes from burning tobacco products and from exhaled tobacco smoke. It is particularly dangerous for children, increasing their risk of sudden infant death syndrome (SIDS), asthma, pneumonia, and bronchitis, among others (Government of Canada, 2015). According to a recent systematic review by Okoli and Kodet (2015), exposure to second-hand smoke also makes people more susceptible to beginning smoking and puts them at risk of a number of smoking behaviours.

Figure 12: Children living with someone who smokes or uses tobacco %



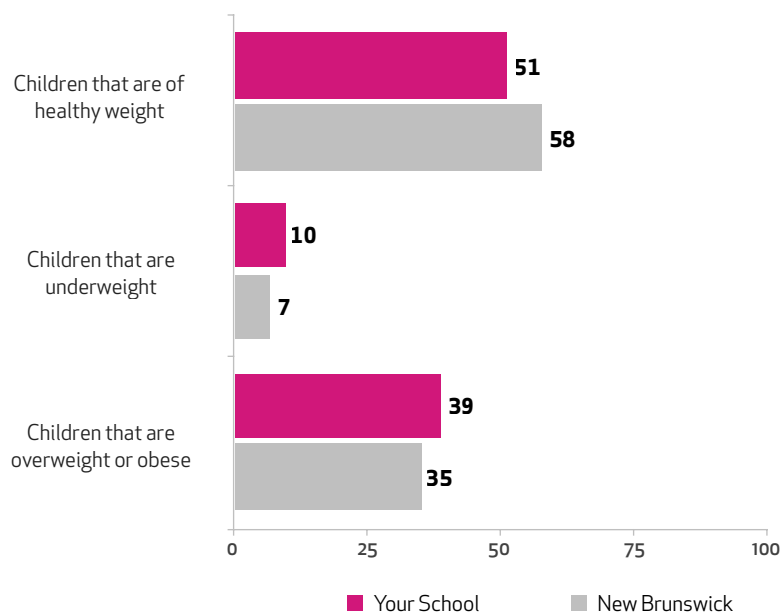
HEALTH STATUS

How healthy are our students?

WEIGHT

Childhood obesity rates are increasing alarmingly in Canada and around the world. Being overweight or obese in childhood increases the risk of being overweight or obese in adolescence and adulthood (Kirk, Kuhle, Ohinmaa, & Veugelers, 2012). According to Farajian et al. (2014), having breakfast every day, eating 5 to 6 times per day, and having a daily meal with family reduces the chances of children being overweight and obese. Because they shape children's environmental context, schools are also contributing to the young ones' weight status. According to a recent meta-analysis, lifestyle interventions implemented in schools create beneficial changes in children's Body Mass Index (BMI), a common indicator of weight status (Oosterhoff, Joore, & Ferreira, 2016). In Ontario, Leatherdale (2013) found that individual weight status of children was partly influenced by the elementary school they attended. Schools contributed to healthier weight status in children by providing access to recreational facilities on and off school grounds during school hours and by supporting active transportation to and from school (Leatherdale).

Figure 13: Children's weight (Body Mass Index) %



It is worth noting that parents of Canadian children aged 6 to 11 tend to underestimate the height and weight of their child (Shields, Gorber, Janssen, & Tremblay, 2011). These underestimates can result in BMI misclassification errors. Directly measuring the height and weight of all children would yield the least biased information on children's weight status.

FAMILY PROFILE

How healthy are our students' families?

THE IMPORTANCE OF HEALTHY ROLE MODELS

As early as the first few years of their lives, children learn and absorb a host of information about life and how to navigate through it. Most of this learning is unconscious and happens, for example, by modelling perceived family members' behaviours. As such, a child's family context represents an important agent in them learning how to care for themselves and their relationships. Healthy families foster healthy behaviours in their children.

