



# Promoting physical activity and reducing sedentary behaviour in young people

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**UK guidelines on PA and SB for children**

**How active are children in the UK & Ireland?**

**What type of interventions work best?**

**Snapshot of some PA/SB Interventions**

**Ireland's (north & south) PA Report Card**



# The UK Physical Activity Guidelines 2011



## Foreword by the Chief Medical Officers



*Sally Davies*  
Professor Dame Sally Davies,  
CMO for England



*Harry Burns*  
Harry Burns, CMO  
for Northern Ireland



*Tony Jewell*  
Dr Tony Jewell, CMO for Wales



*Michael G. Smith*  
Dr Michael G. Smith,  
CMO for Scotland

Whatever our age, there is good scientific evidence that being physically active can help us lead healthier and even happier lives. We also know that inactivity is a silent killer. Therefore, it is important that the public health community provides people with the information on which to base healthy lifestyle choices. Start Active, Stay Active is aimed at professionals and policy makers and is the first link in a chain of communication to inform behaviour change.

This report establishes a UK-wide consensus on the amount and type of physical activity we should all aim to do at each stage of our lives. In reaching this consensus, we have drawn upon recent international, large-scale reviews in the United States and Canada and have benefited from the contribution of international experts engaged in the World Health Organization Global

Recommendations on Physical Activity. We are grateful to all who have made this collaborative effort.

Start Active, Stay Active is a report on physical activity guidelines for children, young people and older people for the first time. The guidelines create a strong link to previous age groups, they highlight sedentary behaviour, and any overall volume of activity.

Our aim is that as we become more aware of these guidelines, the recommended report does not

## Acknowledgements

We would like to give special thanks for the support we have received from the British Heart Foundation (BHF) National Centre for Physical Activity and Health and the leadership provided by Professor Fiona Bull (School of Sport, Exercise and Health Sciences, Loughborough University).

We would like to thank the contributing authors and members of our Physical Activity Guidelines Editorial Group (PAGEG) and the members of the expert working groups (listed in Annex C). Their ongoing advice and support has been invaluable.

### PAGEG members

- Dr Len Almond
- Professor Stuart Biddle
- Professor Fiona Bull
- Dr Nick Cavill
- Dr Richard Ferguson
- Dr Charlie Foster
- Professor Ken Fox
- Professor Marie Murphy
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- BHF Health Promotion Research Group, University of Oxford
- Centre for Exercise, Nutrition and Health Sciences, University of Bristol
- School of Sports Studies, University of Ulster
- Division of Developmental Medicine, University of Glasgow
- School of Sport and Exercise Science, Liverpool John Moores University

Thanks also to Andy Atkin (BHF National Centre for Physical Activity and Health) and Alison Hardy (Department of Health), who both undertook editing of this report, as well as Professor Mark Bellis (Centre for Public Health, Liverpool John Moores University) and the representatives of the four home countries for their contributions.

Finally, a special thanks to the Department of Health and, in particular, Kay Thomson and Deborah Moir who project managed this work on behalf of the four home countries.

Department of Health (2011) Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers.

Available at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_128209](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128209)

# Physical activity guidelines for children and young people



All children and young people should engage in **moderate to vigorous** intensity physical activity for **at least 60 minutes** and up to several hours **every day**. (MVPA)

**Vigorous intensity activities**, including those that strengthen muscle and bone, should be incorporated **at least three days a week**. (VPA)


All children and young people should **minimise the amount of time spent being sedentary** (sitting) for extended periods. (SB)

# Physical activity for children and young people (5–18 Years)

 BUILDS CONFIDENCE & SOCIAL SKILLS	 STRENGTHENS MUSCLES & BONES	 MAINTAINS HEALTHY WEIGHT
 DEVELOPS CO-ORDINATION	 IMPROVES HEALTH & FITNESS	 IMPROVES SLEEP
 IMPROVES CONCENTRATION & LEARNING		 MAKES YOU FEEL GOOD










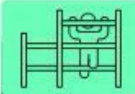



## Be physically active

Spread activity throughout the day



Aim for at least  
**60**  
minutes everyday

All activities should make you breathe faster & feel warmer

 <b>PLAY</b>	 <b>RUN/WALK</b>	 <b>BIKE</b>	 <b>ACTIVE TRAVEL</b>
 <b>SWIM</b>	 <b>SKATE</b>	 <b>SPORT</b>	 <b>PE</b>
 <b>SKIP</b>	 <b>CLIMB</b>	 <b>WORKOUT</b>	 <b>DANCE</b>
<b>Sit less</b>		 <b>LOUNGING</b>	<b>Move more</b>

MVPA

VPA

SB

Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: [www.bit.ly/startactive](http://www.bit.ly/startactive)

UK guidelines on PA and SB for children

**How active are children in the UK & Ireland?**

What type of interventions work best?

