

Active Healthy Kids Wales Report Card 2014



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Abbreviations and Definitions

PA = Physical Activity

HBSC = Health Behaviour in School Age Children Survey

WHS = Welsh Health Survey

CVD = Cardiovascular Disease

MVPA = Moderate and Vigorous Physical Activity

SB = Sedentary Behaviour

HB = Health Behaviours

Summary of Grades Assigned to Indicators

Physical Activity and Health Behaviour Outcomes

Sedentary Behaviour 66% of boys and girls aged 11-15 years reported watching television for two or more hours per week ^[1] .	D
Physical Activity 19 % of 11-15 year old boys and girls reported being physically active for at least 60 min everyday ^[1] . In another survey 34% were active for at least 1 hour everyday ^[2] .	D-
Active and Outdoor Play 29% of children reported being most active when in a park ^[3] .	D+
Active Transportation 40% of children use active transport to get to school ^[3] . 47% were driven to school ^[4]	C
Organised Sports Participation 40% of pupils took part in sport on 3 or more occasions per week ^[3] . Children from minority ethnic groups were less active than White British children ^[3] . Fewer children from areas of high deprivation or disability participated in sport 3 or more times per week ^[3] .	C-

Settings and Influences on Physical Activity and Health

Family and Peer Influences 27% of mothers and fathers participate in sport ^[3] . 30% of adults reported being active for at least 5 days in the previous week ^[2] . 40% of the adult population are take part in sport ^[5]	D
Community and the Built Environment The majority of adults were satisfied with the green and recreational spaces and safety in the area where they lived ²¹	B
National Policy, Strategy, and Investment There is evidence of physical activity promotion in a number of policies and strategies over a sustained period of time. For example: Creating an Active Wales, Active Travel (Wales) Act 2013, Climbing Higher, Sport Wales, Play Wales (Wales was the first country to legislate for children's play), Communities First.	B-

Authors and Contributors:

The 2014 Wales Report Card was produced by an expert group of academics and professionals including representatives from Swansea University, University of South Wales, Cardiff Metropolitan University and Glyndwr University. Sport Wales provided professional members.

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Funding:

1. The first version of the Active Healthy Kids-Wales Report Card was developed through in-kind contributions from expert group members. Swansea University A-STEM Research centre funded a full-time postgraduate student to carry out the research work. Additional research support was provided from a postgraduate student from the University of South Wales.
2. We are seeking funding from partners and stakeholders to build on the inaugural Active Healthy Kids-Wales Report Card. The Canadian Report Card has supporting materials and services linked to a web-site and social media.

3. Please contact Professor Gareth Stratton (g.stratton@swansea.ac.uk) if you are interested in supporting the current or future AHK-Wales report card through financial support or in-kind contributions.

Access to the AHK Wales Report Card

Available on the Swansea University website: www.swansea.ac.uk/activehealthykidswales
Future AHK-Wales report cards will be housed in a domain dedicated to AHK-Wales.

Referencing the AHK Wales Report Card:

Stratton G, Williams C, Taylor S, Jones A. M, Mackintosh K, Frost M, Mattingley R, Hopkin G, Williams S. Active Healthy Kids Report Card – Wales (2014). **This card can be reproduced freely**

Future Cards:

The 2014 Active Healthy Kids-Wales Report Card was inspired by the Active Healthy Kids Canada Report Card and is part of an international network of Report Cards (www.activehealthykids.ca). Active Healthy Kids –Wales Report Card 2 (2016). The target date for the publication of next AHK-Wales Report Card 2 is 2016 at the Global Summit to be held in Bangkok.

Aims:

The Active Healthy Kids-Wales Report card aimed to:

1. Assess the ‘State of the Nation’ in relation to the levels of physical activity and sedentary behaviour.
2. Track trends in physical activity and sedentary behaviour.
3. Present an international context for physical activity and sedentary behaviour.
4. Inform policy, strategy, services and professional practice in physical activity and sedentary behaviour.
5. Identify critical gaps in knowledge related to children’s physical activity and sedentary behaviour.
6. Provide evidence for advocates of physical activity and health related behaviours.

