

### Inequalities in child and adolescent obesity & physical activity in Glasgow

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### **Overview of presentation**

- Why surveillance (monitoring) matters
- Concepts, definitions, terms
- Childhood low physical activity, high screen time, obesity, low physical fitness
  - All impair physical and mental health
  - All do so in both the short-term and long-term
  - All impair educational attainment
- What we know and don't know
- An example of a good surveillance system- FitBack
- Some ways forward
  - Surveillance tips and resources
  - Policy and practice tips and WHO resources

### Some definitions and terms

- Child: up to age 10.0 years (WHO)
- Adolescent: from 10.0 to 19.9 years (WHO)
- Physical activity= movement
- Moderate-vigorous intensity physical activity (MVPA) the most health enhancing
  - 3 times energy expended at rest
- Obesity: excessive body fatness
  - Normally measured using simple proxies for body fatness

# Reilly et al WHO Bulletin December 2022: better data for better health



### Surveillance (monitoring) needed to understand

- The state of the nation
- The state of the city
- Temporal trends
- Inequalities
- Impact/lack of impact of policy
- Impact of COVID-19

#### Not 'just' passive monitoring

- Makes invisible problems visible
- Prompts action

### What to include in surveillance ?- valid measures of

- Health behaviours
  - Physical activity; Screen time
- Outcomes of those behaviours
  - Obesity; Fitness; Sleep
- Influences on the behaviours and outcomes



#### Socio-ecological model

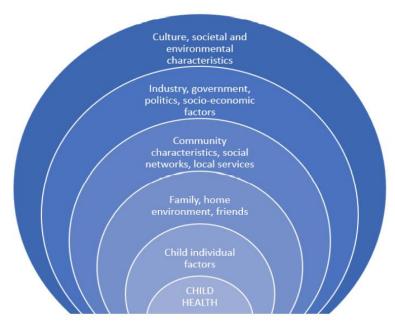


Figure 2-1. Socioecological model of child health, based on the ecological systems theory by Bronfenbrenner [39].

WHO Child and Adolescent Physical Activity Guidelines & Where Physical Activity Comes From in Europe

GUIDELINES	*	杰	<b>∱</b> ₩	
PHYSICAL ACTIVITY	AT LEAST 30 MIN	AT LEAST 180 MIN	AT LEAST 180 MIN <sup>&amp;</sup>	AT LEAST 60 MIN#
SEDENTARY BEHAVIOUR	0 MIN	0 MIN 60 MIN	NO MORE 60 MIN	
SLEEP	12-17 HOURS*	11-14 HOURS	10-13 HOURS	
AGE (YEARS)	< 1	1 2	3 4	5 - 17

\* 0-3 months: 14-17 hours; and 4-11 months: 12-16 hours.

<sup>&</sup> 60 out of 180 of moderate to vigorous intensity.

# Recommended 60 minutes of physical activity of moderate to vigorous intensity.

#### • PHYSICAL ACTIVITY, MADE UP OF

- Active Commuting (limited-Martin et al 2016)
- Physical Education (limited-Hollis et al 2016)
- School 'Recess' (limited-Reilly et al 2016)
- After-School/Home/Play /Incidental (limited but lack of evidence )
- Sport (limited for the general population)
- SPORT IS NOT THE SAME AS PHYSICAL ACTIVITY
- PE IS NOT THE SAME AS PHYSICAL ACTIVITY

When does it all go wrong for child and adolescent **physical activity ?** 

- Evidence e.g. from systematic reviews
  - Decline starts from age of school entry, both sexes (Farooq et al 2018 and 2020)
- Myths
  - Adolescent decline in physical activity= myth
  - Decline is especially marked in girls= myth

