



# *Youth Health in BC:*

A DIY guide to sharing the  
results of the 2013 BC  
Adolescent Health Survey



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Centre Society



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Youth health • Youth research • Youth engagement

# Table of Contents

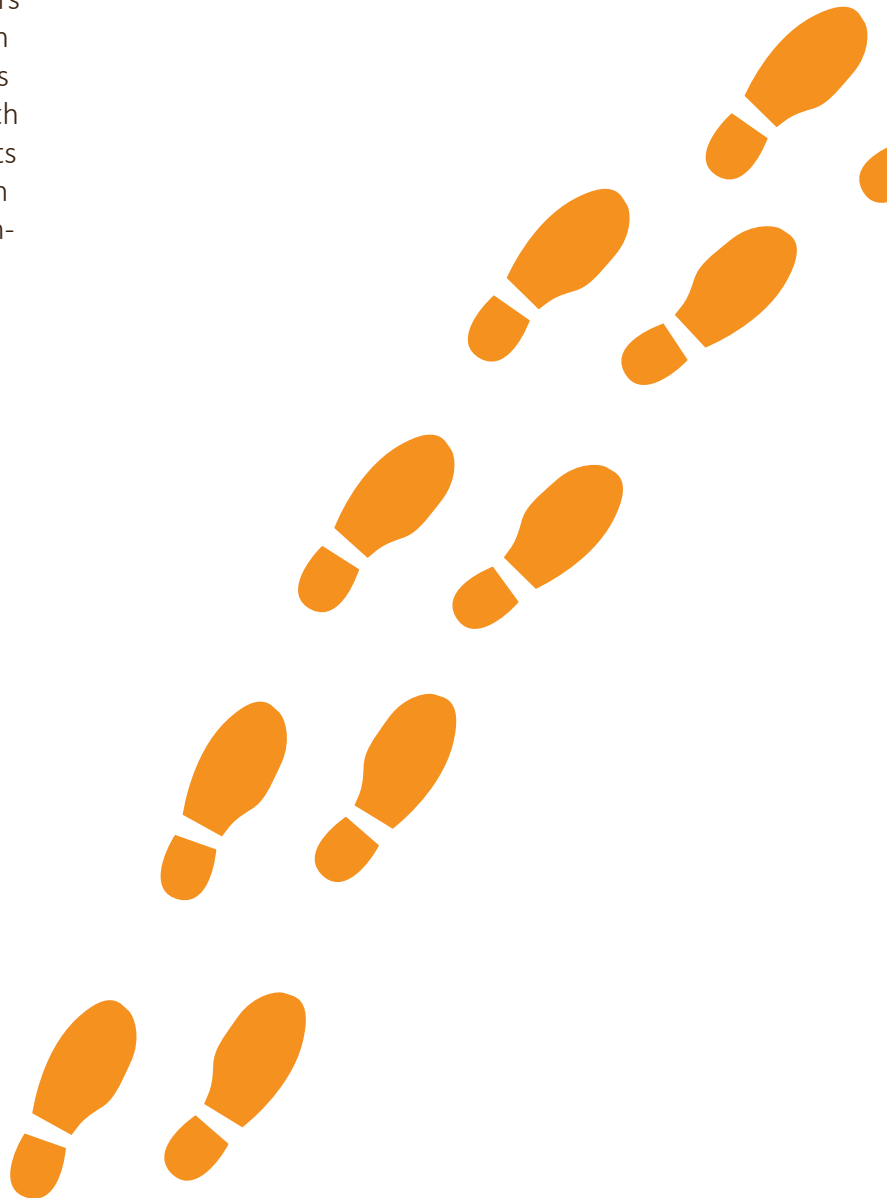
Introduction .....	4
Background .....	5
Before the Workshop.....	6
Getting Started.....	8
Workshop Agenda.....	9
1. Introduce Facilitators and the Purpose of the Workshop.....	9
2. Group Agreement/Ground rules .....	10
3. About the BC AHS .....	11
4. Fast Facts.....	11
5. Risk and Protective Factors.....	15
6. Rock Bucket Activity.....	15
7. Using the Results.....	18
8. Evaluations .....	18
9. Closing/Goodbye .....	18
Resources .....	19
Fast Facts Questions .....	19
Possible Risk Factors .....	41
Possible Protective Factors .....	42
BC AHS Key Findings .....	43
Icebreakers and Energizers .....	44
Youth Feedback Form .....	45
Facilitator Feedback Form .....	47
McCreary Resources .....	53

# Introduction

This resource provides a workshop template for facilitators (e.g., teachers, Public Health Nurses, youth workers, and other adult allies) who wish to share the results of the 2013 BC Adolescent Health Survey (BC AHS) with youth aged 12–19. It is designed to offer an introduction to the results, and can be delivered in approximately 90 minutes.

If you are interested in exploring the results further, McCreary Centre Society also offers a Next Steps program. The Next Steps is an award-winning interactive workshop series which shares the results of the BC AHS with youth across British Columbia and supports them to design and deliver a project which addresses youth health issues in their community.

If you are interested in learning more about the Next Steps, or would like assistance adapting this resource to meet specific needs or interests, please email us at [nextsteps@mcs.bc.ca](mailto:nextsteps@mcs.bc.ca) or call our Community Research Coordinator at 604-291-1996 (ext. 233).



# Background

The BC AHS is a questionnaire administered to students across BC. It has been administered to students in mainstream public schools every five years since 1992. The survey asks youth in grades 7 to 12 about their physical and mental health and about factors that can influence health outcomes during adolescence and in later life.

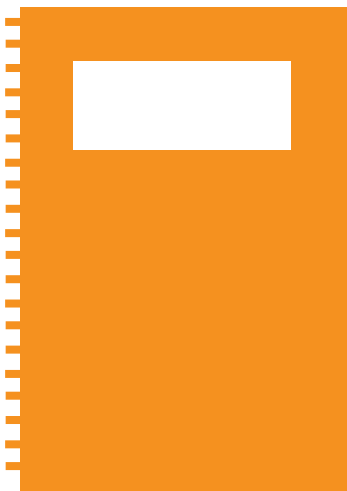
The data provides policy makers, schools, service providers, parents, and youth with a current and accurate picture of youth health and of changing health trends in communities across BC.

In 2013 almost 30,000 youth in 56 of BC's 59 school districts completed the survey.

## *Learning Objectives*

By the end of the workshop participants will:

- Understand how the BC Adolescent Health Survey was conducted
- Be aware of trends in youth health
- Understand risk and protective factors for healthy development
- Know where to access provincial and local survey results
- Know who to approach if they wish to deliver a youth health project in their school or community



# Before the Workshop

Before the workshop you will want to familiarize yourself with the results of the 2013 BC AHS. This workshop uses the provincial results of the survey, published in the report *From Hastings Street to Haida Gwaii*. If you prefer to use more local data, there are 16 regional reports available for the Northwest, Northeast, Northern Interior, Thompson Cariboo Shuswap, Okanagan, Kootenay Boundary, East Kootenay, North Vancouver Island, Central Vancouver Island, South Vancouver Island, North Shore/Coast Garibaldi, Vancouver, Richmond, Fraser North, Fraser South, and Fraser East.

The provincial report and all regional reports can be downloaded for free from McCreary's website ([www.mcs.bc.ca](http://www.mcs.bc.ca)) or you can order a hard copy here as well.

