

INFLUENCES ON PHYSICAL ACTIVITY AND HEALTH OUTCOMES

FAMILY AND PEERS

84% of Flemish parents report to provide substantial encouragement to their children to participate in sports and physical activities^{TOYBOX, ENERGY}. In contrast, only 10% of parents of preschoolers^{TOYBOX} and 26% of parents of adolescents^{ENERGY} participate in at least 30 minutes of physical activity of at least moderate intensity on a daily basis. 83% of adolescents report that their peers often/always participate in sports or physical activities^{ENERGY}. Based on the lack of representative, valid information on family and peer influences for Wallonia, this indicator was graded with an incomplete.

INC

8

SCHOOL

Almost all Belgian adolescents (94%) report to receive ≥2 hours of physical education per week at school^{2014 FCS}. Flemish primary schools and secondary schools scored 57/100 and 52/100, respectively, for overall school policy and programs on physical activity^{2012 VIGEZ}. In the French-speaking community of Belgium, 32% of secondary schools obtained a score of ≥50/100 when scored on the importance given to physical activity promotion in their school^{SNYERS ET AL 2014}.

B-

9

COMMUNITY AND THE BUILT ENVIRONMENT

In Flanders, 61% and 34% of 13- to 14-year-old adolescents report that in their neighborhoods most of the streets have pedestrian paths and cycle tracks, respectively. 91% and 90% of adolescents *do not agree* with the statement that in their neighborhood there is so much traffic in nearby streets that it is dangerous to walk or cycle. 28% of adolescents report that it is safe to play on the street in their neighborhood^{DE MEESTER ET AL. 2014}. Because no representative, valid information is available on the built environment outside the direct neighborhood or on the built environment for Wallonia, this indicator was graded with an incomplete.

INC

10

GOVERNMENT STRATEGIES AND INVESTMENTS

Many of the physical activity behaviors, related health behaviors, and health outcomes graded in this report card are the focus of local and national policies and targets for improvement. Physical activity promotion in the school setting is a major focal point of government strategies and investments. National legislation dictates a minimum of two hours of physical education per week in primary and secondary schools and initiatives to link physical education with other physical activities in the wider community have received more attention during the last few years. Furthermore, multiple school-based projects on physical activity and healthy nutrition receive financial support from the (local) government.

C+

11



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METHODOLOGY AND DETAILED FINDINGS

A more detailed, long-form, version of this Report Card is available from the website www.activehealthykids.org. This long-form Report Card provides more detailed information on the data sources used for grading, the grading process, and references.

An academic publication based on the 2016 Active Healthy Kids Belgium Report Card on Physical Activity for Children and Youth is published in the Journal of Physical Activity and Health in 2016.

NEXT STEPS

This 2016 Report Card is the first Active Healthy Kids Belgium Report Card on Physical Activity for Children and Youth. With financial or other support from individuals or organizations, we aim to publish more Report Cards in the future. If you are considering offering support of any kind, please contact Prof Jan Seghers of the KU Leuven (jan.seghers@kuleuven.be) for further information.

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THE 2016 BELGIUM REPORT CARD ON PHYSICAL ACTIVITY FOR CHILDREN AND YOUTH



The 2016 Active Healthy Kids Belgium Report Card is the first Belgian Report Card.

The Report Card provides a systematic, critical, and current evaluation of the level of physical activity, related health behaviors, and health outcomes of Belgian children and adolescents.

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

THE 11 HEALTH INDICATORS ARE GROUPED INTO TWO CATEGORIES :

PHYSICAL ACTIVITY, RELATED HEALTH BEHAVIORS, AND HEALTH OUTCOMES

- 1 Overall physical activity
- 2 Organized sport participation
- 3 Active play
- 4 Active transportation
- 5 Sedentary behaviors
- 6 Dietary behaviors
- 7 Weight status

INFLUENCES ON PHYSICAL ACTIVITY AND HEALTH OUTCOMES

- 8 Family and peers
- 9 School
- 10 Community and the built environment
- 11 Government strategies and investments

FCS = Food Consumption Survey
HBSC = Health Behaviour in School-aged Children
SES = Socioeconomic status
SSBs = Sugar sweetened beverages

2016 BELGIUM REPORT CARD

This first Belgian Report Card presents grades for 11 indicators, grouped into 2 categories (see left).

The grades are based on an assessment of current Belgian data from national and regional surveys. These data are judged against a benchmark (e.g. % of children meeting the physical activity recommendation) and determined by the % of Belgian children and adolescents meeting the benchmark. Grades are awarded to each of the indicators using a predetermined grading framework (see below).