Snapshot of some PA/SB Interventions

Ireland's (north & south) PA Report Card





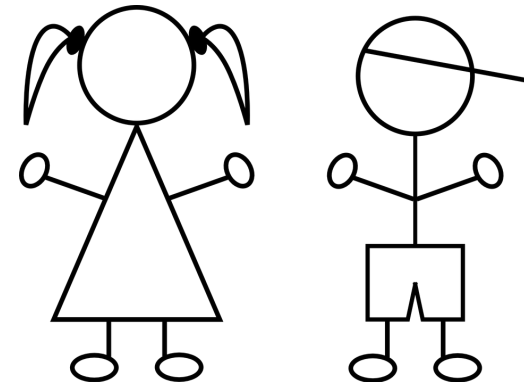
# Millennium Cohort Study (NI)

18,818 children (born in 2000 & 2001)

Data collected at 9 mos, 3, 5, 7, 11, 14 years

At age 7-

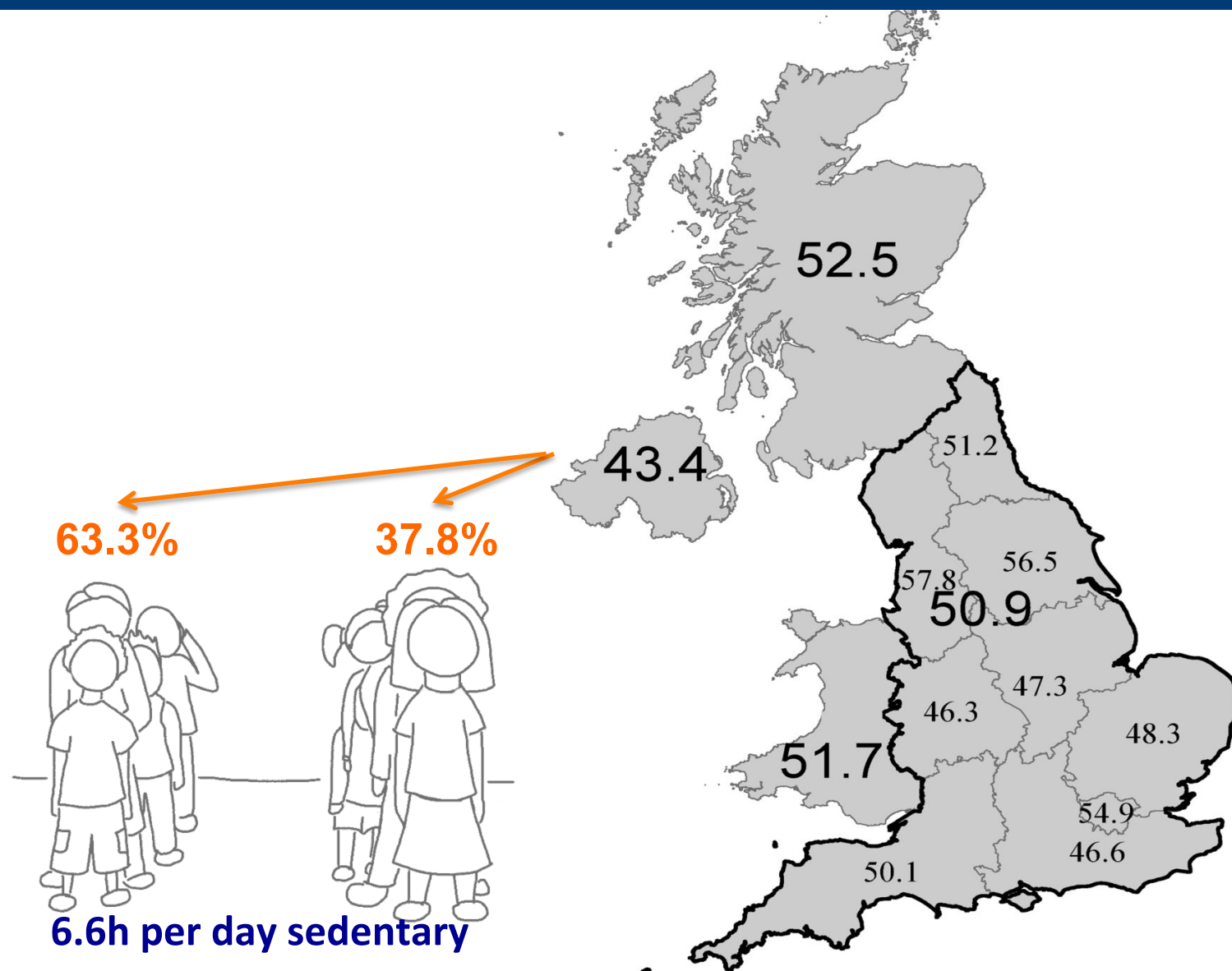
PA objectively measured in 6497 children  
(including 634 children from NI)