If you are new to the community in which you are seeking to host a workshop, it is a good idea to connect with local youth workers, school nurses, students, teachers, and principals to ensure that the workshop is geared towards, and sensitive of, current issues happening in the community.

If you would like additional support, we encourage you to connect with McCreary staff prior to hosting the workshop.

## *Facilitator*

The workshop requires a minimum of one facilitator; however, having a second facilitator might be helpful to take notes, assist with scorekeeping during the Fast Facts game, and provide extra support during the activities to youth who may need it.

If you need to recruit a co-facilitator, that person should be experienced working with young people in partnerships and be interested in hearing young people's perspectives.

## *Participants*

This workshop is designed to be used with young people in grades 7 to 12 (aged 12 to 19), and can be delivered in a classroom setting. It can be used with young people of different ages and in different settings; however, it may require some adaptations.

If you would like assistance in adapting the curriculum, please contact McCreary through the contact information provided on page 6.

## *Setting up the Space*

It is helpful to rearrange the room so that participants are sitting in a circle (or partial circle). This is especially important if you are planning on including the "Rock Bucket" activity described on page 14. This helps with visibility and encourages discussion.

## *Evaluation*

In the workshop resources section we have included evaluation forms both for the youth participants and for facilitators. These forms should be completed at the end of the workshop, and will help us to improve guides like this one.



It is also helpful to provide us with additional information when possible, such as the age range of participants and any other relevant demographics, the workshop setting (e.g., in a classroom, with a youth group), number of participants, and participants' responses to the data. We would also like to hear about any action or activities that may take place as a result of this workshop.

Please return the forms to:

*Next Steps Coordinator  
McCreary Centre Society  
3552 East Hastings Street  
Vancouver, BC  
V5K 2A7*

*or by email to: [nextsteps@mcs.bc.ca](mailto:nextsteps@mcs.bc.ca)*

*Fax: 604-291-7301  
Telephone: 604-291-1996*

# Getting Started

## *Workshop Supplies*

The following are a list of suggested supplies. If you do not have access to a computer or projector to use the PowerPoint presentation provided, it may be helpful to write the Fast Facts questions and workshop agenda on a flip chart ahead of time.

### *General supplies:*

- Flip chart paper and stand
- Flip chart markers
- Computer/laptop for PowerPoint presentation
- Projector

### *PowerPoint (Optional):*

- A PowerPoint presentation is available for use in the workshop. It can be downloaded at [www.mcs.bc.ca](http://www.mcs.bc.ca). If you decide not to use the PowerPoint, it is helpful to write down the questions and answer options for the Fast Facts game, and instructions for the other portions of the workshop

### *Fast Facts supplies:*

- Fast Facts questions (found in the PowerPoint presentation and on page 18 of this guide)
- Prizes (if using)

### *Rock Bucket activity (Optional):*

- Instruction sheet (found on page 14)
- A dozen or so rocks, about the size of an orange
- Risk factors and protective factors sheets (found on page 40)
- Elastic bands
- A bucket or bin large enough to safely hold all the rocks

*Note: This activity can also be done with a backpack, using textbooks in place of rocks.*

### *Evaluation forms*

- Youth feedback form (found on page 44)
- Facilitator feedback form (found on page 46)



# Workshop Agenda

The workshop can take approximately 90 minutes (including a short break and the "Rock Bucket" activity). The agenda, however, is flexible and can be adjusted to meet your needs. For example, large groups may take more time to discuss the Fast Facts questions than indicated in this guide.

## *Suggested Timeline:*

1. Introduce facilitators, BC AHS, and purpose of workshop (3 minutes)
2. Group Agreement (5 minutes)
3. About the BC AHS (5 minutes)
4. Fast Facts (20 minutes)

*Break/energizer (10 minutes)*

5. Discussion of risk and protective factors (10 minutes)
6. Rock Bucket activity—OPTIONAL (20 minutes)
7. Using the results and group next steps (10 minutes)
8. Closing and thank you (2 minutes)
9. Evaluation (5 minutes)

## *1. Introduce Facilitators and the Purpose of the Workshop (3 Minutes)*

If you are new to the youth you may want to give them some context of who you are and why you are facilitating the workshop. Let youth know the main objective of the workshop is to:

- Share the results of the 2013 BC AHS with young people.
- Ensure young people are included in discussions about youth health.
- Discuss the health of young people in their communities and action that could be taken to improve youth health.

Explain how the session will look. (You may want to have the agenda written out where youth can see it.)

This is a good time to do an icebreaker, especially if you are new to the group. There are some suggested icebreakers on page 43.



## *2. Group Agreement/Ground Rules (5 Minutes)*

If you are facilitating in a classroom, there may already be guidelines and rules in place for participants to follow. Discuss these in relation to the activities today, and ask youth to add any other guidelines. If there are no existing guidelines or rules, you can ask youth to create them.

The group agreement is in place to ensure that the space stays safe, and everyone feels comfortable participating. Some examples include “Use respectful language (no “isms” or put-downs),” “Listen when others are speaking,” and “Be understanding and open-minded.”

It is more effective to phrase the statements as actions youth should take, rather than actions to be avoided. For example: “Let others finish speaking before speaking yourself” is better than “Don’t talk over others.” If someone suggests a broad topic (like “Be respectful”) ask them to be more specific such as asking “What would respectful behaviour look like?” “How can you tell if someone is respecting you?”

If youth do not suggest rules on their own that you feel are important, make sure to bring them up yourself. One rule that may be helpful to add is “the Vegas rule,” which asks that youth agree that information shared within the workshop be kept confidential and not shared with others. This is also a good time to discuss the rules around bathroom breaks and cellphone usage during the workshop.

### *Important:*

You must let the youth know that if they reveal that they or someone else under the age of 19 has been abused, or is seriously considering suicide, you would have to report this directly to MCFD at 310-1234 unless your organization has a more specific reporting protocol.

If you are required through your organization, or through the school you are at, to report any other behaviour (for example drug use), please also inform the youth participants of this.

### *3. About the BC AHS (5 Minutes)*

Before beginning the Fast Facts game, it is helpful for youth to have more information about the BC AHS to provide context. Some information youth should know includes:

- The BC Adolescent Health Survey (BC AHS) is a survey answered every 5 years by young people attending mainstream schools in BC.
- 2013 marked the 5th time McCreary has conducted the survey. Previous surveys were done in 1992, 1998, 2003, and 2008.
- Almost 30,000 youth in grades 7–12 filled out the pen and paper survey in 2013.
- Surveys are screened to ensure they do not include joke answers, etc.
- 56 of BC's 59 school districts participated in the survey.
- The survey consisted of 130 questions, most of them multiple choice.
- Surveys were administered by public health nurses, nursing students, and other trained personnel.

- The survey is voluntary, anonymous, and confidential.
- The results are shared with federal and provincial government, schools, parents, youth, and youth-serving agencies. They are used for policy and program development at the local school and community level, as well as more broadly.
- Because the survey was administered to youth in mainstream public schools it does not include the perspectives of youth who are not in school, are home-schooled, are in alternative schools, or are in private schools. McCreary does other surveys with some of these youth.

### *4. Fast Facts (20 Minutes)*

Through this fun quiz game students will learn some key results of the BC AHS, have a chance to discuss the survey findings, consider health issues in their communities, and discuss ways to foster protective factors.

For this guide we have prepared a pool of 43 questions that cover some main findings from the BC AHS. Depending on the size of the group, it is usually possible to cover between 6 and 8 questions in a 20 minute period.