Background to the Active Healthy Kids – Wales Report Card

The inspiration for the first AHK-Wales Report Card has come from the Canadian Report Card www.activehealthykids.ca that has been published annually for the last 10 years. Being part of the International ‘Active Healthy Kids’ project will help establish Wales in a Global Framework motivated to promote health and active behaviour in children. Further, the AHK-Wales Report Card may help to co-ordinate an evidence base and improve surveillance of quality indicators related to physical activity and sedentary behaviour of children and adolescents in Wales.

Stages of work:

The Active Healthy Kids Global Alliance led by Professor Tremblay in Canada promoted a 10 years celebration of the AHK-Canada report card by organising a global meeting in Toronto in May 2014. As a response Professor Stratton and Dr Williams coordinated efforts to

produce a report card for Wales in May 2013. Between October 2013 and June 2014 an AHK-Wales expert group led by Professor Stratton was formed. This resulted in 5 meetings that are summarised in figure 1.

Figure 1: Expert Group Meetings Agendas and Discussions

Expert Group Meeting 1

- 1.1 Academics and professionals with an expertise in public health, physical activity and/or children formed an expert group.
- 1.2 The expert group decided that the AHK-Wales report card should follow the Canada and Scotland examples.
- 1.3 Eight quality indicators categorised into two sections. (i) **Physical activity and health behaviours and their outcomes:** These included the following five indicators: Sedentary Behaviour, Physical Activity, Active Transportation, Active and Outdoor Play, Organised Sport Participation. (ii) **Settings and influences on PA and health.** These include Family and Peer Influences, Community and the Built Environment and National Policy, Strategy, and Investment
- 1.4 A survey and data search strategy was agreed and sources of evidence for each quality indicator were identified.



Expert Group Meeting 2

- 2.1 The sources and availability of evidence were discussed. The group decided that there was sufficient evidence to proceed with the AHK-Wales report card. A Public Health Wales group review of available data sources for physical activity outcomes was used as a guide¹⁹.
- 2.2 A discussion with the global lead for AHK report cards on methodological detail, expert group composition and stakeholder engagement gave direction to the process.
- 2.3 Gaps in the sources of evidence were noted and steps to fill the gaps were discussed.
- 2.4 The roles for expert group members in the process were outlined and an action plan for the development of report grades agreed.



Expert Group Meeting 3

- 3.1 Prior to meeting 3 the lead post graduate researcher assigned a grade based on the best available evidence. An academic then verified the grade using the same evidence.
- 3.2 During meeting 3 the expert group critically discussed the grade with the lead postgraduate researcher and academic who assigned the grade.
- 3.3 After this discussion the draft grade was given a directional value (-) or (+) using the criteria applied in the Canada and Scotland report cards
- 3.4 The meeting concluded by assigning final draft grades for "Physical Activity," "Sedentary Behaviour" and "Organised Sport Participation."
- 3.5 When finalising draft grades the Delphi approach was used to reach a consensus..



Expert Group Meeting 4

- 4.1 The process used in expert group meeting 3 was also applied in expert group meeting 4. Draft grades were assigned to quality indicators, "Active and Outdoor Play" and "Active Transportation."
- 4.2 The process for assigning grades to "Family and Peer Influences," "Community and Built Environment" and "Policy and Strategy" were discussed.
- 4.3 The dissemination approach for AHK-Wales report card was discussed. The expert group agreed that the report card be printed for dissemination. Further copies will be distributed and communication and events to promote this and future cards.
- 4.4 Currently there was no external funding available for the production of the card or supporting web-site.



Expert Group Meeting 5

- 5.1 Grades for all quality indicators in the AHK-Wales were finalised and agreed.
- 5.2 Limitations to the process of assigning grades were noted as considerations.
- 5.3 Next steps for AHK-Wales including approaches to dissemination and funding were agreed .
- 5.4 The process of production of the report card was completed.
- 5.5 The final report card writing started and the review process through to publication agreed.