Figure 14: Parents eating five or more servings of vegetables or fruit %

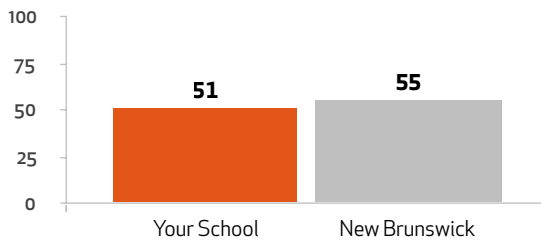


Figure 15: Parents physically active for at least 30 minutes on most days %

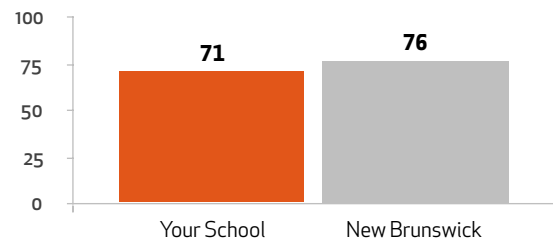
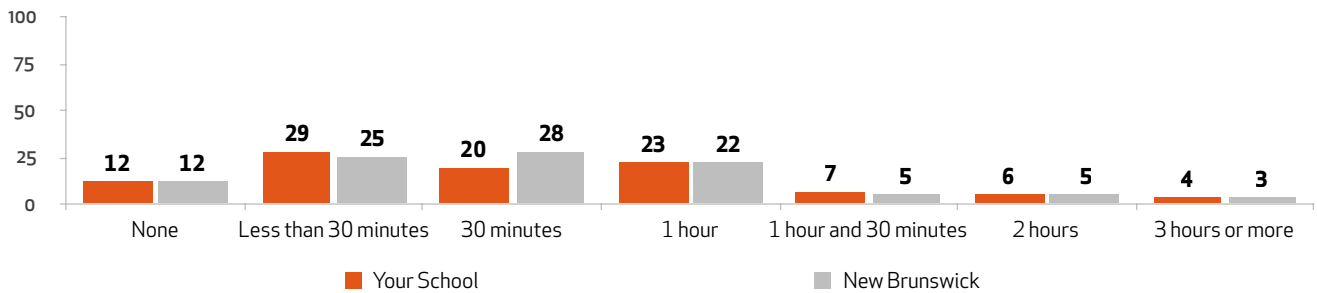


Figure 16: Parents' Daily Leisure Reading %



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New Brunswick Elementary Student Wellness Survey

Grades K-5
2016-2017

Annex Tables



Feedback Report

Loch Lomond School

ANNEX

The New Brunswick Elementary Student Wellness Survey is a provincial initiative of the Department of Social Development – Wellness Branch, in co-operation with the Department of Education and Early Childhood Development. Data collection and analysis is conducted by the New Brunswick Health Council. The purpose of the survey is to examine the health and wellness attitudes and behaviours of students. The data was collected from students and parents of 203 (94%) public schools and 3 First Nations Schools in New Brunswick.

The following annex tables summarize all the indicators from previous sections and they also provide additional data about relevant indicators that can help identify areas of strength to build on, as well as areas of improvement that can be targeted to help empower students to adopt healthy lifestyles. The tables cover the following themes:

- Context
- Learning
- Social and emotional development
- Healthy lifestyles
- Health status
- Family profile

Legend

Whenever possible, icons are used to identify the respondent group (students in grades 4 and 5, parents of students in grades K-5) and whether the indicators touch on risk or protective factors.



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Understanding Risk and Protective Factors

Wellness outcomes are determined by the contribution of both risk factors and protective factors. While risk factors contribute to the development or worsening of undesirable conditions, protective factors act as a shield against them. For example, while a high amount of sedentary activity is a risk factor for obesity, healthy eating is a protective factor against it. To maintain the health and well-being of students, it is essential to manage risk factors, as well as foster protective factors. In fact, focusing on protective factors can help manage risk factors and reduce the development of health conditions.

Loch Lomond School










ANNEX: CONTEXT

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276







GENDER

 Girl	49	50
 Boy	51	50

AGE

 4 years old	0	0
 5 years old	13	13
 6 years old	16	16
 7 years old	15	16
 8 years old	19	17
 9 years old	19	17
 10 years old	14	16
 11 years old	4	3
 12 years old or more	0	0

GRADE

 Kindergarten	16	16
 Grade 1	14	17
 Grade 2	17	17
 Grade 3	18	17
 Grade 4	21	17
 Grade 5	15	17



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

Loch Lomond School














ANNEX: CONTEXT

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

CULTURAL DIVERSITY

 Aboriginal children (First Nation, Métis or Inuit)	3	4
 Immigrant children	13	12

LEARNING EXCEPTIONALITY OR SPECIAL EDUCATION NEED

 Any diagnosis	13	13
 Autism/Asperger Syndrome	4.4	3.1
 Behaviour	0.5	1.0
 Blind and Low Vision	0.5	0.2
 Deaf and Hard-of-Hearing	0.5	0.4
 Attention Deficit Hyperactivity Disorder (ADHD)	4.2	5.2
 Intellectual Disability	0.0	0.3
 Language/Speech Impairment	0.5	2.6
 Learning Disability	4.7	2.8
 Physical Disability	0.0	0.3
 Mental Health Disorder	0.0	0.3
 Gifted	0.9	0.4
 Other	2.8	2.4

ANNEX: LEARNING

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

P **DAILY HOMEWORK**

None	16	9
Less than 30 minutes	50	43
About 30 minutes	25	32
About 1 hour	10	11
More than 1 hour	0	5

P **DAILY LEISURE READING**

None	20	21
Less than 30 minutes	29	30
About 30 minutes	29	24
About 1 hour	13	12
More than 1 hour	9	14



