

THE 2016 UNITED STATES REPORT CARD ON Physical Activity for Children and Youth

PRESENTED BY



Objective of the 2016 U.S. Report Card on Physical Activity for Children and Youth

he 2016 U.S. Report Card is the second comprehensive assessment of physical activity in U.S. children and youth, updating the first Report Card released in 2014. The primary goal of the 2016 U.S. Report Card is to assess levels of physical activity and sedentary behaviors in American children and youth, facilitators and barriers for physical activity, and health outcomes related to physical activity.

The tracking of physical activity indicators over time is an important surveillance exercise that will allow for an assessment of population-level changes in behavior. The Report Card is a resource for health statistics in children and youth in the U.S. More importantly, the Report Card is an advocacy tool that provides a level of accountability and call-to-action for adult decision makers regarding how we, as parents, teachers, health professionals, community leaders, and policy makers, can implement new initiatives, programs, and policies in support of healthy environments to improve the physical activity levels and health of our children and youth.



Making the Grade

he indicator grades for the Report Card were assigned by the Research Advisory Committee using the best available evidence. Each grade reflects how well the U.S. is succeeding at providing children and youth opportunities and/or support for physical activity. The following table presents a general rubric for assigning grades. If gender, age, ethnicity/race, socioeconomic, and/or physical or cognitive ability disparities were also observed, a lower grade may have been assigned to a particular indicator.

GRADES	DEFINITION	BENCHMARK
A	We are succeeding with a large majority of children and youth.	81-100%
B	We are succeeding with well over half of children and youth.	61-80%
C	We are succeeding with about half of children and youth.	41-60%
D	We are succeeding with less than half, but some, children and youth.	21-40%
F	We are succeeding with very few children and youth.	0-20%
INC	Incomplete. At the present time there is insufficient information available to establish a grade.	

*Developed by Active Healthy Kids Canada for the Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth

Summary of 2016 Report Card Indicators and Grades

	DEFINITION			CDADE
	DEFINITION	DATA SOURCE*	PREVALENCE	GRADE
Overall Physical	The proportion of U.S. children and youth attaining 60 or more minutes of moderate-to-	2005-06 NHANES	6-11 y: 43%	
Activity	vigorous activity on at least 5 days per week.		12-15 y: 8% 16-19 y: 5%	U-
			10-13 y. 3%0	
Sedentary Behaviors	The proportion of U.S. youth engaging in	2013-14 NHANES	6-11 y: 47%	D
	2 hours or less of screen time per day.		12-15 y: 39%	- H-
			16-19 y: 31%	
Lativa Transportation	The percentage of U.S. children and youth who	2009 NHTS	5 14 v: 120/a	-
Active Transportation	usually walk or bike to school.	2009 NH19	5-14 y: 13%	F
			D	
Organized Sport	The proportion of U.S. high school students participating on at least 1 school or community	2015 YRBSS	Boys: 62% Girls: 53%	^ _
Participation	sports team.		GII 15- 33%0	U -
Active Play	The proportion of U.S children and youth	N/A		
	participating in daily, unstructured,			INC
	unorganized play.			
Health-Related Fitness	The proportion of U.S. youth meeting	2012 NNYFS	Boys: 50%	D
IIEAITII-UEIATEA LITIIE99	cardiorespiratory physical fitness standards.		Girls: 34%	
				P
Comily and Dooro	The proportion of U.S. parents/guardians and	N/A		
Family and Peers	peers who provide social and instrumental	N/A	_	INC
	support for children's physical activity.			IIIU
Ochool	The proportion of U.S. high school students	2015 YRBSS		
School	attending at least one physical education (PE)	2013 11033	Boys: 55% Girls: 48%	n ₊
	class in an average week.		unio. 40 / 0	υ.
	The proportion of children and youth living	0011 10 1000	050/	
Community and	in neighborhoods with at least 1 park or	2011-12 NSCH	85%	R_
Built Environment	playground area.			D-
Government Strategies	Strategies, policies, and investments made by	N/A		
and Investments	the U.S. federal government toward increasing			INC
	physical activity levels and developing guidelines recommending healthful amounts			
	of physical activity among American children			
	and youth.			