Not all the questions here will be appropriate for all youth: keep in mind the age range, issues in the community, and the types of discussions you are prepared to facilitate. Ensure that when choosing which questions to use at least one question is related to protective factors. Questions that specifically discuss protective factors can be recognized by their orange background colour, and bolded font.

The questions use the provincial data—if you wish you can create your own questions using regional data or a mix of both regional and provincial. There are also suggested discussion questions and additional relevant statistics related to the questions which you may use to further discussion if you wish. It may be helpful to have a copy of the BC AHS report *From Hastings Street to Haida Gwaii* as well, to answer any additional questions.

This Fast Facts game is designed to be played with at least two teams of 3–6 young people. If you have more people it is better to have more groups than to have too many on a team.

It is important to have the questions and the multiple choice options available for youth to see. You can do this by using the PowerPoint presentation, or by writing the questions and answer options on a flip chart or on the board.

### *The Game*

Give each team five pieces of paper and have them draw an A, B, C, D, and E on them.

- First, read out the question, giving each team a few minutes to discuss what they think the answer is.
- When the time is up, ask all the teams to hold up the appropriate letter for the answer they think is correct.
- Correct answers gain a point for the team. Incorrect answers do not gain or lose points.
- The team with the most points wins—let the group know if there is a prize for the winning team.
- You can also choose to not keep track of the overall score but simply award a small prize (snacks are always popular) after each question.

After each team has given their answers to a question, ask youth to discuss why they chose their answers. This may flow naturally, or it may help to use the discussion questions provided. This is when youth should reflect on issues and strengths they see in their community. Some general discussion questions include:

- Does the survey result surprise you? Why?
- If a team guessed the correct answer, what made the answer clear to them?
- Do you think the provincial/regional results reflect what is happening in your community? If you think things are different in your community, why do you think that is?
- What types of things did your group discuss before deciding on your answer?
- If the question concerns a trend (percentages going up or down between BC AHS survey years) ask youth why they think things have changed.

### *How much can we trust the BC AHS?*

On occasion people may challenge the results of the BC AHS. Often this is because people find some of the results more positive than they anticipated, or different than what they see happening in their community or among their group of friends. If this is the case, it may sometimes help to remind them:

- This information reflects the experiences of youth in mainstream public schools, the responses might be very different for youth who are not in school or are in alternative or private schools.

### *Let's "bike rack" that...*

Some questions may elicit a lot of discussion. If the discussion is running too long, or if there are two sides of a debate that does not seem to be leading to any new ideas, consider asking the class to “bike rack” the topic. When a topic is placed on the bike rack the group agrees that there is more to be said about the topic, but to come back to it at another time so the game can move forward. The discussion can be resumed at the end of the game or even on another day.

- The provincial information is from youth from all across BC, including very urban and very rural areas. Youth may not be aware of the diversity in BC if they have only ever lived in one community. For example, youth from certain regions may question the percentage of youth who reported hitchhiking in the past month, as the practice is more common in some places than others.
- The results of this survey are consistent with the results seen in similar surveys carried out in the US and New Zealand, as well as in other Canadian provinces.
- Because the survey is confidential and anonymous, and because it is administered by public health nurses who many youth trust, most youth answer the questions honestly.
- McCreary “cleans” the BC AHS data to remove surveys where someone may have not been honest or may have answered in certain ways, as a joke. We do this by looking for inconsistent and improbable answers (for example someone saying they are 6”1’ and weigh 39 lbs). Less than 1% of the surveys that are filled out end up having to be removed.

Sometimes it is useful to note to youth that more is gained through discussion of experiences within their community, and questioning preconceptions of youth health, than from debating the accuracy of the data.

### *Ending the Game*

You may chose to end the game with a “final jeopardy” round, where youth are told the subject of a final question and then wager their points. Proceed as before, but instead of gaining a point for a correct answer, teams that guess correctly are given the amount of points they wagered, and teams that guess incorrectly lose that amount.

Regardless of how you end the game, consider sharing the “key findings” of the BC AHS at this point (found on page 42).

A short discussion and time for reflection is a good way to end the game. Ask youth to discuss anything they found surprising or interesting. If you have time, this may also be a good time to ask if the group would like to return to any of the topics on the “bike rack.”

TEAM 1	TEAM 2
5	3

## *5. Risk and Protective Factors (10 Minutes)*

Youth will have been introduced to the concept of protective factors during the Fast Facts game talking points, so this next section begins brainstorming about protective factors in their communities.

Definitions of risk and protective factors:

### *Risk Factors*

- Risk factors are something present in someone's life that may make it more likely that they will experience poorer health than someone without these factors.
- Risk factors negatively affect someone's health in the present, but also contribute to the likelihood of negative health in the future.
- Risk factors include behaviours (e.g., the use of tobacco and other substances or not getting enough sleep); health conditions (e.g., obesity or depression); or life experiences (e.g., victimization or abuse).
- The more risk factors present in someone's life, the more likely they are to experience negative health.
- It is important to state that risk factors are not a cause for judgement: they are behaviours or experiences that statistically make young people more vulnerable to poorer health outcomes.
- Just because risk factors are present, it does not mean that a person will inevitably have poor health. That is where protective factors come in.

### *Protective Factors*

- Protective factors are something present in someone's life that make it more likely they will have positive health outcomes.
- If youth have risk factors but also have protective factors present, it can help them to experience more positive health outcomes.
- Having strong connections to school, family, community, and culture are all examples of protective factors that we see in the BC AHS results.

## *6. Rock Bucket Activity (20 Minutes)*

The "Rock Bucket" game is an effective way to discuss risk factors and community-specific protective factors.

Through the game, youth learn that the effects of risk factors are cumulative and can affect a person over time. It also demonstrates how protective factors can help alleviate the effects, reducing risk and promoting resiliency.

You will need to tape or place slips of paper, each with a number and a protective factor, under or on the back of chairs around the room. You will also need several rocks. Because of this, set-up can take some time and is best completed before the session begins.

### *Supplies:*

For this activity you will need:

- Instruction sheet.
- A dozen or so rocks, about the size of an orange.
- Risk factor and protective factor sheets (found on page 40).
- Elastic bands.
- A bucket or bin large enough to safely hold all the rocks.

### *Set-Up:*

Cut out the risk factors and put a number 1–16 on the back. Use elastic bands (or tape) to fasten these pieces of paper to the rocks, with the number visible. Set up the room by placing the rocks under chairs around the room.

### *Instructions*

Introduce the activity by explaining that you are going to be looking at the risk factors that may be present in young people's lives, and how various protective factors can protect against negative health outcomes.

1. Show the empty bin and ask for a volunteer who feels strong enough to carry the bin when it is full. Have your volunteer stand in the middle of the group, or in front of the audience, holding the bin.
2. Call out a number. Have the participants look under their seats and ask the person with the rock with that number on it to stand up with the rock. Ask this participant to bring the rock to the person with the bin, read the risk factor aloud, and place the rock in the bin.
3. Repeat this process for the remaining risk factor rocks.
4. Facilitate a discussion at this point about the cumulative effects of these risk factors on the carrier.



Ask how risk factors can affect someone, for example:

- If a person moves into government care, how might that affect their overall health?
- If a person feels misunderstood at home and isolated at school, how may that affect their health?
- If a person feels stigmatized because of a mental or physical health condition, how may that affect their health?
- If a person faces harassment based on their culture, race, gender, ability, or sexual orientation, how may that affect their health?