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor

ANNEX: SOCIAL AND EMOTIONAL DEVELOPMENT

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

P **MENTAL FITNESS**

High mental fitness	23	24
Moderate mental fitness	68	63
Low mental fitness	9	13

P **MENTAL FITNESS NEEDS**

Need for competence highly satisfied	94	86
Need for autonomy highly satisfied	55	54
Need for relatedness highly satisfied	95	92

P **LIFE DOMAINS OF MENTAL FITNESS**

Mental fitness needs highly satisfied by family	84	80
Mental fitness needs highly satisfied by friends	94	90
Mental fitness needs highly satisfied by school	69	68

P **SCHOOL CONNECTEDNESS**

High level of school connectedness	62	60
Moderate level of school connectedness	31	28
Low level of school connectedness	7	12
I feel close to people at my school.	54	51
I feel I am part of my school.	62	60
I am happy to be at my school.	58	60
I feel the teachers at my school treat me fairly.	79	67
I feel safe in my school.	71	70

Loch Lomond School

ANNEX: SOCIAL AND EMOTIONAL DEVELOPMENT

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276





PRO-SOCIAL BEHAVIOUR

High level of pro-social behaviour	39	34
Moderate level of pro-social behaviour	43	46
Low level of pro-social behaviour	18	20

OPPOSITIONAL BEHAVIOUR

High level of oppositional behaviour	18	24
Moderate level of oppositional behaviour	35	42
Low level of oppositional behaviour	46	35

BULLYING AND VICTIMIZATION





















  Children having been bullied during the year	36	36
  Children feeling they can tell adults at the school about bullying problems	77	84

Loch Lomond School











ANNEX: HEALTHY LIFESTYLES

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

HEALTHY EATING HABITS

 	Children eating five or more servings of vegetables or fruit	46	53
 	Parents reporting their child eats five or more servings of vegetables or fruit	50	49
 	Children drinking at least two servings of milk	57	56
 	Children eating non-nutritious foods (candy, sweets, chips or fries)	72	77
 	Children drinking non-nutritious beverages (pop, sports drinks, Slushies®, etc.)	48	46
 	Parents reporting eating dinner (evening meal) with their child	58	56
 	Children eating lunch with at least one other person	79	87
 	Children eating breakfast daily	72	70
 	Parents eating at a fast food place at least once with their child in the past seven days	58	59
 	Parents reporting their child ate meals while watching television three times or more in the past seven days	33	28

PHYSICAL ACTIVITY













 	Children meeting the guidelines on 60 minutes of daily physical activity	27	23
 	Parents reporting their child spends at least one hour on most days taking part in physical activity	86	79
 	Children having more than two hours per day of screen time	70	57
 	Parents being physically active with their child three or more days per week	33	32
 	Children commuting to and from school actively	1	11

Loch Lomond School

ANNEX: HEALTHY LIFESTYLES

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

EXPOSURE TO SECOND-HAND SMOKE

 	Children living with someone who smokes or uses tobacco	49	31
 	Parents reporting their child lives with someone who smokes or uses tobacco	35	26
 	Smoking being allowed inside the home	11	8
 	Parents reporting smoking is allowed inside the home	1	2
 	Smoking being allowed inside the family vehicle	11	10
 	Parents reporting smoking is allowed inside the family vehicle	2	3



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor













Risk Factor

ANNEX: HEALTH STATUS

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

WEIGHTS (BODY MASS INDEX)











 	Children that are of healthy weight	51	58
 	Children that are underweight	10	7
 	Children that are overweight or obese	39	35
 	Girls that are overweight or obese	41	34
 	Boys that are overweight or obese	37	36

Loch Lomond School

ANNEX: FAMILY PROFILE

	Your School %	New Brunswick %
Number of students	108	12,874
Number of parents	184	24,276

HEALTHY LIFESTYLE

  Parents eating five or more servings of vegetables or fruit	51	55
  Parents eating non-nutritious foods (candy, sweets, chips or fries)	74	67
  Parents drinking non-nutritious beverages (pop, sports drinks, energy drinks, etc.)	38	35
  Parents physically active for at least 30 minutes on most days	71	76
  Parents having more than two hours per day of screen time	13	11

AWARENESS OF WELLNESS INITIATIVES

Parents aware of Canada's Food Guide	99	97
Parents aware of The Wellness Movement	63	59
Parents aware of the Healthier Food and Nutrition in Public Schools policy (Policy 711)	74	65

DAILY LEISURE READING

None	12	12
Less than 30 minutes	29	25
30 minutes	20	28
1 hour	23	22
1 hour and 30 minutes	7	5
2 hours	6	5
3 hours or more	4	3



Student Response, Grades 4 and 5



Parent Perspective, Grades K to 5



Protective Factor



Risk Factor