Active Healthy Kids-Wales Report Card 2014 Launch and Publication

Grading System and Method

The grading system used was developed by the Canadian group and is common to all National Report Cards in the Global Alliance. The grades range from A where 80 to 100 % of children are meeting the criteria, to F where 0-19 % met the recommended threshold. Inconclusive (INC) indicated that data was inadequate or not available. The intention of the expert group was to assign grades wherever possible using the “best available evidence.” This approach is congruent with the National Institute of Health and Care Excellence (NICE) methodology. Further, a review of existing data sources for physical activity outcomes was undertaken by a multi-sector group¹⁹. This report guided the use of the best available evidence and also recognised that the majority of available data were highly susceptible to bias. Whilst there were many gaps in the evidence base the consensus of the expert group was that the “best available evidence” approach would provide a sound starting point for the inaugural AHK-Wales report card. Further the expert group have also included recommendations on the evidence required for future AHK-Wales report cards.

Table 2: Active Healthy Kids Global Alliance Grade System

Grade	Descriptor	Prevalence %
A	Wales is succeeding with a large majority of children and adolescents	80-100
B	Wales is succeeding with well over half of children and adolescents	60-79
C	Wales is succeeding with about half of children and adolescents	40-59
D	Wales is succeeding with less than half of children and adolescents	20-39
F	Wales is succeeding with very few children and adolescents	0-19
INC	Incomplete Grade – Data not available or data were inadequate.	NA

Adjusting grades: Grades were assigned a ‘+’ or ‘-’ to indicate a trend or inequality in the data. For example, the grades assigned for physical activity or sport participation were given a ‘-’ rating because a gender inequality existed. Outdoor and active play data showed an upward trend so a ‘+’ was allocated. For consistency the AHK-Wales Report Card adhered to the standard methodology and formatted the information in the same way as the AHK-Scotland report card^[7]. In Wales, the grading system was used to assess 8 quality indicators grouped into two categories outlined in table 3.

Table 3 AHK: Wales Report Card Categories and Quality Indicators

Physical Activity and Health Behaviours and their outcomes	Settings and influences on PA and health
1. Sedentary Behaviour 2. Physical Activity 3. Active Transportation 4. Active and Outdoor Play 5. Organised Sport Participation	6. Family and Peer Influences 7. Community and the Built Environment 8. National Policy, Strategy, and Investment