Also discuss why a risk factor could negatively impact both individual health and the community as a whole.

Ask the group what they think would lighten the carrier's load? What are some of the things that might contribute to overcoming risks and remaining healthy?

5. Explain that you will call out numbers again, only this time for protective factors, and the person with that number under her/his chair will come forward, read out the "protective factor" and remove a rock from the bin, BUT will leave the risk factor paper in the bin. Repeat for all the protective factors as before.
6. Ask the group again what they saw happening. Point out that protective factors took away the weight of the risk factor that was holding down the volunteer with the bin. Point out that the risk factor still exists in the person's life, but it no longer weighs the person down. Use this metaphor to facilitate a discussion about protective factors.

Use discussion questions such as:

- Can anyone explain what we just saw?
- Why do some people with many risk factors seem to maintain healthy lives?
- What was the difference between the risk factors and the protective factors? (not all youth experience the same risks, but all youth need to have protective factors in their lives).

Note: This activity can also be done with a backpack, using textbooks in place of rocks.

### *7. Using The Results (10 Minutes)*

Now is a good time to begin getting the group to think about what can be done with this information. It may be helpful to ask youth to reflect on what they have learned, such as asking questions like:

- What was the most surprising thing you learned?
- What were you not surprised to learn?
- What are some factors that can protect a young person from unhealthy outcomes, even if they have risk factors?
- What do you think would help to promote protective factors in this school/community?
- What would you like to see happen in the school/community to increase protective factors?

### *8. Evaluations (5 Minutes)*

Ask youth to please fill out the feedback forms. Explain that their comments will be anonymous and used to improve workshops like this, as well as inform future projects.

There are youth feedback forms on page 44 and facilitator feedback forms on page 46.

### *9. Closing/Goodbye (2 Minutes)*

Now is a good time to recap actions everyone is going to take. If there will be another session to work on a larger project let youth know now.

Thank everyone in the group for their contributions and input.

## *Youth Action Grants*

The Youth Action Grants (YAGs) are a project of the McCreary Youth Advisory & Action Council (YAC). The YAGs are up to \$500 grants that provide BC youth (ages 12–19) from school districts that participated in the 2013 BC Adolescent Health Survey the opportunity to deliver a project to improve youth health in their school or community.

If youth come up with a project idea as a result of today's workshop, they can apply for a YAG to make it happen.

Contact [yag@mcs.bc.ca](mailto:yag@mcs.bc.ca) for more details, or visit [www.mcs.bc.ca/ahs\\_youth\\_resources](http://www.mcs.bc.ca/ahs_youth_resources)

# Resources

## *Fast Facts Questions*

Below are quiz questions which can be used in the workshop. You can select the ones you wish to use, which are most relevant to your group. It is important to include at least one question about protective factors, shown in orange and with bolded questions.

These questions are also available in a PowerPoint presentation which can be downloaded at [www.mcs.bc.ca](http://www.mcs.bc.ca).

## *BC Youth*

1) What percentage of youth were born outside of Canada?

a) 9%

b) 15%

c) 19%

d) 29%

*Answer: c) 19%*

Among youth born abroad, 73% indicated being a permanent resident or a Canadian citizen, while 22% were international students, and 4% were refugees.

2) How many youth reported speaking only English at home?

a) 13%

b) 51%

c) 65%

d) 71%

*Answer:* b) 51%

This was a decrease from 53% in 2008 and 57% in 2003. 29% of youth reported sometimes speaking a language other than English at home, and 21% reported speaking another language at home most of the time.

3) What percentage of youth identified as Aboriginal?

a) 2%

b) 10%

c) 15%

d) 25%

*Answer:* b) 10%

This was the same as in 2008. Among students who identified as Aboriginal, 64% were First Nations, 32% Métis (an increase from 23% in 2008), and 2% Inuit. The remainder identified as a specific group such as Cherokee.

4) When comparing to the 2008 survey results, which of the following is true?

- a) There was a rise in the percentage of male students who identified as bisexual
- b) There was a rise in the percentage of female students who identified as bisexual
- c) There was an increase in the percentage of female students who identified as lesbian
- d) All of the above

*Answer:* d) All of the above

Both male and female students were less likely to identify as straight in the 2013 BC AHS than in previous years (81% in 2013 vs. 86% in 2008 and 85% in 2003). Fewer than 1% of youth identified as transgender and 5% of Aboriginal youth identified as Two Spirit.

*Discussion:* Do any of these findings surprise you? Why or why not?

### *Physical Health*

5) Eight percent of youth missed out on medical care when they thought they needed it. What was the most common reason youth gave for not getting health care?

- a) They thought or hoped that the problem would go away
- b) They did not want their parents to know
- c) The service was not available in their communities
- d) They were too busy

*Answer:* a) They thought or hoped that the problem would go away

a) was the most common response for both males and females, however d) "I was too busy" was the second most common response for males, while b) "I didn't want my parents to know" was the second most common response among females.

*Discussion:* What might some of the issues be in this community that prevent young people from accessing medical care?

6) When asked to rate their physical health, who was more likely to rate their health as excellent?

a) Males

b) Females

c) Males and females were equally likely to rate their health this way

*Answer:* a) Males

In every BC AHS since 1992, males have been more likely than females to rate their health as excellent.

*Discussion:* Why do you think this might be?

7) From the list below, which were the two most commonly reported health conditions or disabilities?

a) Severe allergic reaction

b) Mental or emotional health condition

c) Learning disability

d) Long-term or chronic condition such as diabetes or asthma

*Answer:* b) and d) Mental or emotional health condition and long-term or chronic condition

10% of youth reported having a mental or emotional health condition and 10% reported having a long-term or chronic condition such as asthma or diabetes. 4% reported having a learning disability, 3% reported having a behavioural condition and 2% reported having an allergy severe enough to require an epinephrine injection.

## Sleep

8) The National Sleep Foundation recommends that youth aged 12–19 get around 9 hours of sleep a night. What percentage of youth reported they had slept 9 or more hours the night before they completed the 2013 BC AHS?

a) 24%

b) 49%

c) 74%

d) 99%

*Answer:* a) 24%

Only 27% of males and 21% of females got at least nine hours of sleep the night before they took the survey. Older youth were less likely to get 9 hours of sleep than younger youth. For example, 49% of youth aged 12 years or younger got 9 hours of sleep compared to 15% of youth aged 16. Five percent of youth reported they got 4 hours or less the night before taking the survey.

9) *Good/excellent mental health ratings were higher...*

a) Among older students

b) For females compared to males

c) When students got more sleep

d) When students were bullied

*Answer:* c) When students got more sleep

In addition, rates of good or excellent mental health increased for every hour of sleep that students got, regardless of the grade they were in.

*Discussion:* What are some reasons that youth might not be getting enough sleep? What are some ways adults could help youth to get more sleep?

## Mental Health

10) What percentage of youth rated their mental health as good or excellent?

- a) 10% of males and 25% of females
- b) 87% of females and 76% of males
- c) 25% of males and 10% of females
- d) 87% of males and 76% of females

*Answer:* d) 87% of males and 76% of females

While most youth rated their mental health as good or excellent, it was lower than the percentage of youth who rated their physical health as good or excellent.

11) Which of the following is true?