- A We are succeeding with a large majority of children and adolescents (81%-100%)
- B We are succeeding with well over half of children and adolescents (61%-80%)
- C We are succeeding with about half of children and adolescents (41%-60%)
- D We are succeeding with less than half of children and adolescents (21%-40%)
- F We are succeeding with very few children and adolescents (0%-20%)
- INC (Incomplete data) Where current Belgian data are inadequate to assign a grade

Report Card grades may also be assigned a ‘-’ or ‘+’ to indicate the presence or absence of differences according to age, gender, region (Flanders versus Wallonia), or socioeconomic status (SES). A ‘-’ or ‘+’ may also be assigned based on the presence of a negative or positive trend, respectively.

The grades presented in this Report Card provide an evaluation of the ‘state of the nation’, i.e. how Belgian children and youth are currently doing in terms of physical activity and health.



PHYSICAL ACTIVITY, RELATED HEALTH BEHAVIORS, AND HEALTH OUTCOMES

OVERALL PHYSICAL ACTIVITY

Objectively measured data demonstrate that only 7% of 6- to 9-year-old children and 2% of 10- to 17-year-old adolescents meet the international recommendation of ≥60 minutes of daily physical activity of moderate-to-vigorous intensity^{2014 FCS}. In contrast, 96% of 3- to 5-year-old children meet the international recommendation of ≥180 minutes of daily physical activity of any intensity^{2014 FCS}. No remarkable differences according to gender, region, or SES are observed, except for children 6-9 years (boys and low SES children more often meeting the guideline).

F+

ORGANIZED SPORT PARTICIPATION

56% of parents of 3- to 9-year-old children report that their child is member of a sports club, while 75% of 10- to 17-year-old adolescents report to actively participate in ≥1 sports during leisure-time^{2014 FCS}. 45% of adolescents who are able to participate in extracurricular sport or physical activities at school report that they actually participate in these activities^{2014 FCS}.

Organized sport participation is more common among boys (adolescents), children in Flanders, and among children and adolescents of (mid-)high SES.

ACTIVE PLAY

Around 80% of parents of 3- to 9-year-old children report that their child participates in active outdoor play during weekdays and weekend days^{2014 FCS}. 26% and 29% of 10- to 17-year-old adolescents report that they participate in sports/play as main activity during recess at school and lunch break at school, respectively^{2014 FCS}.

Active play is more common among boys (adolescents), in Flanders, among children of high SES, and among adolescents of (mid-)low SES.

C+

ACTIVE TRANSPORTATION

Nearly 50% of parents of 3- to 9-year-old children report that their child uses active transport, defined as walking or cycling, to travel to and from school^{2014 FCS}.

40% of 10- to 17-year-old adolescents report to usually use active transport to travel to and from school^{2014 FCS}.

Active transportation is more common in Flanders, among children of low SES, and among adolescents of high SES.

4

PHYSICAL ACTIVITY, RELATED HEALTH BEHAVIORS, AND HEALTH OUTCOMES

SEDENTARY BEHAVIORS

65% of 3- to 5-year-old children meet the international recommendation of <1 hour of recreational screen time daily on a weekday, while only 25% of children meet the recommendation on a weekend day^{2014 FCS}. For school-aged children and adolescents, recommendations state that recreational screen time should be limited to 2 hours per day. 89% and 46% of 6- to 9-year-old children meet this recommendation on a weekday and weekend day, respectively. In contrast, only 45% and 16% of adolescents 10-17 years meet this recommendation on weekdays and weekend days.

The guideline is more often met by girls, children in Wallonia and adolescents in Flanders, and by children and adolescents of (mid-)high SES.

D-

DIETARY BEHAVIORS

85% of Belgian children (3-9 years) and 65% of Belgian adolescents (10-17 years) consume *breakfast* daily^{2014 FCS}. 3% of Flemish preschool children never consume *sugar sweetened beverages (SSBs)*^{TOYBOX}. Similarly, 5% of Flemish adolescents and 12% of Walloon adolescents never consume *SSBs*^{2013 HBSC}.

69% of Flemish preschool children consume ≥100 gr of *fruit* per day^{TOYBOX}, while 19% of Flemish adolescents and 22% of Walloon adolescents consume ≥2 pieces of *fruit* every day^{2013 HBSC}.

Because of these varying percentages for sub indicators and lack of nationally representative data for some of the sub indicators, this indicator was graded with an incomplete.

INC

WEIGHT STATUS

Objectively measured data show that 76% of children (3-9 years) and 72% of adolescents (10-17 years) have a normal weight status^{2014 FCS}.

The prevalence of overweight including obesity is 16% and 18% for children and adolescents, respectively^{2014 FCS}.

Overweight is more common among adolescents in Wallonia and among children and adolescents of (mid-)low SES.

D

