

Settings and Influences on Physical Activity and Health

8

Family and Peer Influence

48% of adult men and 33% of adult women reported meeting the physical activity recommendation of 5x 30 minutes of moderate-vigorous intensity physical activity per week^{Scottish Health Survey 2011}.

More than 28% of adults were obese and 64% either overweight or obese in 2011^{Scottish Health Survey 2011}.

Only 22% of Scottish adults reported meeting the '5 a day' fruit and vegetable intake recommendation in 2011^{Scottish Health Survey 2011}, fruit and vegetable consumption is lower in the more deprived, and purchasing may have been declining recently^{Living Cost and Food Surveys}.

D-

9

Community and the Built Environment

(Perceived safety, access, and availability of space for physical activity)

77-81% of Scottish adolescents felt that it was 'always safe for children to play outside' and 51% agreed that they 'always felt safe locally'^{2010 HBSC Scotland}.

77% of parents of 5 year olds agreed or strongly agreed that local outdoor space was safe for their children^{Growing Up in Scotland}.

88% of parents of under 5 year olds reported having access to a park or play area locally^{Growing Up in Scotland} and 40-50% of households reported having access to a park or play area locally

B

10

National Policy, Strategy, and Investment (Including Schools)

Physical activity and health is given great emphasis in national policy, strategy, and investment^{www.scotland.gov.uk}.

Many of the Health Behaviours and Outcomes graded in the first section of this card are the focus of national policies, investments and/or targets for improvement.

B

Methodology and Detailed Findings

The detailed, long-form, version of this report card is available from our website (www.activehealthykidsscotland.co.uk). This provides more information on the process of identifying data, assigning grades, and references.



An academic publication based on the Active Healthy Kids Scotland Report Card will be submitted to the Journal of Physical Activity and Health in 2013.

Next Steps

This is the first Active Healthy Kids Scotland Report Card but it should not be the last.

We plan to make international comparisons of Scottish Report Card Findings in May 2014 as part of the Global Summit On The Physical Activity of Children

(www.activehealthykids.ca/summit).

We plan to publish the next Active Healthy Kids Scotland Report Card in May 2015. To do so we need further funding and are seeking partnerships with individuals or organisations who might consider providing financial or other support-please contact Prof John J Reilly of the University of Strathclyde (john.j.reilly@strath.ac.uk) for further information.

Acknowledgements

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CHILD'S PLAY 2013?



Active Healthy Kids Scotland Report Card



www.activehealthykidsscotland.co.uk



Established in 2013, Active Healthy Kids Scotland was inspired by the example of the Active Healthy Kids Canada Report Card and the developing international Active Healthy Kids Network (www.activehealthykids.ca)

The 2013 Active Healthy Kids Scotland Report Card is the first Scottish report card. It provides a critical, current, and comprehensive assessment of the physical activity and health of Scottish children and adolescents.

The Report Card should be used as an advocacy tool, as the basis of public debate, policy discussion and change, and research proposals.

The 10 health indicators are grouped into 2 categories:

Physical Activity and Health Behaviours and Outcomes

- 1 Sedentary Behaviour
- 2 Physical Activity
- 3 Active Transportation
- 4 Active and Outdoor Play
- 5 Organised Sport Participation
- 6 Diet
- 7 Obesity

Settings and Influences on Physical Activity and Health

- 8 Family And Peer Influence
- 9 Community and the Built Environment
- 10 National Policy, Strategy, and Investment

2013 REPORT CARD

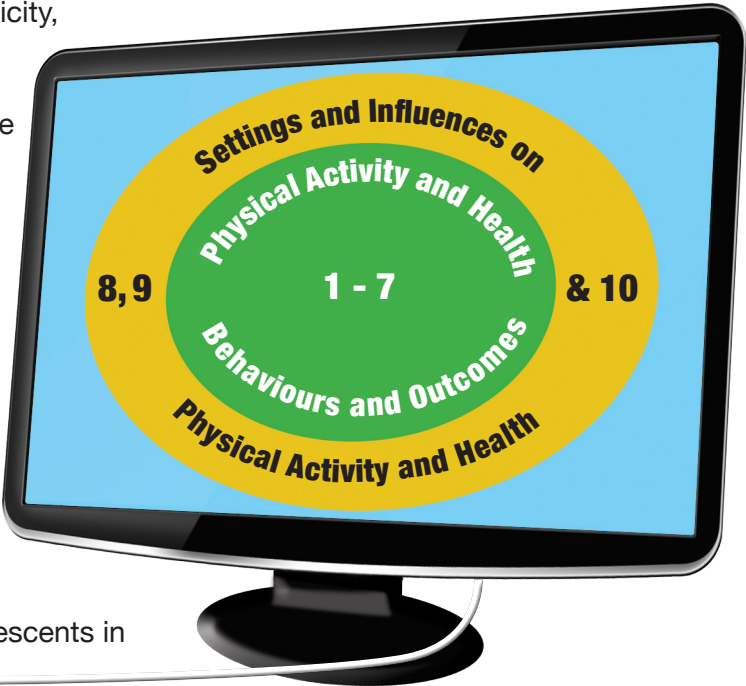
Common to any report card are the grades. This first Scottish Report Card assigns grades to 10 indicators grouped into 2 categories (see left).