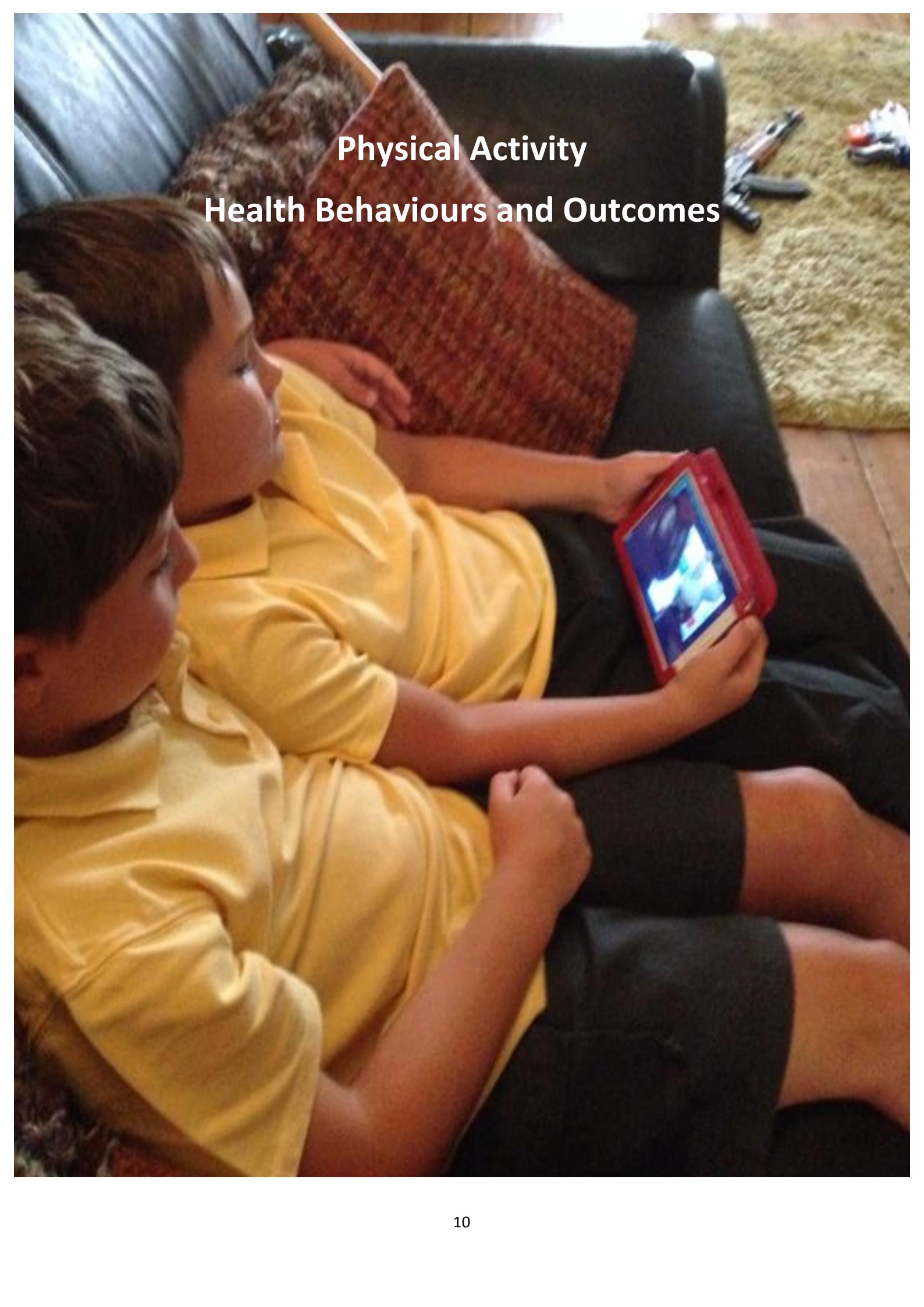
The process used to assign grades to quality indicators

The process that was used to assign the grades for the health indicators consisted of:

1. The “best available” evidence for each quality indicator. This resulted in the use of quantitative survey data for indicators 1 through 5 and a combination of quantitative and qualitative data and information for indicators 6 through 8.
2. During meetings a rationale for using particular survey data was discussed. In the first instance surveys that were representative of children in Wales were selected. Where nationally representative data were not available the best available survey data was used. In all cases surveys included a significant sample that enabled the expert group to assign a grade to a quality indicator.
3. For settings and influences, policy documents, strategy documents and other guidance that was publicly available was used to inform the expert group. This process involved a subjective analysis of selected documents between the years 2007 and 2014.
4. For each quality indicator, data were considered against a recommendation or benchmark. For example, one recommended benchmark is that children should engage in 60 minutes of moderate to vigorous physical activity (MVPA) per day.
5. The rationale for using the data source was given and likely biases in the data recorded.
6. Trends in data produced by consecutive surveys (for example HBSC 1997/98, 2001/02, 2005/06, 2009/10) were noted and inequalities recorded. These data were critical in assigning the ‘+’ or ‘-’ directional grade for each quality indicator.
7. Subsequently major gaps in the data were noted and considerations given to limitations in the “best available evidence.”
8. Finally, recommendations on how to improve the grade or improve measurement were provided.
9. Quality assurance and agreement on grades was achieved through a verification process. This process involved two members of the group agreeing on assigning a grade to a quality indicator. During meetings the grade was presented to the expert group by the two members and discussed according to survey methodology and data quality. Grades were then either confirmed or further evidence methodology or information on data quality was sought for presentation at the subsequent meeting.