# Adolescent decline in physical activity is a myth



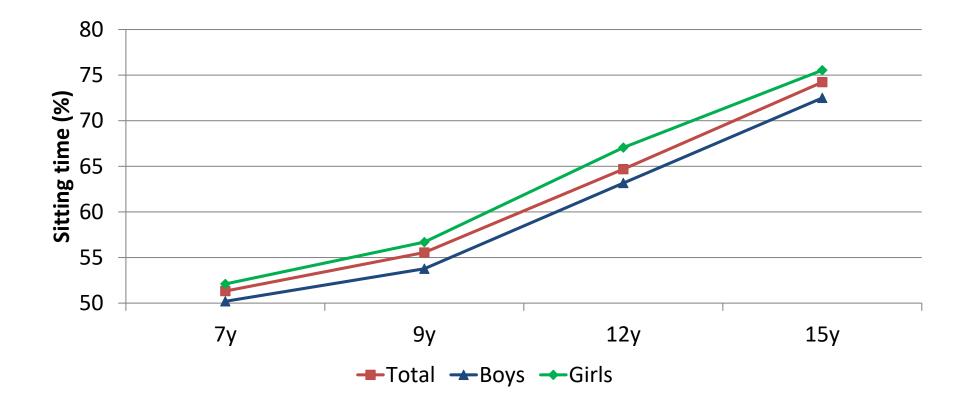


Myth busted by objective measurement And

Systematic review/evidence appraisal

### Increases in <u>objectively measured</u> sitting with age in both boys and girls

(Janssen et al IJBNPA 2016; Tanaka et al 2014)

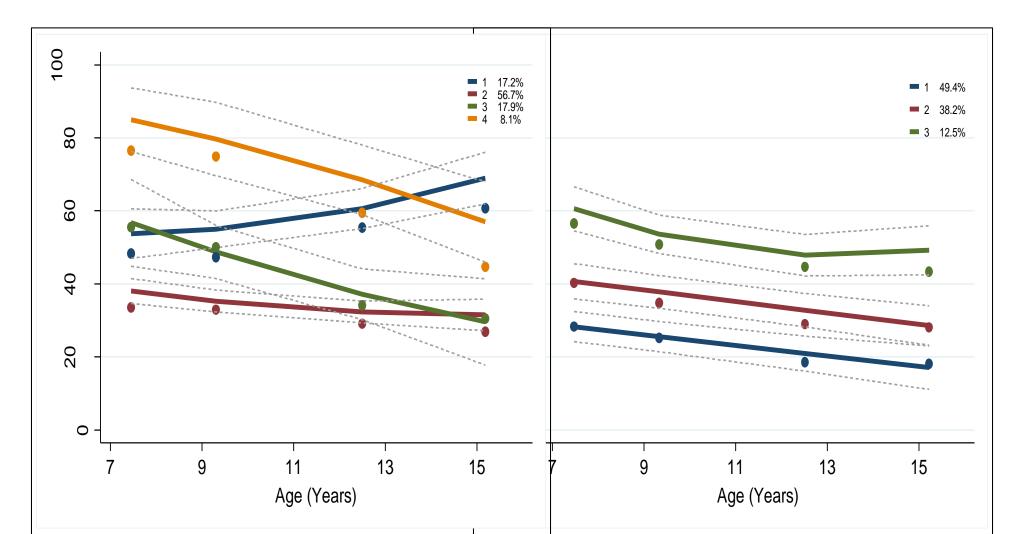


Mean 51% of waking time at age 7 to 73% at age 15
Equivalent to about 23 mins/day/year

### Changes in <u>objectively measured</u> daily MVPA across mid-childhood & adolescence (Farooq et al 2018 & 2020)

Boys

Girls



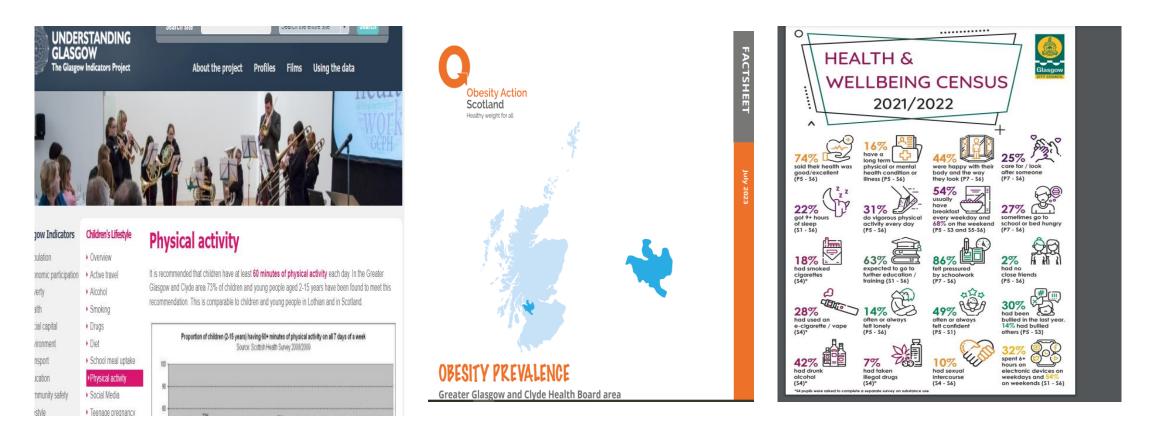
### What are child & adolescent <u>physical activity</u> & <u>screen</u> <u>time norms globally</u> ? (Aubert et al 2022)