- a) The percentage of students who reported extreme stress was higher among older students than younger ones
- b) 15-year-olds are the age group most likely to report extreme stress
- c) Older youth reported experiencing less stress than younger youth
- d) 12-year-olds and 18-year-olds reported the same levels of stress

*Answer:* a) The percentage of students who reported extreme stress to the point where they could not function properly increased as they got older

Females were more likely than males to report experiencing extreme stress that prevented them from functioning properly (13% vs. 5% of males). This gender difference was found at every age.

*Discussion:* If you or someone you know are experiencing these feelings, there are people and places that can help. Who can you approach at school? At home? In the community? Why do you think some people who are depressed don't talk to anyone about it?

*Add any that they miss: parent, teachers, school nurse, school counsellor, clinic, or 1-800-668-6868 (Kids Help Phone).*



## *Injuries and Injury Prevention*

12) What percentage of youth reported they had experienced a concussion in the past year?

- a) 5%
- b) 8%
- c) 16%
- d) 25%

*Answer:* c) 16%

18% of youth who had a concussion in the past year reported they did not access medical care when they needed it

*Discussion:* Why might someone who experienced a concussion not seek medical care? What are the most common ways youth might get a concussion?

13) Youth were less likely to report that they always wore a seat belt while in a motor vehicle in 2013, compared to 2008.

- a) True
- b) False

*Answer:* b) False

74% of youth in 2013 reported they always wore a seat belt while in a motor vehicle, compared to 66% of youth in 2008.

Youth in grades 9 and 10 were least likely to always wear a seat belt, while students in grades 7 and 12 were the most likely.

## Nutrition

14) Youth were asked what they ate and drank the day before taking the survey. Which was being consumed more in 2013 compared to 2008?

- a) Fast food
- b) Pop or soda
- c) Sweets and candy
- d) Energy drinks

*Answer:* c) Sweets and candy

Youth were more likely to report having sweets and candy in 2013 than in 2008.

However, youth were less likely to report having a) fast food, b) pop or soda, and d) energy drinks.

More youth also reported having had fruits and vegetables the previous day in 2013 than in 2008 (92% in 2008 vs. 94% in 2013).

15) What were the top three reasons young people gave for not eating breakfast at home?

- a) They got their breakfast at school
- b) They didn't have time
- c) They felt sick when they ate breakfast
- d) They were not hungry
- e) There is nothing they like to eat at home

*Answer:* b) They didn't have time, d) They were not hungry, c) They felt sick when they ate breakfast

Youth who ate breakfast on school days were more likely to report positive mental health.

*Discussion:* How might consuming fruit and vegetables and positive mental health be related? How might you feel (physically and emotionally) if you skip breakfast?

## Body Weight and Body Image

16) Compared to five and 10 years earlier, the percentage of youth in 2013 who were a healthy weight...

a) Increased (more youth are a healthy weight)

b) Decreased (fewer youth are a healthy weight)

*Answer:* b) Decreased

The percentage of females who were overweight or obese increased, as did the percentage of males who were underweight or obese. Overall, 76% of youth were a healthy weight for their age and gender, while 3% were underweight, 15% overweight and 6% were obese.

17) How many healthy weight females were trying to lose weight?

a) Around 1 in 2

b) Around 1 in 5

c) Around 1 in 10

d) Around 1 in 20

*Answer:* a) 52% (or around 1 in 2) healthy weight females reported they were trying to lose weight

In contrast, 13% of healthy weight males were trying to lose weight, and a third were trying to gain weight.

Also, 22% of females who were a healthy weight thought they were overweight, compared to 4% of healthy weight males.

*Discussion:* What do you think makes students who are a healthy weight think that they need to lose (for girls) or gain (for boys) weight?

- Identify ways in which different kinds of media create and perpetuate stereotypes (music videos, movies, magazines, video games, commercials).
- Discuss the potential impacts of stereotypes on self and peers (self-esteem and self-confidence, eating, friendships, relationships, etc.)

## Sexual Behaviour

18) Have the rates of youth who reported having had sex increased or decreased since 2003?

a) Increased

b) Decreased

*Answer:* b) Decreased

81% of youth reported that they had never had sexual intercourse in 2013, compared to 76% in 2003. Rates of youth who reported having had oral sex also decreased, from 26% in 2008 to 23% in 2013.

*Discussion:* Are you surprised by these results (often youth think that everyone except them is having sex)? Why/why not?

19) The majority of youth (69%) who had ever had sexual intercourse reported using a condom the last time they had sexual intercourse. How many youth reported having used a condom or other barrier the last time they had oral sex?

a) 17%

b) 25%

c) 50%

d) 70%

*Answer:* a) 17%

A total of 23% of youth had had oral sex.

*Discussion:* Where can you get condoms or other forms of contraception? Where else can you get information about sex and contraception?

*The 1-800-SEX-SENSE Line is a number that anyone in BC can call to ask questions about how to take care of their sexual health. It is open from 9:00am to 9:00pm, Monday to Friday. All calls are free and confidential.*

## Tobacco

20) Compared to previous years, the percentage of students who have tried tobacco has...

a) Increased

b) Decreased

c) Stayed the same

*Answer:* b) Decreased

21% of youth had ever tried tobacco in 2013, which was lower than the 26% in 2008 and the 34% in 2003.

*Discussion:* Why do you think fewer youth are smoking now?

21) In 2013, were males or females more likely to have tried tobacco?

a) Males

b) Females

c) Both equally likely

*Answer:* a) Males

In 2003 and 2008 females were more likely to have tried tobacco than males. In 2013, among youth who had tried smoking, females were more likely to have smoked cigarettes, while males were more likely to have used other products like cigars, electronic cigarettes, and chewing tobacco.

*Discussion:* What are some factors that might affect the likelihood of youth smoking (e.g., having parents that smoke, having friends that smoke)?

## Alcohol Use

22) What percentage of youth reported having tried alcohol?

- a) 5%
- b) 23%
- c) 45%
- d) 74%

*Answer:* c) 45%

This is a decrease from ten years ago when 58% of youth had tried alcohol. Youth who did drink alcohol were also waiting longer to start drinking; the percentage of youth who had tried alcohol before the age of 15 decreased from 80% in 2003 to 75% in 2008, to 65% in 2013.

*Discussion:* Why might fewer youth be drinking than in previous years?

23) Binge drinking is defined as having 5 drinks of alcohol for males and 4 drinks for females over a couple of hours. Among those who drank on the Saturday before taking the survey, what percentage binge drank?

- a) 15% of males and 25% of females
- b) 45% of males and 38% of females
- c) 13% of males and females
- d) 67% of males and 59% of females

*Answer:* d) 67% of males and 59% of females

A total of 63% of youth who drank the previous Saturday had five or more drinks.

Students in 2013 were more likely than their peers five years earlier to report having friends who would be upset with them if they got drunk (44% vs. 35% in 2008).

*Discussion:* Why do you think some youth binge drink?

Some consequences of their alcohol use that youth reported on the survey included passing out, arguing with family, doing something they could not remember, changes to their school work and marks, damaging property, getting injured, getting in trouble with the police, having sex when they did not want to, getting in a physical fight, or losing friends.

## Marijuana

24) The percentage of youth who had tried marijuana:

- a) Increased
- b) Decreased
- c) Stayed the same

*Answer:* b) Decreased

As with tobacco and alcohol, youth were less likely to have tried marijuana in 2013 than in 2008 (26% in 2013 vs. 30% in 2008).