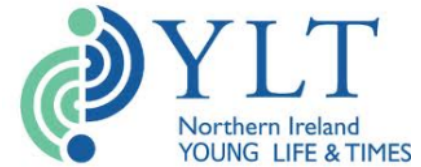
Accelerometer worn for 7 days- light, moderate and vigorous physical activity measured to determine proportion meeting guidelines (i.e.  $\geq 60$  mins MVPA per day)



# Proportion of children (age 7) meeting current physical activity recommendations





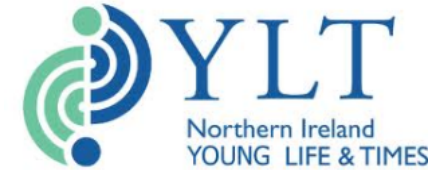


	KLT Primary 7	YLT Age 16
Number of respondents	5,194	1,156

## Self-reported estimates of meeting guidelines

*“How many times during a normal week would you spend at least 60 minutes during a day playing sports or doing some physical activity?”*

# % Self-reporting meeting guidelines (60 mins per day)



		KLT (P7)		YLT (Age 16)	
		Boys	Girls	Boys	Girls
<b>Never</b>	<b>Up to 4 times a week</b>	9	9	8	10
	<b>4 – 6 times a week</b>	31	39	37	63
	<b>7 times a week</b>	24	26	32	20
		37	27	13	5

**Self-reported “meeting guidelines” low at age 11 and declines even further from childhood to adolescence**

# Perception Versus Reality

## Awareness of Physical Activity Levels of British Children

Kirsten Corder, PhD, Esther M. F. van Sluijs, PhD, Alison M. McMinn, PhD, Ulf Ekelund, PhD, Aedin Cassidy, PhD, Simon J. Griffin, MBBS, DM

**Background:** Interventions to increase children's physical activity have had limited success. One reason may be that children and their parents overestimate children's levels of physical activity, although there is a small amount of data on this topic.

**Purpose:** This study aims to assess awareness of physical activity levels among British school children aged 9–10 years and their parents.

**Methods:** Physical activity was measured using an accelerometer in a cross-sectional study of 1892 children (44% male; M age=10.3 years, SD=0.3) from 92 Norfolk schools (Sport, Physical Activity and Eating Behavior: Environmental Determinants in Young People [SPEEDY] study). Data were collected between April and July 2007 and analyzed in 2008. *Inactive* was defined as <60 minutes/day of moderate and vigorous physical activity. Agreement between physical activity perception (child- and parent-rated) and objective physical activity was assessed. Associations between biological (height, weight, fat mass index), parental (parent BMI, physical activity) and socio-cultural factors (parental education, physical activity)

