

## Health Behaviours among Students in the HKPR District:

### Results from the 2013 Ontario Student Drug Use and Health Survey (OSDUHS)

Many factors that influence chronic disease outcomes are modifiable. Physical inactivity, poor diet, and excess consumption of refined sugars are associated with increased rates of chronic disease.<sup>1-2</sup> Additionally, despite the preventable nature of injuries, injuries continue to be the leading cause of death for young Canadians.<sup>3</sup>

The Canadian Sedentary Behaviour Guidelines recommends a maximum of 2 hours of screen time per day, for children 5 – 11 and 12 – 17, which, when replaced with physical activity, may lead to improved self-esteem, social behaviours, academic achievement, body composition, and improved fitness.<sup>4</sup>

Additionally, with the constant presence of cell phones and other mobile devices, there is concern related to the use of these devices while driving, especially around young drivers. The use of cell phones and other mobile devices while driving increases inattentive/distracted driving, which has been identified as a factor in 16% of all traffic fatalities in Ontario in 2013.<sup>5</sup>

The level of perceived risk by youth, related to inattentive/distracted driving, seatbelt use, and cycling-related injuries and collisions may not be adequate. The potential for serious and life-long consequences, including death, should not be ignored. The purpose of this *inFORM* is to highlight some of the findings on healthy well-being from the 2013 Ontario Student Drug Use and Health Survey (OSDUHS) for the Haliburton, Kawartha, Pine Ridge (HKPR) District.

#### Methods & Data Notes<sup>†</sup>

The OSDUHS is a biennial population survey of Ontario students from grade 7 through grade 12 that is distributed within publicly funded schools within Ontario.<sup>3</sup> In 2013, the HKPR District Health Unit purchased an over-sample of the OSDUHS in order to obtain more precise estimates for youth in the HKPR District.

There are two versions of the survey (A & B) which had 385 and 373 respondents within the HKPR District, respectively. The survey is self-administered, anonymous, and considered representative of all Ontario students in both English and French language schools, within the Public and Catholic School Boards.<sup>1</sup>

- There were 758 surveys completed by students within the HKPR District.
- Males accounted for 46.3% and females accounted for 53.7% of the respondents.
- Surveys were completed for students in grade 7 (n=238), grade 8 (238), and grades 9 – 12 (282).
- The median age of respondent was 14 years of age (mean: 14.6; SD: 1.87; IQR: 13, 16).

#### Results

- Self-rated Health
  - 66.9% (95% Confidence Interval (95%CI): 61.71, 71.72) of HKPR District grade 7 – 12 students reported their self-rated health as 'Excellent' or 'Very Good'.

- 6.3% (95% Confidence Interval (95%CI): 4.06, 9.64) of HKPR District grade 7 – 12 students reported their self-rated health as 'Fair' or 'Poor'.
- Daily Physical Activity
  - 76.8% (95%CI: 71.26, 81.53) of HKPR District grade 7 – 12 students did not meet the 60 minute requirement for daily physical activity.
- Physical Inactivity
  - 2.0% (95%CI: 0.73, 5.56) of HKPR District grade 7 – 12 students indicated they were physically inactive (no activity) over the last 7 days.
- Physical Inactivity at School
  - 43.1% (95%CI: 26.12, 61.83) of HKPR District grade 7 – 12 students reported not participating in physical activity or physical education class while at school.
- Screen time / Sedentary behaviour
  - 14.4% (95%CI: 10.19, 20.03) of HKPR District grade 7 – 12 students reported less than 1 hour of screen time per day.
  - 58.8% (95%CI: 42.83, 73.19) of HKPR District grade 7 – 12 students reported 3 or more hours of screen time per day.
- Weight\*
  - 58.8% (95%CI: 52.32, 64.92) of HKPR District grade 7 – 12 students had a healthy weight for their corresponding age and sex.
  - 24.7% (95%CI: 20.12, 29.99) of HKPR District grade 7 – 12 students were over-weight for their corresponding age and sex, which is significantly higher than the rest of Ontario (RR= 1.07; 95%CI: 1.02, 1.12; p<0.05).
  - 8.91% (95%CI: 2.30, 14.61) of HKPR District grade 7 – 12 students were obese for their corresponding age and sex, which is higher, though not significantly higher than the rest of Ontario (RR= 1.02; 95%CI: 0.97, 1.07; p>0.05).
- Bicycle Helmet
  - 65.0% of HKPR District grade 7 – 12 students (95%CI: 42.50, 82.31), who reported riding a bicycle in the past year, did not report wearing a helmet 'all the time'.
- Seatbelt use
  - 21.9% (95%CI: 17.38, 27.12) of HKPR District grade 7 – 12 students reported they did not always use a seatbelt when traveling in a vehicle.
- Texting while driving
  - 39.4% (95%CI: 29.30, 50.50) of HKPR District grade 10 – 12 students with a driver's license report sending at least one text message while driving in the past 12-months.
- Collision as driver
  - 17.5% (95%CI: 10.53, 27.78) of HKPR District grade 10 – 12 students reported they had been in a motor vehicle collision as a driver in the past 12-months.
- Transportation to School
  - 32.5% (95%CI: 25.81, 39.89) of HKPR District grade 7 – 12 students reported traveling to school by car.