Among youth who had tried marijuana, more waited until they were older than in previous years. Males were slightly more likely than females to report having used marijuana.

25) 26% of youth reported having ever tried marijuana. How many reported having used it in the past month?

- a) 11%
- b) 15%
- c) 23%
- d) 51%

*Answer:* b) 15%

Among all youth who completed the survey, 15% reported using marijuana in the past month. This reflected a decrease over the past decade.

*Discussion:* Most youth who have used marijuana got it from another youth outside their family. Does this surprise you?

*Substances other than alcohol & marijuana*

26) The 2013 BC AHS asked youth if they had used specific substances other than alcohol or marijuana (e.g., prescription pills without a doctor's consent, cocaine, heroin, mushrooms, amphetamines and hallucinogens, etc.). Did the percentage of youth who reported using any of these substances increase or decrease between 2008 and 2013?

a) Increased

b) Decreased

c) Stayed the same

*Answer:* b) Decreased

The rates of use for each of these substances went down. Overall, 17% of youth had used at least one substance other than alcohol or marijuana.

27) Which substance did students most commonly report having used (after alcohol, marijuana, and tobacco)?

a) Cocaine

b) Hallucinogens

c) Prescription pills without a doctor's consent

d) Mushrooms

*Answer:* c) Prescription pills without a doctor's consent

11% of students had used prescription pills without a doctor's consent (12% of females vs. 10% of males). Second most common were hallucinogens (including ecstasy) at 6%, and mushrooms were third at 5%. Fewer youth reported using any of these substances than their peers 5 years earlier.

*Discussion:* Why might youth be using someone else's prescription pills? What are the dangers?



## Peer Relationships

**28) True or False? Youth who felt that their friends would be upset with them if they were involved in certain risky behaviours (e.g., getting arrested, dropping out of school, or using substances) reported poorer mental health than those whose friends would not be upset for this reason.**

a) True

b) False

*Answer: b) False*

Youth who felt that their friends would be upset with them if they were involved in certain risky behaviours reported BETTER mental health. For example, 86% of students whose friends would be upset if they used marijuana reported good or excellent mental health, compared to 75% of students whose friends would not be upset for this reason.

**29) What percentage of youth who had been in a dating relationship had been the victim of physical violence within that relationship?**

a) 0%

b) 2%

c) 6%

d) 15%

*Answer: c) 6%*

This was a decrease from 8% in 2008. Youth with friends who would not be upset if they beat someone up were more likely to have been the victim of relationship violence themselves, compared to youth whose friends would disapprove of that behaviour (8% vs. 4%).

*Discussion:* What ways can a friend help someone who's experiencing relationship violence? Who else can help?

## School

**30) True or false? The majority of students felt like a part of their school, were happy at school, and felt safe there.**

a) True

b) False

*Answer:* a) True

Most also reported that they got along with teachers (72%), their teachers cared about them (63%), and they were treated fairly by school staff (74%). Males were more likely than females to be happy at their school (69% vs. 65%). In contrast, females were more likely to get along with their teachers; feel cared about by their teachers (64% vs. 63% of males) and other school staff (49% vs. 47%); and feel that school staff treated them fairly (76% vs. 73%).

*Discussion:* Why do you think male students were more likely to report they were happy at school but female students were more likely to report that they got along with their teachers?

**31) Where did youth feel least safe at school?**

a) Classroom

b) Washrooms

c) Cafeteria

d) Outside on school property

e) Library

*Answer:* d) Outside on school property

The most students felt safe in the library (96%); followed by the classroom (94%), cafeteria (91%), hallways (90%), washrooms (88%), closely followed by outside (87%). In 2013, students felt safer in all areas of their school than they did in 2003 and 2008.

*Discussion:* Why do you think more students felt safe in the library than outside or in the washrooms? What makes students feel safe? Unsafe? What can be done to increase students' feelings of safety?

**32) Students who reported feeling connected to school were more likely to:**

- a) Report positive mental health
- b) Expect to continue their education beyond high school
- c) Both of the above
- d) Neither of the above

*Answer:* c) Both of the above

Also, youth who saw themselves in school in 5 years were less likely to have skipped school three or more times in the past month, were more likely to have friends who would disapprove if they dropped out of school, and were more likely to feel engaged in their community and to have done weekly volunteer work.

*Discussion:* What makes youth feel connected to school? How could this be improved at your school?

*Bullying and discrimination*

**33) What percentage of youth reported that they experienced at least one type of discrimination in the past year (such as racist or homophobic discrimination)?**

- a) 5%
- b) 15%
- c) 35%
- d) 45%

*Answer:* c) 35%

There was no gender difference in discrimination on the grounds of race or sexual orientation. However, females were more likely to report being discriminated against because of their sex or gender compared to males (9% vs. 2%).

*Discussion:* What are some ways you can support someone who is being discriminated against?

An ally is someone who speaks out and stands up for a person or group that is targeted and discriminated against. Being an ally means speaking up and taking action when you see someone being victimized. How can you be an ally? What could your school do to ensure there are more allies?

34) What percentage of youth reported being cyberbullied in the past year?

a) 4%

b) 14%

c) 24%

d) 34%

*Answer:* b) 14%

Females were more likely to have been cyberbullied than males (19% vs. 10% of males), and were more likely to have met someone through the Internet who made them feel unsafe (19% vs. 9% of males).

*Discussion:* What should you do if you feel you are being cyberbullied?

35) Among youth who were socially excluded by their peers in the past year, what percentage had ever seriously considered suicide?

a) 7%

b) 22%

c) 40%

d) 52%

*Answer:* b) 22%

In comparison, 7% of youth who were not socially excluded had seriously considered suicide.

*Discussion:* How can we better support youth and make sure they are included?

## Transportation

36) What percentage of youth reported hitchhiking somewhere in the past month?

- a) 1%
- b) 3%
- c) 6%
- d) 11%

*Answer:* b) 3%

Youth who went to bed hungry often or always were more likely to have hitchhiked in the past month, and specifically hitchhike to school (17% vs. 1% of youth who were not living in this level of poverty). Youth who felt unsafe on public transit were more likely to have hitchhiked in the past month than their peers.

37) What percentage of youth reported that they did not use public transit?

- a) 7%
- b) 17%
- c) 27%
- d) 57%

*Answer:* c) 27%

Youth who relied on public transit or hitchhiking were more likely than their peers to have missed out on extracurricular activities and health care services. Furthermore, these youth were more likely to have missed out on necessary medical care because they had no transportation, than youth travelling by car.

*Discussion:* Are you surprised by these results? How might different means of transport change in different regions (rural, urban, etc.)? Can you access transport in your community?

*Family Relationships and Supportive and Caring Adults outside the Family*

**38) True or false: youth who felt that their family paid attention to them were more likely to have made safer decisions than their peers who felt that their family did not pay attention to them?**

a) True

b) False

*Answer:* a) True

For example, they were less likely to have driven after drinking alcohol (2% vs. 6%), or to have been a passenger in a vehicle with someone who had been drinking (15% vs. 33%), and were more likely to always wear a seat belt (77% vs. 61%).

*Discussion:* Why do you think youth take fewer risks when they have better connections to their family?

**39) How many youth felt they had an adult outside their family they could turn to if faced with a problem?**

a. About a quarter

b) About a third

c) About half

*Answer:* b) About a third (32%)

Having a supportive adult outside the family was linked to better health. For example, among youth with a mental health condition, those who had an adult outside their family they could turn to were more likely than their peers without such an adult to feel good about themselves (40% vs. 29%) and to feel as competent as their peers (63% vs. 54%).