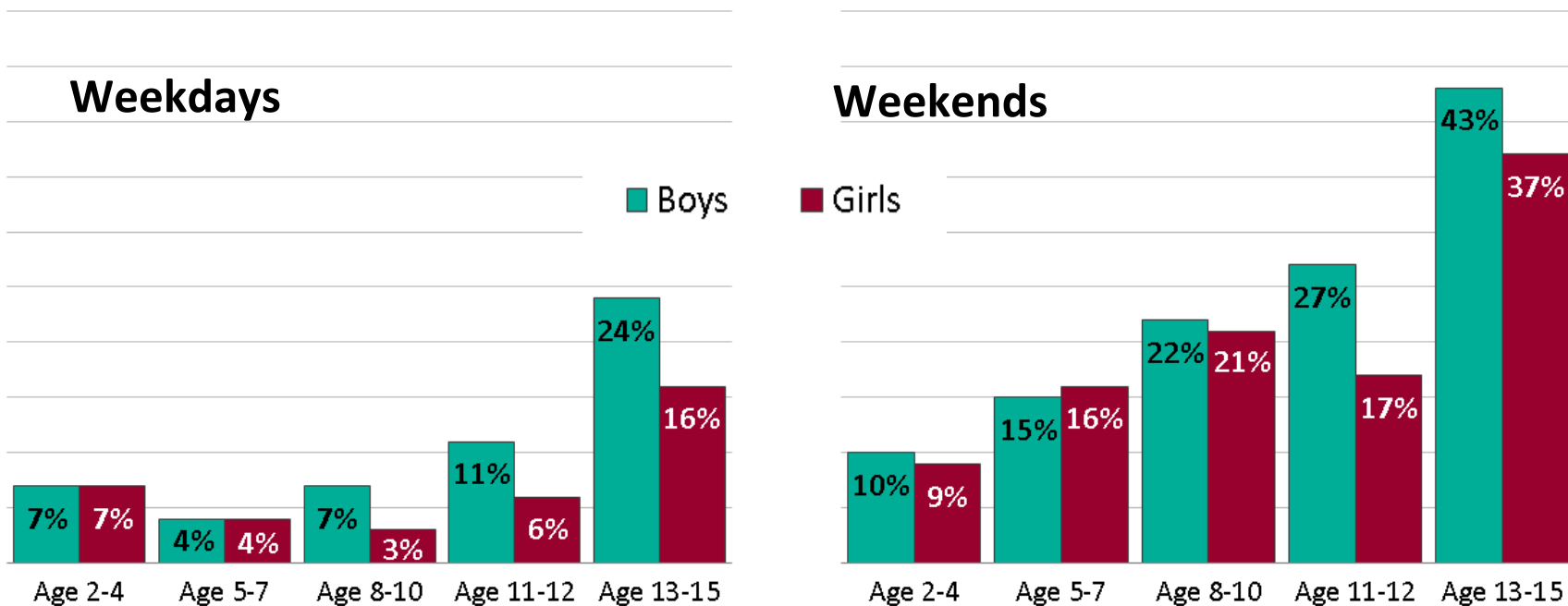
**80% of parents of inactive children  
thought their child was sufficiently active**

**40% of inactive children  
over-estimated their physical activity**

# Time spent sedentary in leisure time

Health Survey for England 2012

Proportion of children who spent 6+ hours being sedentary per day



# Do these behaviours 'track' from childhood to adulthood?



**Obesity Facts**  
The European journal of obesity

**Review Article**

Obes Facts 2009;3:187-195  
DOI: 10.1155/000222244

Published online: June 2010

## Tracking of Physical Activity from Childhood to Adulthood: A Review

Risto Telama

LIKES Research Institute, Jyväskylä,  
Department of Sport Sciences, University of Jyväskylä, Finland

**Key Words**

Tracking - Obesity - Physical activity - Childhood - Adulthood

**Summary**

The aim of the article was to review studies on the tracking of physical activity in all phases of life from childhood to late adulthood. The majority of the studies have been published since 2000. The follow-up time in most studies was short, the median being 9 years. In men, the stability of physical activity was significant but low or moderate during all life phases and also in long-term follow-ups. In women, the tracking was lower and in many cases non-significant. Among both sexes, stability seems to be lower in early childhood than in adolescence.

enhancement of physical activity in children and adolescents is of great importance for the promotion of public health.

**Introduction**

The promotion of public health through physical activity interventions is based on the belief that physical activity is habitual and thus rather stable, in other words, it tracks over time. Tracking is usually defined as a tendency of individuals to maintain their rank or position within a group over time [1]. Tracking also means the ability to predict subsequent observations on the basis of earlier values [2]. The track-

Preventive Medicine 51 (2010) 345-351

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Preventive Medicine

journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)



**Review**

## Tracking of sedentary behaviours of young people: A systematic review<sup>☆</sup>

Stuart J.H. Biddle<sup>a,\*</sup>, Natalie Pearson<sup>a,b</sup>, Gemma M. Ross<sup>a</sup>, Rock Braithwaite<sup>c</sup>

<sup>a</sup> School of Sport, Exercise & Health Sciences, Loughborough University, UK

<sup>b</sup> Now at Centre for Physical Activity and Nutrition Research, School of Exercise and Nutrition Sciences, Deakin University, Australia

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**ARTICLE INFO**

Available online 1 August 2010

**Keywords**

Tracking  
Sedentary behaviour  
Young people

**ABSTRACT**

**Objective.** To review the empirical evidence concerning the strength of tracking of sedentary behaviours from childhood and adolescence.

**Methods.** Published English language studies were located from computerised and manual searches in 2009. Included studies were prospective, longitudinal studies with at least one sedentary behaviour for at least two time-points, with tracking coefficients reported, and included children (aged 3-11 years) and adolescents (12-18 years) at baseline.