A description of the Process for Awarding a Grade to Each Quality Indicator

The following section provides an outline of each quality indicator and the criteria used to assign a grade including recommendations or benchmark, data sources used to assign grades including trends, biases and gaps and finally some suggestions on how to improve the grade in the future. There are 5 quality indicators related to “physical activity, health behaviours and outcomes” and 3 related to “settings and influences on physical activity and health.”

A photograph showing two young children, a boy and a girl, sitting on a dark-colored couch. They are both wearing yellow long-sleeved shirts. The girl is holding a red tablet device, which is displaying a video or game. They appear to be watching something together. In the background, there is a patterned rug and some toys on the floor.

Physical Activity Health Behaviours and Outcomes

Sedentary Behaviour (D)

66% of boys and girls aged 11-15 years reported watching television for two or more hours per week ^[1]

Recommendation or benchmark:

Sedentary behaviour is negatively related to “all-cause mortality.” In simple terms this means the longer a person sits the shorter they live ^[8]. The British Heart Foundation have summarised international recommendations from the USA, Australia and the United Kingdom and recommended that the amount of time spent sitting during leisure time should be less than 2 hours per day. Further, Australian guidelines suggest that infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour per day apart from when sleeping ^[9].

Main data sources considered:

The HBSC survey ^[1] reported data on time spent watching television in 11-15 year olds.

Reasons for choice of data source used to assign grade:

The HBSC survey involves a number of schools in Wales and is part of a larger international survey.

Likely biases in the Welsh data:

There can be information bias in self-reported surveys as there may be an element of subjectivity in responses given, which often leads to an over-reporting of healthy behaviours/ state and an underreporting of less healthy ones. Information bias can also occur when questionnaires are administered in the classroom.

Are trend data available?

HBSC presented data from 1997/98, 2001/02, 2005/06 & 2009/10.

Are inequality data available?

Yes, from the HBSC survey self-reported health and life satisfaction decrease with age, and are poorer among girls and young people that are from less affluent families.

Major gaps in the Welsh data:

There is limited evidence on sedentary time and its contexts on children and adolescents in Wales.

How to improve the grade in future:

There needs to be a substantial reduction in the amount of time children spend sedentary. The reduction of sedentary time throughout the day is a major area of guidance development in all age groups, not least children and young people. Sedentary behaviour should be minimised where practical, and sitting patterns broken up during school, home and transport time. There is limited research available for children across the age range. This needs to be addressed through systematic robust data collection methods and evaluation of intervention programme effectiveness.

Physical Activity (D)

19 % of 11-15 year old boys and girls reported being physically active for at least 60 min everyday^[1]. In another survey 34% were active for at least 1 hour every day^[2]

Recommendations or benchmarks

It has been recommended that children and young people should engage in moderate to vigorous intensity PA (MVPA) for at least 60 minutes and up to several hours every day^[10].

Main data sources considered:

HBSC survey^[1] Welsh Health Survey^[2].

Reasons for choice of data source used to assign the grade:

HBSC used a well-established methodology. The Wales Health Survey included data on primary age children.

Likely biases in the Welsh data:

Both HBSC and the Wales Health Survey used self-report methods. The Health Survey for England (2008) used accelerometers in a sub sample and found that a significant number of children over report their levels of physical activity.

Are trend data available?

HBSC survey^[1] present data from 1997/98, 2001/02, 2005/06 & 2009/10 and the Welsh Health Survey 2010^[2].

Are inequality data available?

There are limited data on the full spectrum of inequalities such as deprivation, ethnicity, disability, age and gender.

Major Gaps in the Welsh data:

There were no data on pre-school age children. Data across the age range was inconsistent. The data available was entirely self-report. The Chief Medical Officers' Report (2011) included physical activity recommendations for moderate, vigorous and strengthening exercise. Current methods do not collect data from these categories.