#### Consistent across all high-quality studies and surveys:

- Most are insufficiently active
  - don't meet WHO Guidelines 3 hours/day 3-4 y olds;
     1 hour/day MVPA from age 5
- Most don't meet recreational screen time guidelines
  - WHO & Canadian Society for Exercise Physiology < 1 hour/day at 3-4 years; < 2hours after that</li>
- Slightly worse in girls than boys
- Poverty: No clear differences in physical activity, but higher screen time
- Worse for those with disability & chronic disease especially obesity

### What about Glasgow ?

### National data disaggregated to Glasgow: 'physical activity'; obesity; screen-time



City level data limited (e.g. gaps in surveillance) and with enormous measurement errors: physical activity grossly overestimated, obesity grossly underestimated

#### Child and adolescent obesity are substantially underestimated by BMI-for-age: "normal weight obesity" is common

#### Scotland's child obesity 'far worse than thought'

③ 26 November 2018

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Experts say current methods of measuring healthy weight could be underestimating the problem.

Scotland's child obesity problem could be greater than expected as researchers said weight calculations may be inaccurate.

#### THE CONVERSATION

Academic rigour, journalistic flair



Shutterstock

#### Obesity is more common than you think – here's why

Published: February 19, 2020 3.43pm GMT

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#### Active Healthy Kids Scotland Report Cards:



2013 2016 2018 2021

# Active Healthy Kids Scotland 2021 Pre-COVID Report Card, Inequality Theme

#### A SPOTLIGHT ON INEQUALITY: THE 2021 ACTIVE HEALTHY KIDS SCOTLAND REPORT CARD

Indicator	Grade	<u>v</u>		More deprived	Less deprived
Screen time*	F <20% meet guidelines		Exceeding 2hr/day of TV time:	74%	60%
Overall Physical Activity	INC	<u>∼</u>	Exceeding 2hr/day		
Organised Sport & Physical Activity	B- 60-66% participation	GRES	of gaming:	61%	49%
Active Play	INC		Not engaging in	53%	18%
Active Transportation	C- 40-46% engagement		sport:		
Physical Fitness	INC	$\Delta \Lambda$	With obesity in Primary 1:	14%	6%
Diet	INC	To	Fridary I.		
Obesity	INC	₩₩₩	Adults volunteered in sport:	16%	33%
Family and Peers	D- 20-26% involvement		in sport.		
Community and Environment	B- 60-66% have access to safe local outdoor space	Ŵ	Meeting physical activity guidelines:	13%	19%
Government	C (Physical activity) C+ (Diet)	ക്ഷിക	Have safe outdoor	50%	72%
INC: inconclusive, insufficient e *Screen time is referred to as ' other Report Card documents.		ዋዋዋ	spaces:	50%	12.0
Further information on the meth and inequalities can be found in Scatland Report Card (long form https://www.activehealthykk Follow us on Twitter for other up	the Active Healthy Kids ) available at dsscotland.co.uk/.	children ir ai	also exist between more Computer time. Outdoor nd Access to safe outdoor formation is needed abour Active Play and Fitne	excursio spaces tinequalit	ns, Diet
and a second and					
C/CSO Social and Public	Health Sciences Unit		RSITY of The		EBEITY

Poverty breeds childhood obesity: The food insecurity paradox

Steady increases in childhood obesity in poorer Scottish families in the decade pre-COVID, stable in wealthier families

**COVID** impacts

### Some good ways forward for child & adolescent surveillance, international, national, city

Active Healthy Kids Global Alliance Report Cards, SUNRISE Study, **FitBack** 

All depend on **good measurement protocols**, academicpolicy-practice **partnerships**, & peer review