**Results.** Based on data from 21 independent samples, tracking coefficients ( $r$ ) ranged from 0.08 (over 16 years) to 0.73 (over 2 years) for TV viewing, from 0.18 (boys over 3 years) to 0.52 (over 2 years) for electronic game/computer use, from 0.16 (girls over 4 years) to 0.65 (boys over 2 years) for total screen time, and from -0.15 (boys over 2 years) to 0.48 (over 1 year) for total sedentary time. Study follow-up periods ranged from 1 to up to 27 years, and tracking coefficients tended to be higher with shorter follow-ups.

**Conclusions.** Sedentary behaviours track at moderate levels from childhood or adolescence. Data suggest that sedentary behaviours may form the foundation for such behaviours in the future and some may track slightly better than physical activity.

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- Physical activity tracks moderately from adolescence to adulthood
- Sedentary behaviour tracks well from adolescence to adulthood

Telama, R., et al (2005). Physical activity from childhood to adulthood: a 21-year tracking study. *American Journal of Preventive Medicine*, 28(3), 267-273.

Biddle, S. J., et al. (2010). Tracking of sedentary behaviours of young people: a systematic review. *Preventive Medicine*, 51(5), 345-351.

# Scope of the problem- Rationale for Intervention

A majority of children and adolescents in UK & Ireland are insufficiently active for optimal health

Children spend significant proportions of their day engaged in sedentary behaviours

PA declines and SB increases with increasing age, (with gender and SEC differences)

The transition from primary to secondary school (11-12y) is a time of rapid decline in PA (particularly in girls)

Both behaviours track (moderately+) into adulthood – so interventions to change PA and SB have potentially long-term consequences



UK guidelines on PA and SB for children

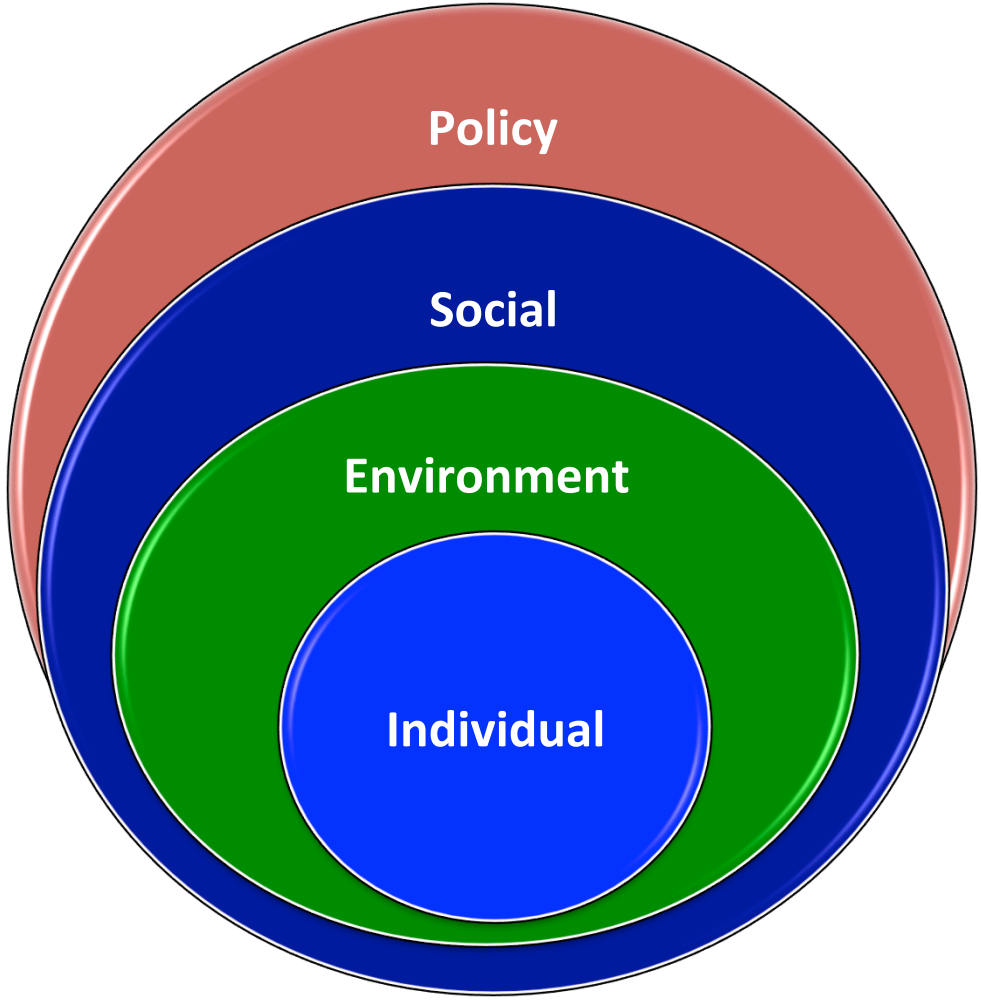
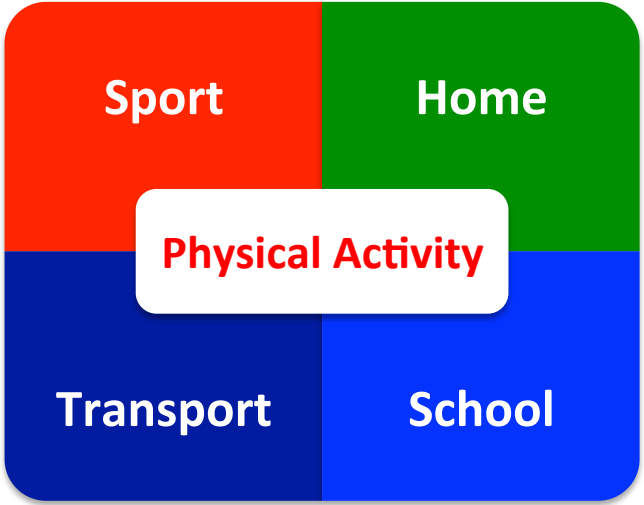
How active are children in the UK & Ireland?