How to improve the grade in the future:

The majority of Welsh children and adolescents need to increase their levels of habitual PA through a variety of behaviours, including dance, sport, active transportation and active play.

A significant effort needs to be made to address very low levels of physical activity in girls. There is limited research available for children across the age range. This needs to be addressed through systematic robust data collection methods. The effect of interventions to increase physical activity and improve physical literacy needs to be quantified.

Active and Outdoor Play (D+)

29% of children reported being most active when in a park^[3].

Recommendations or benchmarks:

There is no specific recommendation for the duration of time spent in active play or the amount of time being active outdoors. The evidence suggests that children are more active when they are outside^[11].

Main data sources considered:

Sport Wales Survey^[3] and the Play Sufficiency Survey^[12].

Reasons for choice of data source used to assign the grade:

Both these surveys included items on play.

Likely biases in the Welsh data:

The data are collected using questionnaires and items record play behaviour not specifically “active play.” Active outdoor play patterns are affected by seasonal bias.

Are trend data available?

Limited data are available from the School Sport Survey.

Are inequality data available?

There are limited data on the full spectrum of inequalities such as deprivation, ethnicity, disability age and gender.

Major Gaps in the Welsh data:

There are significant gaps in the data for this quality indicator. The Play Sufficiency Survey commissioned in 2012 allowed each unitary authority to design a bespoke methodology. Thus data lacks consistency and much more data that is nationally representative on play from the early years in multiple environments is required.

How to improve the grade in the future:

Promote active and outdoor play from infancy through childhood. Encourage schools to maintain 3 recess periods per day including lunch break. Consider emphasising physical literacy challenges and reduce the perception that outdoor environments are unsafe. Children need to spend more time outside. Parents and carers include active play from infancy through childhood to adulthood. Schools develop active play during playtime. Projects that record the contribution of play to healthy development are required. The effect of family play during early years and the development of stimulating pre-school environments across the socio demographic gradient are required.

Active Transportation (C)

40% of children use active transport to get to school^[3].

47% were driven to school^[4].

Recommendations or benchmarks:

There are no recommendations for active transport (for example walking, cycling, skateboarding). For the purposes of this report card children should be encouraged to take active forms of transport wherever practically possible. These should include travel to and from school, walking to shops, travel to sport or dance activities, to meet friends, or during family activities.

Main data sources considered:

Sport Wales Survey^[3], Neath Port Talbot Survey^[4] National Survey for Wales²¹

Reasons for choice of data source used to assign the grade:

Sport Wales Survey- Included self report of active travel to school.

Neath Port Talbot (NPT) Survey – This survey collected data from a large proportion of participants e.g. in the 2012 data collection 8593 participants were involved. The survey has also been implemented annually for 10 years.

Likely biases in the Welsh data:

These data are collected from a national survey but within a Sport Wales context. Detailed data on active travel are available but for only one unitary authority. Data are not available across the full age range. Active travel patterns are affected by seasonal bias.

Are trend data available?

The Sport Wales School Sport Survey data have been available from 2009. The NPT survey included 70 schools (between 7000-11,000 pupils) for the following years: 2003, 2004, 2006, 2007, 2008, 2009, 2010, 2011 and 2012.

Are inequality data available?

There are inequality data for active transport to school from the Sport Wales Survey (2013) and from the NPT active travel survey.

Major Gaps in the Welsh data:

There are significant gaps in the Wales database. There are some nationally available data on children's active transport to and from school although transport behaviour across the age range and in various contexts and settings are more limited.

How to improve the grade in the future:

Active transportation is considered as a cost effective way to promote physical activity across the life course. This should be promoted through active walking and cycling schemes and school travel plans (NICE PH17, 2009).

Parents and carers should encourage children and adolescents to take active travel options.

Research: Monitoring of active travel behaviours across all children and adolescence is required as are systematic evaluation of interventions such as walk and cycle to school programmes.

Sports Participation (C)

40% of pupils took part in sport on 3 or more occasions per week^[3].

Children from minority ethnic groups were less active than White British children^[3].

