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Urban and suburban children's experiences with school travel – A case study

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ABSTRACT

Purpose: Physical activity is strongly correlated with children's health, and increasing rates of active school travel (AST) among children may well enhance their overall physical activity levels. Neighbourhood type may influence children's school travel modes; however, few qualitative studies have examined children's experiences of school travel across neighbourhood types. This paper explores urban and suburban children's experiences with AST and outlines perceived barriers and facilitators.

Methods: In spring 2014 and 2015, 42 elementary-school children (aged 9–13; 40% female) from one school in an urban neighbourhood in Downtown Vancouver, British Columbia and two elementary schools in a suburban neighbourhood in Metro Vancouver, participated in semi-structured focus groups. Discussions focused on children's experiences of school travel. A four-stage framework analysis was used to categorize data into themes. Five overarching themes emerged from both urban and suburban environments which included: proximity, neighbourhood safety, traffic safety, parental support and peer relationships.

Conclusion: Urban and suburban children identified and described barriers and facilitators to AST. Barriers and facilitators were identified in both neighbourhood types. However, the extent to which these factors influenced school travel behaviour varied between neighbourhoods and between individuals. To overcome AST barriers, children in our study developed personal strategies, such as walking with a friend or being cautious in potentially dangerous areas. Involving children in school travel planning discussions and taking neighbourhood setting into account may better inform the development of travel planning programs and enhance their effectiveness.

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1. Introduction

Physical activity (PA) is a cornerstone of health at every age and is essential for primary prevention of chronic diseases. The seeds that promote positive behaviours (like physical activity) known to prevent adult chronic disease must be sown during childhood. Despite this, fewer than 10% of Canadians aged 6–19 years currently meet PA guidelines of > 60 min/day of moderate-to-vigorous PA (Colley et al., 2011; Tremblay et al., 2010). As PA and sedentary time track from childhood to adulthood (Malina, 1996; Telama et al., 2005), the current generation of low active, sedentary Canadian children and youth are poised to become the inactive adults of tomorrow.

Active school travel (AST; e.g., walking or cycling) promotes overall health (Lubans et al., 2011) and is an invaluable source of children's incidental daily PA. We and others have shown that it contributes as much as 30% toward recommended daily levels of PA (van Sluijs et al., 2009; Voss et al., 2015). Children who use active transport to/from school tend to be more physically active compared with peers who do not (Faulkner et al., 2009; Lee et al., 2008). Unfortunately, children of today have been referred to as the 'backseat generation' (Karsten, 2005), as they are more frequently driven to school (Buliung et al., 2009) and their independent mobility has diminished (Fyhri et al., 2011).

The decision-making process towards a child's school travel mode is inherently complex (Panter et al., 2008). A child's perception of built and social environments play a role in whether or not children choose active modes of transport to/from school (Ahlport et al., 2008; Kirby and Inchley, 2009; Romero, 2010). For example, currently in North America neighbourhood design favours car travel over walking and cycling (Frank et al., 2004). Further, the amalgamation of local community schools into larger 'super schools' in the U.S. increased the distance that children must travel from home to school and back, each day (McDonald, 2007). Car prioritized neighbourhoods and schools located further from children's homes create challenges for choosing AST as a priority (Wong et al., 2011). Perception of neighbourhood safety is another important factor in parents' and children's decision to engage in AST (Janssen and LeBlanc, 2010). These and other factors influence parents' willingness to permit their children to engage in AST (Ahlport et al., 2008; Faulkner et al., 2010). Conversely, walkable urban centres (e.g. well-connected streets, presence of traffic-calming measures) better support AST (Gallimore et al., 2011; Saelens et al., 2003).

Neighbourhood design and perceptions of the built and social environment are firmly embedded within AST decisions with children comprising a central part of the AST decision-making landscape. However, to date, only two studies have explored children's perceptions of AST across neighbourhood types (Fusco et al., 2012; Mitchell et al., 2007). Their findings identified social interaction and the natural environment as facilitators of AST (Fusco et al., 2012); and traffic concerns (Fusco et al., 2012; Mitchell et al., 2007), fear of strangers and parent-imposed barriers (parent safety concerns) (Mitchell et al., 2007) as barriers to AST.

We seek to extend the current research and explore urban and suburban children's school travel experiences. School travel literature includes relatively few studies which explicitly focus on children's perspectives (Mitchell et al., 2007). Insights from a child's perspective as to what influences school travel behaviour seems essential to guide the development of more effective AST strategies, as studies have shown that children's perspectives can prove meaningful and insightful in health-related research (Fusco et al., 2012; Race et al., 2016; Sims-Gould et al., 2014).

A qualitative approach provides a means to effectively 'drill down' to identify factors that influence active travel behaviour. This approach has been valuable for garnering an in-depth understanding of AST (Clifton and Handy, 2001). Therefore, we adopted qualitative methods to describe the school travel experience of children who live in a highly walkable, downtown urban setting and those who live in less walkable suburban neighbourhoods in Metro Vancouver, Canada, by identifying perceived barriers and facilitators to AST.

2. Methods

2.1. Participants

We recruited a sub-sample of students in grades 4–7 from the larger *Active Streets, Active People-Junior (ASAP-Jr)* study (n=573). *ASAP-Jr* is a school-based study that aims to assess whether targeted changes to the built environment positively influence child and youth health and to identify factors that limit or support PA and AST (Frazer et al., 2015; Mah et al., in press; Voss et al., 2015; Voss et al., 2014).

A subset of students from three elementary schools in Metro Vancouver, British Columbia were invited to participate in a series of lunch-time focus groups. One school was located in an urban neighbourhood (Vancouver's downtown); two schools were located in a suburban neighbourhood in Metro Vancouver (North Surrey). Ninety-nine students were invited to participate; of these 44 provided parental consent/assent. In total, 42 children (24 boys, 18 girls) participated in focus groups (two students were absent on the day of their scheduled focus group; mean age 10.9 years, range 9–13 years). The University of British Columbia Behavioural Research Ethics Board and Vancouver and Surrey School Boards approved this study. Children's demographic data (i.e. name, birthdate, address) were drawn from consent forms completed by parents as part of the larger *ASAP-Jr* study. To characterize familial demographics, information was collected from the larger *ASAP Jr.* study via a self-administered questionnaire by parents/guardians. Urban and suburban familial demographics are summarized in Table 1.

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