*Discussion:* Who could these adults be in this community?

**40) If a youth with a mental health condition approached a teacher for help and found this experience helpful, how did this relate to the likelihood of the youth attempting suicide?**

a) They would be more likely to attempt suicide

b) They would be less likely to attempt suicide

c) It didn't—if a teacher is helpful or not does not affect the likelihood of a youth with a mental or emotional condition attempting suicide

*Answer:* b) They would be less likely to attempt suicide

If a youth with a mental health condition found the teacher they approached helpful, they were less likely to attempt suicide (28%) compared to those who approached a teacher but did not find this experience helpful (48%), and to those who did not ask for help. This was also true if youth approached youth workers, school counsellors, or Aboriginal Elders.

#### *Physical activity, sports, and leisure*

**41) Were males or females more likely to regularly take part in organized sports (sports with a coach such as school teams) and informal sports (sports without a coach such as skateboarding and hiking)?**

a) Males

b) Females

c) They were equally likely to take part

*Answer:* a) Males

Females were, however, more likely to take part in dance or yoga.

*Discussion:* Why do you think there is such a difference here?

The Canadian Physical Activity guidelines recommend that youth aged 12 to 17 do an hour of moderate to vigorous activity every day; however, only 17% of students this age met these recommendations in the past week. Why do you think this is?

**42) Students who took part in organized or informal sports on a weekly basis were more likely than their peers who took part less often to:**

- a) Rate their mental health as good or excellent
- b) Report feeling happy in the past month
- c) Have slept 9 or more hours the night before taking the survey
- d) All of the above
- e) None of the above

*Answer:* d) All of the above

Students who played organized or informal sports were more likely than their less-active peers to report all of the above.

*Discussion:* What could support more youth to play sports or do physical activities?

**43) Students who took part in weekly cultural activities were more likely than those who did not to:**

- a) Rate their mental health as good or excellent
- b) Feel good about themselves
- c) Feel that the activities they were involved in were meaningful
- d) Feel that their ideas were listened to and acted upon
- e) All of the above


*Answer:* e) All of the above

Students who participated in weekly cultural activities were more likely to feel that the activities they were involved in were meaningful (76% vs. 68% who participated less often) and that their ideas were listened to and acted upon (50% vs. 43%).

*Discussion:* How does something like participating in cultural activities affect mental health? How does having a supportive adult and community make you feel?




Possible Risk Factors:



1 Has been discriminated against for being LGBTQ	2 Has suffered abuse or witnessed family violence	3 Does not feel safe in neighbourhood	4 Has moved around many times
5 Has friends that encourage risky behaviour	6 Rarely wears a seat belt when in a motor vehicle	7 Family struggles to pay for basic necessities (food, shelter, clothing, health services, etc.)	8 Has been teased or harassed many times
9 Has considered or attempted suicide	10 Goes to bed hungry because there is no money for food at home	11 Has engaged in binge drinking frequently	12 Has gotten into a physical fight
13 Has no adult to turn to for help	14 Does not feel safe at school	15 Has had sex when didn't want to	16 Has been in a violent dating relationship

*Possible Protective Factors:*



1 Involved in clubs or healthy recreational activities	2 Feels safe and connected to school	3 Feels hopeful about the future	4 Has an adult to talk to about a serious problem
5 Has a positive relationship with family	6 Gets healthy food at school	7 Plans to continue education beyond high school	8 Exercises often
9 Feels comfortable with body	10 Volunteers in the community	11 Has a supportive group of friends	12 Can identify something they are good at
13 Has good relationship skills such as listening and being a good friend	14 Feels listened to and valued in extracurricular activities	15 Feels comfortable accessing health services	16 Can identify healthy ways to release or manage stress

# BC AHS Key Findings

Youth in British Columbia come from increasingly diverse backgrounds, including more young people reporting in 2013 that they speak a language other than English at home, and fewer youth reporting that they live with their parents or identify as being completely heterosexual than in previous years.

## *Positive developments*

Compared to previous survey years:

- Lower percentages of youth had tried alcohol, tobacco, marijuana, and other substances.
- Youth were more likely to engage in behaviours that prevent injuries, such as always wearing a seat belt and not driving after drinking.
- Fewer youth were seriously injured.
- Fewer youth were diagnosed with an STI, had been pregnant or caused a pregnancy.
- Fewer youth reported being physically or sexually abused.
- There was a decrease in the number of youth who reported being cyberbullied.

## *Room for Improvements*

- Only 24% of students slept for at least 9 hours on the night before they took the survey, and most youth reported they used their phone or were on the Internet after they were supposed to be asleep.
- Female youth were more likely than males to report experiencing extreme stress, extreme despair, self-harm, suicidal thoughts, and suicide attempts.
- Females were more likely to report that they had been the victim of bullying, with 14-year-olds being especially vulnerable.
- 16% of youth reported having experienced a concussion in the past year. Among these youth, almost 1 in 5 did not receive medical help because their parents would not take them (19%) or they had previous negative experiences seeking medical help (15%).
- More youth were overweight and obese in 2013 than in previous years.
- Only 17% of youth aged 12 to 17 met the Canadian physical activity requirements of an hour of moderate to vigorous physical activity every day.

# Icebreakers and Energizers

Below are some examples of icebreakers and energizers you might want to use. Videos of icebreakers created by McCreary's Youth Advisory and Action Council are available at [www.mcs.bc.ca](http://www.mcs.bc.ca) and on our YouTube channel, [www.youtube.com/user/McCrearyCentre](http://www.youtube.com/user/McCrearyCentre)

## *Two Truths and A Lie:*

In turn, youth each tell two true things and one false thing about themselves. The group tries to guess which one is the lie.

## *Communication Challenge:*

Give everyone a number. They have to arrange themselves in numerical order by communicating with each other without speaking or holding up fingers. They make up their own sub-language or sign language. For Round Two, have people arrange themselves in order of birth or in calendar months.

## *Zip Zap:*

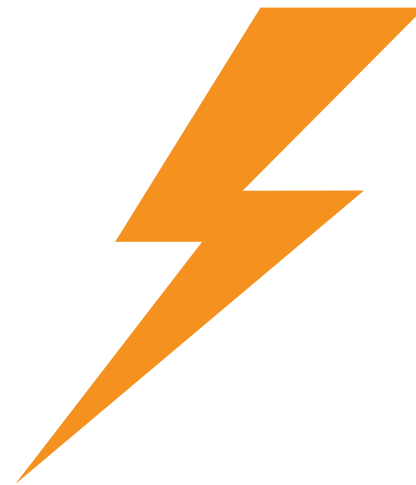
Gather your group and have them sit in a circle. This is a simple game consisting of two words—Zip and Zap. One person will begin by turning to the person next to them and saying Zip. They will continue in the same direction with everyone saying Zip until someone decides to reverse the order by saying Zap. At that time, the person who just got Zipped will look at the Zipper and say Zap. Order then reverses from its original with everyone saying Zip again. If someone says the wrong word, mumbles, stalls, or looks the wrong way for the word they said, they're out. Continue playing until down to two players.

## *Human Knot:*

Have the group put their hands into the center of a whole-group circle and grab at the right hand across from them in the circle. With the other hand, grab a different person's hand. Have the group untangle themselves without letting go of each other's hands.

