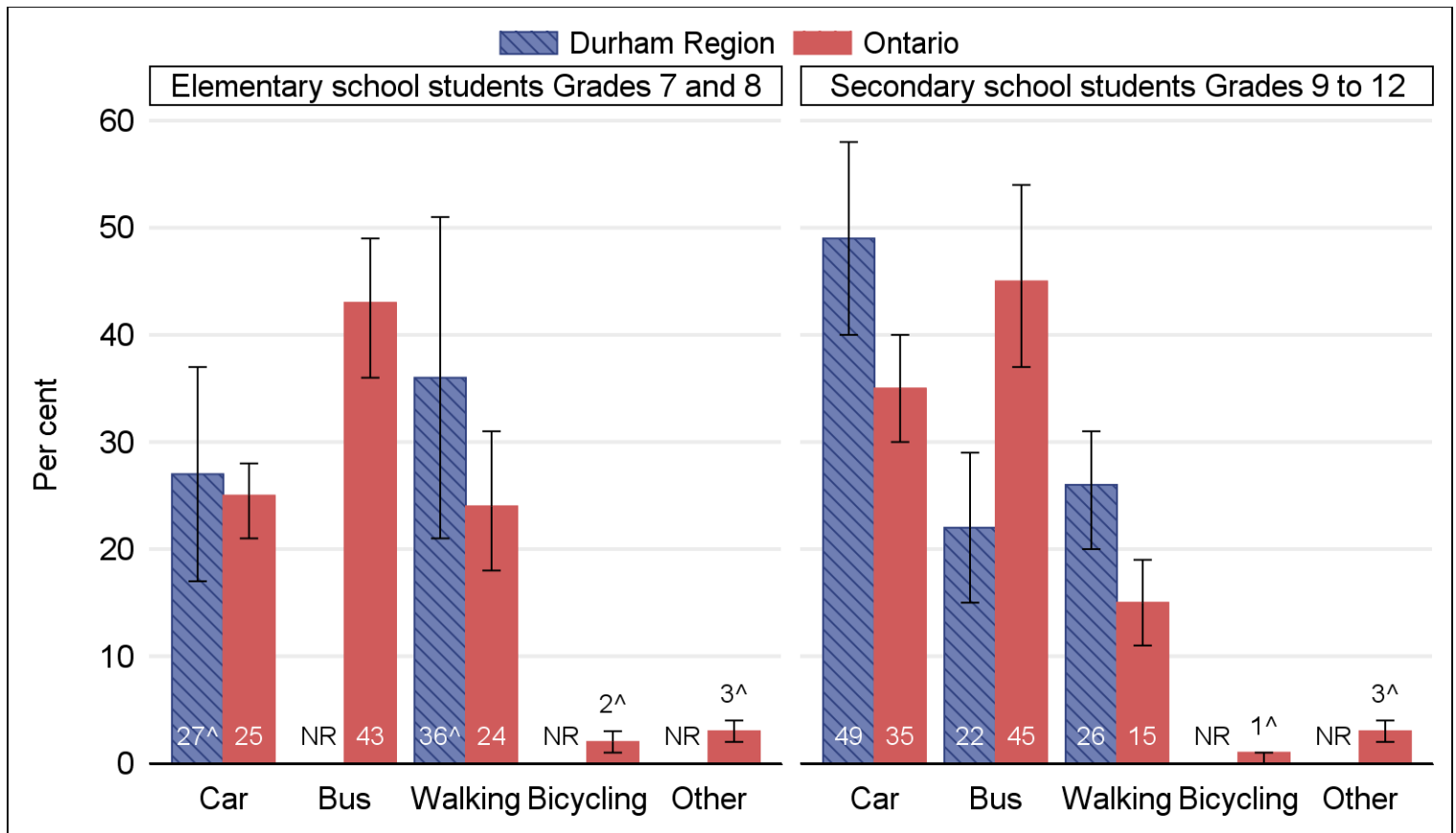


Quick facts:

Students' usual mode of transportation to school, 2016-2017



Release date: August 2018



Notes

Results were weighted and sex-by-grade adjusted to the Ontario 2014-2015 student enrollment.

Error bars represent the 95 per cent confidence intervals around the percentage. The true or actual percentage falls within the range of values, 95 out of 100 times. Categories may not sum to 100 per cent as item non-response is not presented in the results above.

[^] Interpret with caution as the coefficient of variation (CV) is between 16.6 and 33.3 per cent, inclusive.

NR - Unreliable and not releasable as the CV is greater than 33.3 per cent.

Source: Public Health Monitoring of Risk Factors in Ontario – Ontario Student Drug Use and Health Study (OSDUHS), 2016-2017.

Summary

Half (49%) of Durham Region secondary school students travelled to school by car, either as a driver or passenger. One-quarter (26%) walked to school. Durham Region secondary school students were significantly more likely to travel to school by car or by walking compared to Ontario's rates. Almost half (45%) of secondary school students in Ontario travelled to school by bus.

One-third (36%) of Durham Region elementary school students walked to school. The percentage of Durham Region students travelling to school by bicycle was small and too unreliable to report. In Ontario, 1-2% of students cycle to school.

Active and sustainable transportation is defined by the Public Health Agency of Canada as “any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating or skateboarding.”

Questions

How do you usually travel to school?

- car, van, truck or SUV (as a passenger or as a driver)
- school bus; public bus
- walking
- bicycling
- subway or streetcar; other; multiple responses

Survey methods

The Ontario Student Drug Use and Health Survey (OSDUHS) targets students, Grades 7 to 12, enrolled in the public and catholic regular school system. The OSDUHS uses a two-stage (school, class) stratified (region and school type) cluster sample design, and oversampling in PMO-participating public health units. The survey is self-administered in the classroom, taking, on average, 35 minutes to complete. Participation is voluntary and anonymous. Students 17 years old and younger absent or without signed consent forms on the day of the survey do not participate.

This survey excluded groups, such as street youth and dropouts, in which health behaviours such as healthy eating, physical activity, drug use, etc. may be underestimated. In addition, self-reporting may result in under-reporting whether from social desirability or recall bias.

For a detailed description of the OSDUHS, visit the [CAMH website](#).

Data analysis

Data were analyzed using SAS 9.4. For 2016-2017, the analysis was based on a design of 17 strata (7 geographical strata for elementary schools and 10 for secondary schools), 214 schools, 764 classes and 11,435 students. Variables accounting for the probability of selection, stratification and clustering were used when analyzing the data. The final sampling weight was based on each regional stratum's sex-by-grade structure according to the provincial population structure.

Differences in two percentages may be clinically important. However, when error bars overlap, the difference cannot necessarily be interpreted as real or statistically significant.

Estimates do not consider travelling from school or opportunities using mixed-mode transportation methods such as walking to the subway or from a bus stop.

Acknowledgement

The data used in this publication came from the OSDUHS conducted at the CAMH and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the CAMH.

For more information, contact Durham Region Health Department at 1-800-841-2729, by fax at 905-666-6241 or by visiting the [Durham Region website](#).