**What type of interventions work best?**

Snapshot of some PA/SB Interventions

Ireland's (north & south) PA Report Card





**PA interventions – traditionally:**

- Single component/domain
- Aimed at the individual level
- Focused on Sport and PE



# Enjoying sport/activity (YLT)

	PE (%)		Sport outside school (%)		Adventure activities (%)	
	KLT	YLT	KLT	YLT	KLT	YLT
A lot	82	37	77	48	57	46
A little	15	26	17	24	22	21
Not at all	2	15	2	7	4	7
I don't do this	1	22	4	21	16	27

# School-based interventions

- School is compulsory – maximum reach
- Significant proportion of waking hours spent at school
- Inclusive- involves all children irrespective of SEC
- Good curricular fit with focus on preparing children for their future
- Sedentary behaviour increases from start of formal education

UK guidelines on PA and SB for children

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## ORIGINAL ARTICLE

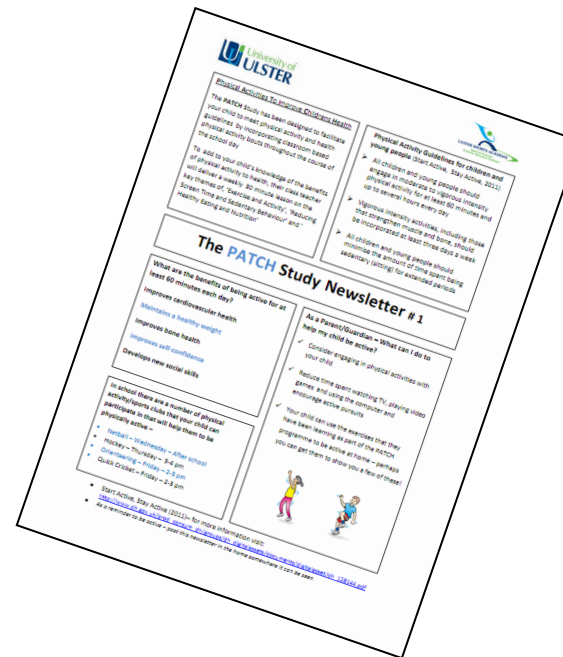
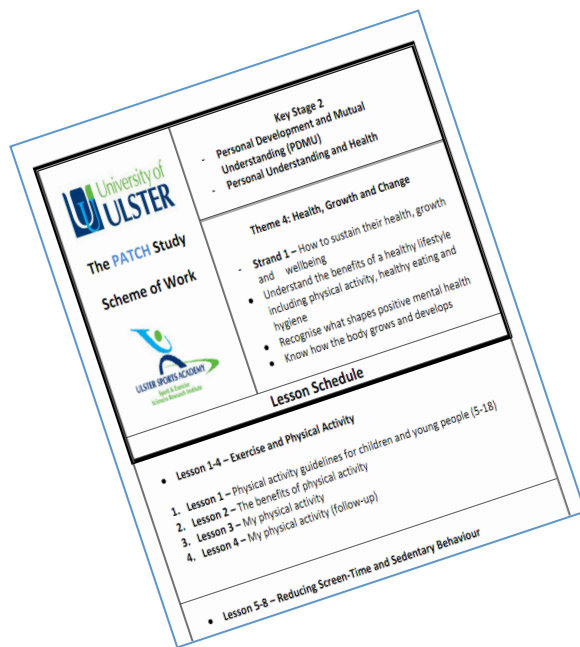
**The effect of a classroom activity break on physical activity levels and adiposity in primary school children**Clare Drummy,<sup>1</sup> Elaine M Murtagh,<sup>2</sup> David P McKee,<sup>3</sup> Gavin Breslin,<sup>1</sup> Gareth W Davison<sup>1</sup> and Marie H Murphy<sup>1</sup><sup>1</sup>Sport and Exercise Science Research Institute, University of Ulster, <sup>2</sup>Department of Health and Physical Education, Stranmillis University College, Belfast, United Kingdom and <sup>3</sup>Department of Arts Education and Physical Education, Mary Immaculate College, University of Limerick, Limerick, Ireland**Aim:** Despite recognition that regular physical activity is essential for good health, many children do not accumulate sufficient daily physical activity. The aim of this study was to examine the effect of a classroom-based activity break on accelerometer-determined moderate-to-vigorous intensity physical activity (MVPA) and adiposity in primary school children.**Methods:** One hundred twenty children from seven primary schools in Northern Ireland participated in the study. In each school, one class of children was randomly assigned to an intervention group and another class to a control group. Teachers of the intervention classes led a 5-min activity break three times per day for 12 weeks. Accelerometer-determined MVPA, height, weight and four skinfolds were measured at baseline and post-intervention.**Results:** Compared with the control group, the intervention group significantly increased weekday MVPA (+9.5 min) from baseline to post-intervention. There were no significant changes in BMI; however, an increase in sum-of-skinfolds of the intervention group was observed.