The card grades are based on an assessment of current Scottish data for each indicator, judged against a benchmark (e.g. an evidence-based recommendation), and determined by the percentage of Scottish children and adolescents meeting the benchmark.

A	We are succeeding with a large majority of children and adolescents (80-100%)
B	We are succeeding with well over half of children and adolescents (60-79%).
C	We are succeeding with about half of our children and adolescents (40-59%)
D	We are succeeding with less than half children and adolescents (20-39%)
F	We are succeeding with very few children and adolescents (0-19%).
INC	(Incomplete Grade). Where current Scottish data were inadequate to assign a grade, and/or where no recommendation exists

Report Card grades also contain important information, where it is available, about trends over time and the presence of inequalities (e.g. by age, gender, ethnicity, or socio-economic deprivation). Grades are assigned a ‘+’ if trends are improving or if there is no marked inequality, and assigned a ‘-’ if they are getting worse or if there is marked inequality.

The grades provide a robust assessment of the ‘state of the nation’, i.e. how we are doing as a country in promoting physical activity and health among children and adolescents in Scotland.



Physical Activity and Health Behaviours and Outcomes

1

Sedentary Behaviour
(including recreational screen time, TV viewing, gaming, internet use)

The Scottish Intercollegiate Guidelines Network recommends that school-age children and adolescents should spend no more than 2 hours per day in recreational screen time, and this is consistent with international recommendations.

76% of Scottish 11-15 year olds report more than 2 hours per day of TV alone. In addition, 77% of boys and 37% of girls report 2 hours per day of gaming^{2010 HBSC}.

F

2

Physical Activity

Among 11-15 year olds, only 19% of boys and 11% of girls^{2010 HBSC} met the Scottish, UK, and international recommendation of at least 60 minutes of daily physical activity of at least moderate intensity.

F

3

Active Transportation

Multiple sources of data suggest that just over half of Scottish primary school children regularly commute actively (walking or cycling) to school, and about 40-50% of those at secondary school regularly commute actively^{Scottish Health Survey; National Travel Survey 2012; Hands Up Scotland 2011}.

C

4

Active and Outdoor Play

57% of Scottish children were reported to play outdoors for at least 30 minutes for at least five times in the last week^{Scottish Health Survey}. In the absence of a recommendation, and given the F grades for sedentary behaviour and overall physical activity, this is difficult to grade.

INC

Physical Activity and Health Behaviours and Outcomes

5

Organised Sport Participation

Participation in sport at least once in the previous week was reported for 69% of 2-15 year olds^{Scottish Health Survey 2011}. In the absence of a recommendation, and given the F grades for sedentary behaviour and physical activity, this is difficult to grade.

INC

6

Diet

Sugar* intake should not exceed 11% of energy intake^{Scottish Dietary Target for Children}. Sugar intake reached 15% of energy intake in 3-7 year olds, 16% in 8-11 year olds, and 17% in 12-16 year olds, increasing with increasing levels of deprivation^{Survey of Diet Among Children in Scotland 2010}.

Children and adolescents typically had 2 –3 portions of fruit and vegetables per day, and only 14% met the ‘5 a day’ recommendation^{Scottish Health Survey 2011}. Fruit and vegetable intake was lowest among more deprived children and adolescents^{Survey of Diet Among Children in Scotland 2010}.

Average intake of saturated fat (13%) exceeded the 11% of energy intake recommended; average total fat intake as was 33% of energy intake which met the recommendation to not exceed 35% of energy intake^{Survey of Diet Among Children in Scotland 2010}.

* Non-Milk Extrinsic Sugars

D-

7

Obesity

Multiple data sources suggest that levels of obesity among children and adolescents are higher than at any time in our history. Obesity prevalence among children and adolescents has more than trebled since 1990, and obesity is more common among the more deprived^{Scottish Health Survey}.

F-