

Active Healthy Kids Report Card Scotland 2016.

Draft Report Card Grades for Consultation in April-May 2016.

The second Active Healthy Kids Scotland Report Card will be published in June 2016, and it will be included as part of an International (40 nation) Active Healthy Kids Report Card in November 2016 (www.activehealthykids.org). This is a Knowledge Exchange project funded by The Robertson Trust and Inspiring Scotland, and it is based on standardised and published methodology used in Scotland in 2013, and for many years in Canada. A research group (Prof John Reilly, Dr Adrienne Hughes, Avril Johnstone University of Strathclyde; Prof Geraldine McNeill, University of Aberdeen) identified and assessed sources of data for the 2016 Scottish report card and have produced the draft grades.

The 2016 draft grades are based on data sources which were: recent (i.e. measurements made after the 2013 Scottish report card); representative; affected by minimal bias, so that we could have confidence in the prevalence estimates used to derive the grades. A short summary of the draft report card grades and data sources used to derive them is given below. For further information on all the data sources considered when deriving these draft grades, and the detailed rationale for the grades, please refer to the more detailed document on our project website (www.activehealthykidsscotland.co.uk) **We are looking for your feedback on the following questions in this consultation:**

1. *Do you agree or disagree with our draft grades ?*
2. *Are you aware of any relevant data sources we have missed ?*
3. *Have we misinterpreted any data ?*
4. *Are there any indicators not included in the 2016 report card which should be included next time round ?*

Comments are required by May 25th, and should be provided via our project website

www.activehealthykidsscotland.co.uk **Many thanks for your help.**

Explanation of Report Card Grades

- 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 children and adolescents (40-59%)
- D. We are succeeding with less than half but some 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 not available, or were inadequate to assign a grade, and/or where lack of a guideline made grading problematic.

Grades are assigned a '+' if there has been a marked improvement since the last report card, and a '-' if the grade has fallen and/or there is marked social inequality in the behaviour.

Summary of Abbreviations

MVPA *Moderate-to-vigorous intensity physical activity*

HBSC *Health Behaviours in School-Age Children*

SHeS *Scottish Health Survey*

SHS *Scottish Household Survey*

NDNS *National Diet and Nutrition Survey*

GUS *Growing Up in Scotland*

MCS *Millennium Cohort Study*

Summary of Draft Grades in 2016. (Indicators 1-7 Health Behaviours and Outcomes; 8-10 Influences on Health Behaviours and Outcomes)

1. Sedentary Behaviour (Recreational screen time; Scottish and international guidelines recommend < 2 hours per day). **Grade F**, based largely on HBSC 2014 data (grade and source as in 2013): Self-reported screen time at age 11, 13 and 15 years: 64% watched TV for ≥ 2 h/day on week days (68% boys vs 60% girls), higher at the weekend (79%); 65% of boys and 46% of girls played computer games for ≥ 2 h/day on week days, higher at the weekend (78% of boys and 57% of girls); 66% of girls and 60% of boys used computers for purposes other than games for ≥ 2 h/day on week days (higher at the weekend). **Data not used to grade, but supportive of the view that recreational screen time is excessive:** SHeS 2014 (data not reported in form useful for grading); GUS (screen measure limited to TV).

2. Overall Physical Activity (MVPA, Scottish and international guidelines for school-age children and adolescents recommend at least 60 minutes MVPA/day, every day). **Grade F**, based largely on HBSC 2014 data (grade and source as in 2013): 18% of 11, 13, 15 year olds met the MVPA guideline (21% of boys, 15% of girls). **Data not used to grade:** SHeS 2014 (no measure of MVPA); MCS (data from 2007/8 and for 7y olds only); GUS (data not available).

3. Active Transportation. Grade C (grade as in 2013), based on multiple and consistent sources of data (HBSC 2014, National Travel Survey, Hands Up Scotland 2014, SHS 2014) suggesting that prevalence of active commuting to school is 53%-61% (primary school and nursery), and 43-44% (secondary school). **Data not used to grade:** N/A.

4. Active and Outdoor Play Participation. SHeS 2014: 63% of 2-15 year olds 'participated in active play for at least 30 minutes/day on at least 5 days/week' (67% boys and 58% girls), but **Grade INC** (as in 2013). No recommendation for this indicator; degree of bias in the measure unclear; grades F for Overall Physical Activity and Sedentary Behaviour also make it difficult to grade. **Data not used to grade:** GUS (no new data); HBSC & SHS (measure not specific to active and outdoor play); SHS (data aggregated 8-21y); HBSC (prevalence possibly biased by season).

5. Organised Sport Participation. Grade INC (as in 2013). Grading not possible due to no specific data on sport participation, no national or international guidelines. **Data not used to grade:** SHeS 2014 & SHS 2014 (measure not specific to sport participation); SHS 2014 (data aggregated 8-21y).

6. Diet. Grade D- (as in 2013). SHeS 2014 shows no change in fruit and vegetable consumption but persistent socio-economic differences in consumption of fruit and vegetables and selected other foods.

7. Obesity. Grade F- (as in 2013) based on SHeS 2014, NDNS, Primary 1 Child Health Surveillance 2014/15. Strong social patterning; prevalence estimates highly conservative; new data from NDNS suggests very high prevalence of obesity (17%) in 2-3y olds. **Data not used to grade:** HBSC (used self-report to derive BMI); GUS (no new data).

8. Family and Peer Influence. Grade D- (as in 2013), based on SHeS 2014 and NDNS in adults (adult norms a proxy for family influence) obesity prevalence is high and socially patterned, diet is poor and socially patterned; compliance with MVPA recommendations is low-moderate. In children and adolescents (proxy for peer influence) sedentary behaviour is excessive, MVPA is low, diet is poor and socially patterned, and obesity is prevalent and socially patterned (indicators above: 1,2,6,7). **Data not used to grade:** N/A.

9. Community & Built Environment. Grade B (as in 2013). **Perceived access to places for PA:** HBSC 2014: 59% felt there are good places to spend their free time locally, though declined with age (65% of boys and 64% of girls at age 13 years, 53% of boys and 53% of girls at age 15 years). SHS 2014: 91% of households with children aged 6-12 years reported access to at least one play area in their neighbourhood: 58% to a playground, 65% to a park, 55% to a field or other open space, 49% to a natural environment/wooded area (slightly lower in more deprived areas for playground, open space, natural environment/wooded area). In summary, HBSC and SHS data both suggest moderately high levels of perceived access to, and availability of, space for physical activity. **Perceived safety of outdoor space for PA** is high (HBSC 2014: 59% always feel safe in their local area and 30% feel safe most of the time)

or moderately high (SHS 2014: % of households with 6-12 year olds reporting that it is very or fairly safe for children to walk or cycle to play areas on their own: 42% to wooded environment, 57% to park and 62% to playground; Go to play areas with two or three friends to play: 67% for playground, 64% for park and 47% for wooded environment).

Data not used to grade: N/A

10. National Policy, Strategy, and Investment. Grade B (as in 2013). Multiple national policies address physical activity and health in childhood and adolescence, including policies introduced after 2013, and with slightly greater focus on policy implementation than in 2013. Further details in the more detailed document on the project website (www.activehealthykidsscotland.co.uk) .