**Conclusions:** Classroom-based activity breaks led by the teacher are successful in increasing children's physical activity levels. The programme**Clustered RCT****Classroom PA breaks (3 x 5 mins per day for 12 weeks)****Teachers choice of 40 exercises performed on the spot beside/ behind desk****Weekday PA objectively measured pre and post 12 week intervention****107 pupils completed pre and post assessment ( 54 intervention 53 control)****MVPA increased by 9.5 mins/day in intervention group**

# Physical Activity To improve Children's Health

12 week multicomponent intervention delivered in primary schools

99 P6 & P7 pupils (3 intervention 2 control classes)

- Curriculum component – 12 lessons (3 themes)- 30 min
- PA breaks
- Parental Outreach -Monthly newsletter
- Daily PA Homework



Cunningham C (2014) School-based interventions to increase physical activity and reduce cardiometabolic risk in children. PhD Ulster University

# Physical Activity To improve Children's Health

**Feasible intervention but requires teacher input and training**

**Total PA and school time MVPA increased by 27 mins and 14 mins per from pre to mid intervention (week 6) – not sustained post intervention**

**No differences in the magnitude of this increase between girls and boys**

**No changes in body composition, bone mineral density or content, blood pressure or self-perception (body adequacy, competence, physical self-worth, global self-esteem)**

**Lack of PA feedback to pupils, parents and teachers may have decreased maintenance**

*Irish Section Meeting, 18–20 June 2014, Changing Dietary Behaviour: Physiology Through to Practice*

## **Exploring the attitudes of 11–14 year olds to physical activity: a focus group study**

A. Carlin<sup>1</sup>, M. H. Murphy<sup>2</sup> and A. M. Gallagher<sup>1</sup>

<sup>1</sup>*Northern Ireland Centre for Food and Health, University of Ulster, Coleraine, BT52 1SA and*

<sup>2</sup>*Ulster Sports Academy, University of Ulster, Jordanstown, BT37 0QB*

### **A. Carlin awarded NS Irish Section Best Overall Student Oral Communication prize**

The prevention and management of obesity is a major public health priority, with almost one third of children in Northern Ireland now classified as overweight or obese<sup>(1)</sup>. The promotion of physical activity is often a key focus of public health efforts to reverse such trends in childhood obesity<sup>(2)</sup>. The aim of this study was to gain an insight into the attitudes and thoughts of young people (aged 11–14 years) in relation to physical activity and to explore what approaches this age group would find most helpful in encouraging them to increase or maintain their current levels of physical activity.