*Complete references available in the 2016 Long Form Report Card

NHANES: National Health and Nutrition Examination Survey; NHTS: National Household Travel Survey; YRBSS: Youth Risk Behavior Surveillance System; NNYFS: NHANES National Youth Fitness Survey; NSCH: National Survey of Children's Health

About the National Physical Activity Plan

he U.S. Report Card Research Advisory Committee responsible for developing this report is a sub-committee of the National Physical Activity Plan Alliance (the Alliance), a 501c3 nonprofit organization. The Alliance is committed to ensuring the long-term success of the National Physical Activity Plan (NPAP). The Alliance is a coalition of national organizations that have come together to ensure that efforts to promote physical activity in the American population will be guided by a comprehensive, evidencebased strategic plan. The Alliance is governed by a Board of Directors composed of representatives of organizational partners and at-large experts on physical activity and public health (see the NPAP's website for a complete list of partners).

The NPAP has a vision: One day, all Americans will be physically active and they will live, work, and play in environments that facilitate regular physical activity.

The NPAP is a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. It is the product of a private-public sector collaborative. Hundreds of organizations are working together to change our communities in ways that will enable every American to be sufficiently physically active. With the NPAP, the Alliance aims to create a national culture that supports physically active lifestyles. Its ultimate purpose is to improve health, prevent disease and disability, and enhance quality of life. The first U.S. National Physical Activity Plan was released in 2010 and was recently updated and re-released in 2016 with the addition of faith-based settings and sport as new societal sectors. Societal sectors are areas of opportunity for physical activity promotion that provide the infrastructure for the Plan (www.physicalactivityplan.org).



Methodology

he Report Card Research Advisory Committee (the Committee), a sub-committee of The Alliance, included experts in diverse areas of physical activity and healthy behaviors from academic institutions and partner organizations across the country. The Committee was charged with the development and dissemination of the Report Card, which included determining which indicators to include, identifying the best available data source(s) for each indicator, and assigning a letter grade to each indicator based on the best available evidence. Data from multiple nationally representative surveys were used to provide a comprehensive evaluation of physical activity for children and youth. The Committee selected the most appropriate and representative data source as the primary data source on which to grade. Supplemental data sources were included to provide context and clarity to the grade. The supplemental sources were not always nationally representative but provided important information, such as disparities by age, ethnicity/race, physical or cognitive ability, socioeconomic status, and/or gender.

The Committee (in alphabetical order) included: Kim Beals, PhD, RD, CSSD, LDN (University of Pittsburgh), Christopher Bolling, MD, FAAP (American Academy of Pediatrics), Scott Crouter, PhD, FACSM (The University of Tennessee), Kara D. Denstel, MPH (Pennington Biomedical Research Center), Peter T. Katzmarzyk, PhD, FACSM, FAHA (Pennington Biomedical Research Center), Thomas L. McKenzie, PhD, FACSM (San Diego State University), Russell R. Pate, PhD (University of South Carolina), Brian E. Saelens, PhD (University of Washington), Susan B. Sisson, PhD, RDN, CHES (University of Oklahoma Health Sciences Center), Amanda E. Staiano (Pennington Biomedical) Research Center). Heidi I. Stanish (University of Massachusetts. Boston), Carly Wright (SHAPE America). 2016 Report Card Committee Consultants include Shannon Michael, PhD, MPH (Centers for Disease Control and Prevention) and Emily Mire. MS (Pennington Biomedical Research Center). Support for development of the 2016 U.S. Report Card was provided by the following National Physical Activity Plan Alliance Organizational Partners: SHAPE America. American Council on Exercise. and American Academy of Pediatrics. Production and design of the 2016 Report Card was supported by the Pennington Biomedical Research Center and SHAPE America.