### *Debrief notes*

- What skills did you use to get out of the knot? (Communication, teamwork, etc.)
- Have you ever had a problem like this one? Describe it.
- How can you use (communication, teamwork) to solve your problems as a group?
- Have we faced problems like this with our project?
- What can we do to resolve them better?



# Youth Feedback Form

Thank you so much for taking part in the AHS Next Steps Project! We hope to be able to do projects like this with youth in the future, so please tell us what you liked about today's workshop, how much you learned, and what you think we should change or improve.

*The first 4 questions are to ensure we are reaching diverse youth across the province. They will not be used to identify you in any way.*

*How old are you?*

- 11 or younger    12 years old    13 years old    14 years old    15 years old  
 16 years old    17 years old    18 years old    19 or older

*What is your gender*

- Male    Female    Transgender    Other (please explain): \_\_\_\_\_

*Were you born in Canada?*

- Yes    No

*What is your background? Mark all that apply:*

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal (First Nations, Métis, Inuit)                            | <input type="checkbox"/> West Asian (Afghani, Iranian, Arab, etc.)        |
| <input type="checkbox"/> European (British, Scottish, Russian, Dutch, German, Italian, etc.) | <input type="checkbox"/> Latin American, South American, Central American |
| <input type="checkbox"/> African   | <input type="checkbox"/> Australian, Pacific Islander                     |
| <input type="checkbox"/> East Asian (Chinese, Japanese, Korean, etc.)                        | <input type="checkbox"/> Don't know                                       |
| <input type="checkbox"/> South Asian (East Indian, Pakistani, Sri Lankan, etc.)              | <input type="checkbox"/> Other (please explain): _____                    |
| <input type="checkbox"/> Southeast Asian (Cambodian, Filipino, Indonesian, Vietnamese, etc.) |   |

*How would you rate your overall experience with the workshop? (choose only one)*

- Excellent       Good       Fair       Poor

*How much did you learn about the following things (A lot, Quite a bit, A little, or Nothing)? Mark an answer for each one:*

	A Lot	Quite a Bit	A Little	Nothing
2013 BC Adolescent Health Survey				
Risk factors				
Protective Factors				

*What did you enjoy the most about the Next Steps workshop?*

*What (if anything) did you learn from the Next Steps workshop?*

*What did you not like about the AHS Next Steps workshop? Please give suggestions for how the workshop could change.*

*What will you do with the information you have learned today?*

*Anything else (suggestions, ideas, comments)?*

Thank you!  
McCreary Centre Society  
3552 Hastings St East  
Vancouver, BC V5K 2A7  
[www.mcs.bc.ca](http://www.mcs.bc.ca)  
604-291-1996

# Facilitator Feedback Form

*How would you rate the workshop overall?*

- Excellent       Good       Fair       Poor

*How did the youth participants generally rate the workshop?*

- Excellent       Good       Fair       Poor

*How much do you think the youth learned about the following things through this workshop? Mark an answer for each one:*

	A Lot	Quite a Bit	A Little	Nothing
Youth Health in BC				
Risk factors				
Protective Factors				

*How satisfied were you with the structure of the workshop?*

- Very satisfied       Satisfied       Neutral       Dissatisfied       Very dissatisfied

*Please Explain:*



*How satisfied were you with the contents of the workshop manual?*

- Very satisfied    Satisfied    Neutral    Dissatisfied    Very dissatisfied  
 N/A

*Please Explain:*

*Were there any topics that you feel should have been covered in the manual that weren't? Was there anything that shouldn't have been included that was?*

- No, the topics covered in the manual were appropriate and sufficient.  
 Yes, I think the topics in the manual could have been better. Please explain:

*Did you use any of the icebreakers included in the manual?*

- No                       Yes (please specify):

*If you used any of the icebreakers, how satisfied were you with them?*

- Very satisfied    Satisfied    Neutral    Dissatisfied    Very dissatisfied  
 N/A

*Please Explain:*

*How satisfied were you with the activity instructions in the manual?*

- Very satisfied    Satisfied    Neutral    Dissatisfied    Very dissatisfied

*Please Explain:*

*How satisfied were you with the activities in the manual?*

- Very satisfied    Satisfied    Neutral    Dissatisfied    Very dissatisfied

*Please Explain:*

*How satisfied were you with the PowerPoint slides that were provided?*

- Very satisfied    Satisfied    Neutral    Dissatisfied    Very dissatisfied  
 Didn't use

*Please Explain:*

*What did you like best about the workshop?*

*What did you like least about the workshop? Were there any challenges?*

*Would you do this workshop again?*

Yes

No

*Please Explain:*

*Would you do anything differently the next time?*

Yes

No

*Please Explain:*

*Would you recommend this workshop to others?*

Yes

No

*Please Explain:*

*Have any actions or activities come about from the workshop?*

No

Yes (please specify):

*Other comments*

Please return this form by email to  
[nextsteps@mcs.bc.ca](mailto:nextsteps@mcs.bc.ca)

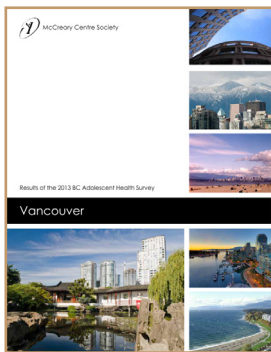
OR by regular mail to:

McCreary Centre Society  
3552 East Hastings Street  
Vancouver, BC V5K 2A7

*Thank you!*

# McCreary Resources

A selection of 2013 BC Adolescent Health Survey resources are available on our website and YouTube channel.



Reports of 2013 BC AHS results, visit [http://www.mcs.bc.ca/2013\\_AHS\\_Reports](http://www.mcs.bc.ca/2013_AHS_Reports)  
Special topic reports include a report about sexual health and social capital among youth in care.



Posters of the provincial and regional results. [http://www.mcs.bc.ca/latest\\_reports\\_II](http://www.mcs.bc.ca/latest_reports_II)



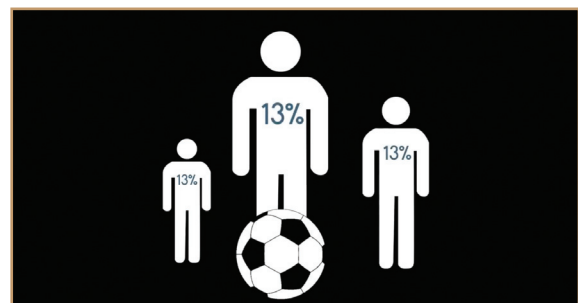
Youth Action Grants (YAGs) are available to youth who want to deliver a project that improves youth health in their community. [http://www.mcs.bc.ca/ahs\\_youth\\_resources](http://www.mcs.bc.ca/ahs_youth_resources)



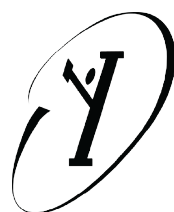
Powerpoints of all reports are available for use by anyone wanting to share the results.

Claymations created by youth using statistics from the 2013 BC AHS are available to view at [www.youtube.com/user/McCrearyCentre](http://www.youtube.com/user/McCrearyCentre)

A video highlighting key BC figures responses to the BC AHS, including Bob Lenarduzzi, Mary Ellen Turpel-LaFond and Minister Stephanie Cadieux : [www.youtube.com/user/McCrearyCentre](http://www.youtube.com/user/McCrearyCentre)







McCreary Centre Society

Youth health • Youth research • Youth engagement