Fewer children from areas of high deprivation or disability participated in sport 3 or more times per week^[3].

Recommendations or benchmarks:

There is no specific recommendation for the amount of children's sport or dance participation^[14]. The Sport Wales target is for children to participate in sport for 3 or more times per week. Suffice to say, children experience most of their vigorous activity during sport or dance participation.

Main data sources considered:

Sport Wales School Sport Survey^[3].

Reasons for choice of data source used to assign the grade:

The most recent Sport Wales School Sport Survey was completed by 110,00 students from 1000 schools. The self-report survey included items almost exclusively related to sport participation.

Likely biases in the Welsh data:

The survey was administered through schools. The strength of the survey was its reach and coverage that had not been achieved to date.

Are trend data available?

The Sport Wales School Sport Survey has been administered since 2007.

Are inequality data available?

The most recent Sport Wales School Sport Survey achieved significant coverage. This allowed inequality data to be reported.

Major Gaps in the Welsh data:

The most recent survey was designed to overcome previous limitations. The survey utilised self-report methodology as does not report outcomes of the hooked on sport campaign.

How to improve the grade in the future:

Maintain investment in sport programmes for children from a young age. Manage competitive structures carefully. Include a wider range of dance programmes. Introduce alternative sports to encourage participation. Promote physical literacy and the inclusion of physical education as a core subject in the school curriculum¹⁸

Research: There has been a successful Sport Wales, School Sport Survey completion in 2013. Detail on specific effects of Dragon Sport and 5 x 60 programmes using robust methodology are not available.

Settings and Influences on Physical Activity and Health



Peer and Family Influences (D)

27% of mothers and fathers participate in sport^[3].

30% of adults reported being active for at least 5 days in the previous week^[2].

40% of the adult population are take part in sport^[5].

Recommendations or benchmarks:

There are no specific recommendations for parental involvement although a number of studies have shown a relationship between parent and childhood activity^[15]. Parents should however be active for 150 minutes per week (CMO report 2011).

Main data sources considered:

Wales Health Survey^[2], Active Adult Survey^[5] Sport Wales School Sport Survey^[3].

Reasons for choice of data source used to assign the grade:

The Wales Health Survey and Active Adult Survey reported physical activity for adults in Wales.

Likely biases in the Welsh data:

All data are self-report and may over-report health behaviours.

Are trend data available?

School Sport Survey 2009, Wales Health Survey 2010 and the Active Adult Survey in 2012 provide trend data for this quality indicator.

Are inequality data available?

HBSC data report that parents are more likely to ask girls about their whereabouts compared to boys.

Major Gaps in the Welsh data:

There are gaps in this area and only surrogate measures are available.

How to improve the grade in the future:

Encourage parental participation in sport, dance and physical activity. Parents should engage in active play with their children, encourage active transport and allow them to explore physically active challenges within their environment. Research needs to focus on the influence of parents on various amounts and types of physical activity and how these change with age.

Community and the Built Environment (B)

This indicator refers to perceived safety, access, and availability of facilities and spaces that provide opportunities for physical activity and reduced sedentary time. The majority of adults were satisfied with the green and recreational spaces and safety in the area where they lived²¹

Recommendations or benchmarks:

There is no specific recommendation but Sallis and Glanz reported a relationship between the built environment and PA^[16].

Main evidence sources considered:

Creating an Active Wales, National Survey for Wales, Sustrans, Climbing Higher, the Active Travel – Wales Act²⁰ and the Play Wales advocacy role in promoting play environments. We reviewed the qualitative statements and integrated quantitative data on perceived safety and how close respondents lived to natural green space, foot or cycle path

Reasons for choice of evidence source used to assign the grade:

The sources referred to promoting physical activity in the physical and built environment in their documentation.

Likely biases in the Welsh data:

Grades were assigned using a qualitative analysis of the documents. Other quantitative data used self-report methods.

Are trend data available?

NA

Are inequality data available?