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\*Body Mass Index (BMI) using age and sex-specific cut-points<sup>6</sup> for categorizing children, aged 2 – 18 years, as recommended by the Childhood Obesity Working Group of the International Obesity Taskforce. Calculations performed using the `–zanthro-` command (SJ13-2 dm0004\_1) in Stata 13.

- 54.2% (95%CI: 42.30, 65.59) of HKPR District grade 7 – 12 students reported traveling to school by bus. The estimate for HKPR is 32% higher ( $p < 0.001$ ) than the rest of Ontario (RR= 1.32; 95%CI: 1.16, 1.49;  $p < 0.001$ ).
- 9.46% (95%CI: 6.50, 13.56) of HKPR District grade 7 – 12 students reported traveling to school by walking or cycling. The estimate for HKPR is 14% lower ( $p < 0.001$ ) than the rest of Ontario (RR= 0.86; 95%CI: 0.82, 0.90;  $p < 0.001$ ).
- Eating breakfast
  - 38.0% (95%CI: 28.65, 48.34) of HKPR District grade 7 – 12 students reported eating breakfast on 2 or fewer days in the past 5 school days.
  - 12.5% (95%CI: 9.92, 15.60) of HKPR District grade 7 – 12 students reported eating breakfast on 3 – 4 days in the past 5 school days.
  - 49.5% (95%CI: 39.69, 59.36) of HKPR District grade 7 – 12 students reported eating breakfast every day in the past 5 school days.
- Sugar sweetened drinks
  - 14.5% (95%CI: 12.34, 16.95) of HKPR District grade 7 – 12 students reported drinking at least one sugar-sweetened beverage per day, in the past 7 days.
  - 71.4% (95%CI: 67.08, 75.33) of HKPR District grade 7 – 12 students reported drinking 1 – 6 sugar-sweetened beverages, in the past 7 days.
  - 14.1% (95%CI: 10.7, 18.40) of HKPR District grade 7 – 12 students reported they had not consumed a sugar-sweetened beverage in the past 7 days.

### HKPR Actions

The HKPR District Health Unit (HKPRDHU) is working with community partners and the respective school boards to promote health and protect residents from injury. HKPRDHU staff also work with individual schools, helping them create a comprehensive school health program related specifically to the needs of each school. For example, HKPRDHU Registered Dietitians support 106 School Nourishment Programs at 72 different schools<sup>†</sup> throughout the City of Kawartha Lakes, Haliburton County, and Northumberland County, to increase access to healthy food and consumption of breakfast.

HKPRDHU staff organize, mobilize and participate in local partnerships, including groups in the City of Kawartha Lakes and Northumberland County that are nationally-designated Safe Communities sites, to identify and respond to local injury concerns. In 2016, Northumberland Safe Communities is looking forward to bringing the *No Regrets* peer-led school program to local high schools, to highlight injury survivor's stories and influence student risk-taking behaviour.

The HKPRDHU also participates in provincial road safety campaigns to educate and inform residents of the risks associated with distracted driving, and ensure community awareness about laws related to safe driving, like seatbelt requirements and penalties for distracted driving.

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<sup>†</sup> May included a breakfast, snack, and/or lunch program. Some sites offer multiple programs.

Additionally, HKPRDHU Health Promoters also work with their Municipalities and other community partners to increase access to recreation through partnership, policy work and education so that more children and youth can be physically active within their communities.

*“The data used in this publication came from the Ontario Student Drug Use and Health Survey conducted by the Centre for Addiction and Mental Health and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the Centre for Addiction and Mental Health”.*

## References

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