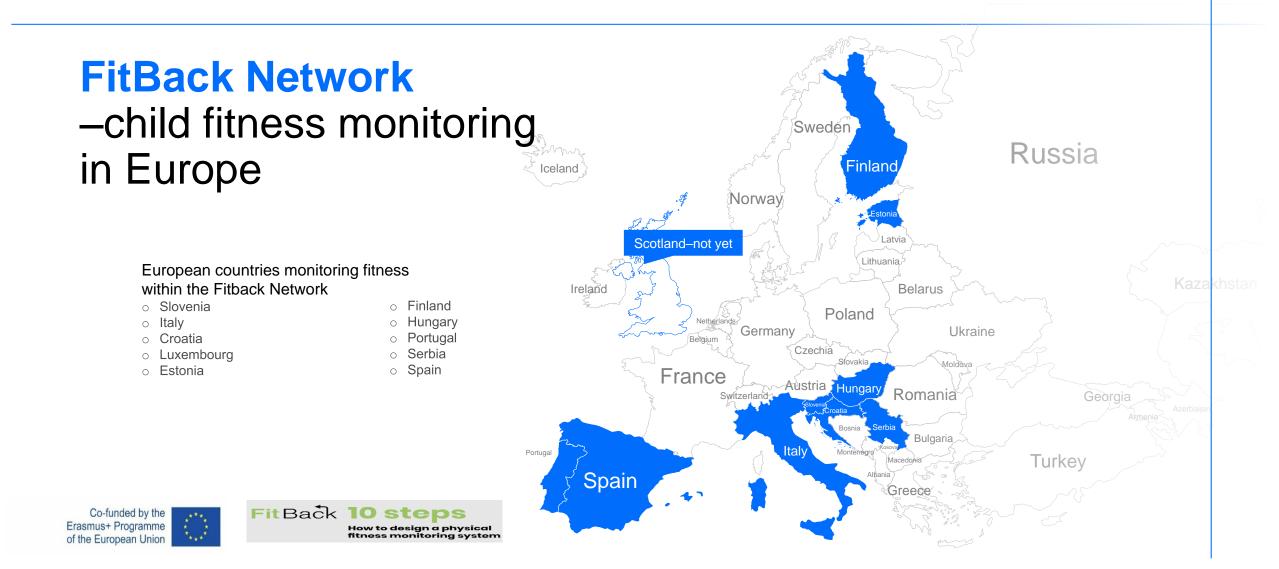
### If fitness matters why are we not monitoring it in Scotland?



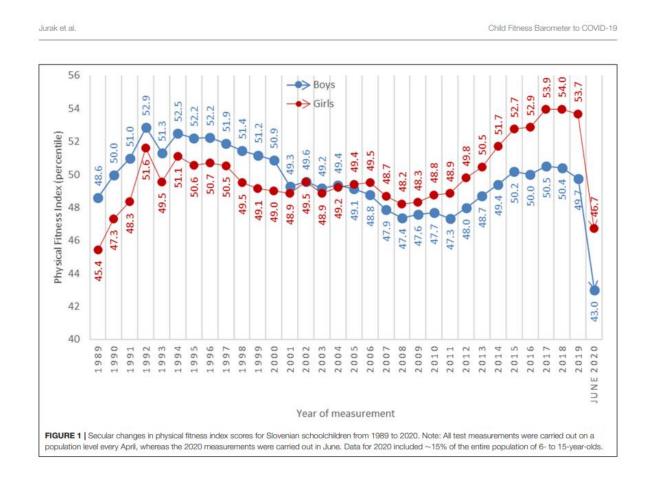
generation of schoolchildren ever?

Published: September 8, 2020 11.37am BST





### Decades of child fitness improvement, prompted by surveillance, wiped out by first COVID-19 lockdown in Slovenia, Jurak et al 2021





STANDARDS FOR HEALTHY EATING, PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP IN EARLY CHILDHOOD EDUCATION AND CARE SETTINGS: A TOOLKIT

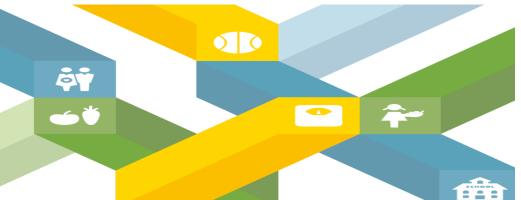


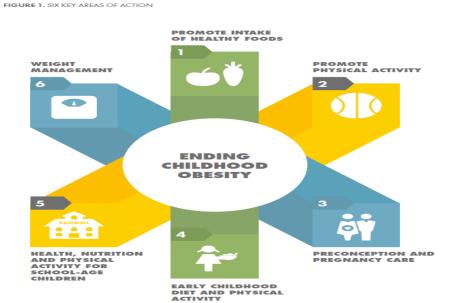
**GUIDELINES ON PHYSICAL ACTIVITY,** SEDENTARY BEHAVIOUR AND SLEEP | FOR CHILDREN UNDER 5 YEARS OF AGE

REPORT OF THE COMMISSION ON ENDING ILDHOOD

ESIT

IMPLEMENTATION PLAN: EXECUTIVE SUMMARY







COD World Health

World Health Organization

World Health Organization



# Thanks & Questions

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