NA

Major Gaps in the Welsh data:

The Active Healthy Kids Canada Report Card is able to draw on survey data on the satisfaction which families perceive in relation to local, provincial, and national government policy and practice. Unitary authorities systematically assess service provision and a coordinated approach to collating these may provide improved evidence for future report cards. Data on the built environment in terms of spaces and places that promote activity

How to improve the grade in the future:

Improvements in perceived safety, access, and facilities may produce improvements in physical activity and reductions in sedentary time. Perceived safety, access, and availability are the target of national policy documents dealt with in the section on policy below.

Grades assigned to Physical Activity, Health Behaviours and Outcomes indicators are not aligned to physical activity opportunities in the physical and built environment. The data in this area need to be improved particularly in relation to the home environment and sedentary behavior. More research is needed in order to understand why families perceive the environment to be safe with good access to facilities for physical activity but levels of physical activity are low and levels of sedentary time high.

National Policy Strategy and Investment (B)

There is evidence of physical activity promotion in a number of policies and strategies over a sustained period of time. For example: Creating an Active Wales, Active Travel (Wales) Act 2013, Climbing Higher, Sport Wales, Play Wales (Wales was the first country to legislate for children's play), Communities First.

Welsh Assembly Governments' "One Wales" programme includes a number of policies and strategies that stress the importance of active and healthy lives in children and adolescents. The Schools and Physical Activity task and finish group chaired by Dame Tanni Grey-Thomson has developed a strategy to promote "Physical Literacy" of children in Wales¹⁸. In addition other national organisations have integrated policy into their strategic approaches and investments. In combination these have contributed to the grades assigned to the quality indicators in the AHK-Wales report card. Climbing Higher, Hooked on Sport, Play Wales, Food and Fitness Plan and the Active Travel (Wales) Act 2013²⁰. Currently "Creating an Active Wales" is the focus to promoting physical activity.

Recommendations or benchmarks:

Policies and strategies were included as a quality indicator in the AHK-Canada report card. The aim for all nation states is to include a policy document that clearly sets out the approach and strategy for physical activity in the national context. Further policy documents should also guide implementation and resource strategies for increasing physical activity and reducing sedentary time ^[17]. Creating an Active Wales includes in one policy document the strategy for increasing physical activity. In particular "to support children and young people to live active lives, and become active adults."

Main evidence sources considered:

The following policies were considered. Climbing Higher, Creating an Active Wales, Sport Wales, Play Wales, Sustrans and Food and Fitness, Active Travel Wales Act ²⁰ and Turning Heads. Local policies were not considered due to time and resource constraints

Reasons for choice of evidence used to assign the grade:

The documents reviewed included specific reference to the promotion of physical activity or reducing sedentary time and articulate the Welsh Government's vision, policies and strategies for creating an active population.

Likely biases in the Welsh data:

The expert group undertook a qualitative review of policy documents to ascertain the importance that Welsh Government place on physical activity as a health-promoting behaviour. A detailed analysis of the process of policy formulation, implementation and effectiveness was not undertaken for this report card and neither was a systematic evaluation of policy effectiveness on physical activity and sedentary time has not been directly carried out for most policies.

Are trend data available?

There is continuous policy review and development by Welsh Government that influences resource allocation and strategy to support physical activity promotion.

Are inequality data available?

Welsh Government appears to be committed to reducing inequalities. The “Communities First” programme aims to reduce health inequalities, including those related to physical activity by targeting investment into areas of higher deprivation. These include “flying start” and “families first” and

Major Gaps in the Wales data:

There is no mention of reducing sedentary time in documentation. The current policy “Climbing Higher” and “Creating an Active Wales” were published in 2009 before the most recent Chief Medical Officer’s Report (2011).

How to improve the grade in the future:

A regularly updated “Creating an Active Wales” on PA and SB for health promotion informed by an evidence base would clearly support approaches to PA and SB management in children and adolescents in Wales the future. Data collection approaches that provide robust data to assess all eight quality indicators included in this report card are required.

References

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