180 pupils were recruited from 3 post-primary schools. All participants completed the PAQ-C<sup>(3)</sup> and underwent measurements of height and weight. A sub-sample ( $n = 64$ ; 39 females; 25 males) of participants were selected to take part in focus group discussions, with groups formed based on physical activity scores derived from the PAQ-C (i.e. low or high active groups). 9 focus groups with five to eight participants in each group were conducted; 3 groups of 'highly active' participants and 6 groups of 'low active' participants.

Participants were interviewed about their attitudes to physical activity, including their views on the role of physical activity in preventing and managing obesity.

## Main Influences

- Friends and Peers
- Family and Others
- Consequences of not taking part (obesity, poor health etc)



## Main Barriers:

- Changing priorities
- Transition to secondary school
- More commute, homework and study time
- Costs and reliance on parental transport
- Weather

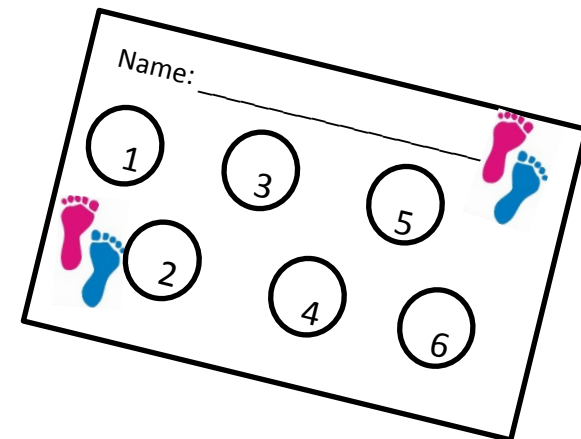
## What would encourage more PA?

- Try new activities- things you don't have to be good at
- Activities you can do with friends
- Activities you can do within school – breaks and lunchtimes
- Walking
- Include technology (Apps, trackers, Social Media)
- Rewards and incentives for being active



# The *WISH* Study: Peer-led Walking In Schools

- Feasibility trial based on qualitative study
- 190 participants in 6 schools. (101 intervention 98 control)
- Short walks (<15min) delivered during school day
- Facilitated by trained 'Walk Leaders' (aged 16-18)
- Incentivised via school rewards system and reward stamps for each walk completed
  - **Increased total PA**
  - **Decreased sedentary behaviour**
  - **No change in MVPA (i.e. guidelines)**



**Interventions may be feasible and can elicit (compensatory?) changes in PA and sedentary behaviour**

**Self-selected walking speeds may not be sufficient to achieve MVPA in this age group**

# Transform- Us Study



## A four-arm cluster-randomized controlled trial

### Twenty schools allocated to:

- sedentary behavior intervention
- physical activity intervention
- combined SB and PA intervention
- current practice control



Salmon et al. *BMC Public Health* 2011, 11:759  
<http://www.biomedcentral.com/1471-2458/11/759>



#### STUDY PROTOCOL

Open Access

## A cluster-randomized controlled trial to reduce sedentary behavior and promote physical activity and health of 8-9 year olds: The Transform-Us! Study

Jo Salmon<sup>1\*</sup>, Lauren Arundell<sup>1</sup>, Clare Hume<sup>1</sup>, Helen Brown<sup>1</sup>, Kylie Hesketh<sup>1</sup>, David W Dunstan<sup>2</sup>, Robin M Daly<sup>1</sup>, Natalie Pearson<sup>3</sup>, Ester Cerin<sup>4</sup>, Majj Moodie<sup>5</sup>, Lauren Sheppard<sup>5</sup>, Kylie Bail<sup>1</sup>, Sarah Bagley<sup>1</sup>, Mai Chin A Paw<sup>6</sup> and David Crawford<sup>1</sup>

#### Abstract

**Background:** Physical activity (PA) is associated with positive cardio-metabolic health and emerging evidence suggests sedentary behavior (SB) may be detrimental to children's health independent of PA. The primary aim of the Transform-Us! study is to determine whether an 18-month, behavioral and environmental intervention in the school and family settings results in higher levels of PA and lower rates of SB among 8-9 year old children compared with usual practice (post-intervention and 12-months follow-up). The secondary aims are to determine the independent and combined effects of PA and SB on children's cardio-metabolic health risk factors; identify the factors that mediate the success of the intervention; and determine whether the intervention is cost-effective.

**Methods/design:** A four-arm cluster-randomized controlled trial (RCT) with a 2 x 2 factorial design, with schools as the unit of randomization. Twenty schools will be allocated to one of four intervention groups, sedentary behavior (SB-I), physical activity (PA-I), combined SB and PA (SB+PA-I) or current practice control (C), which will be evaluated among approximately 600 children aged 8-9 years in school year 3 living in Melbourne, Australia. All children in year 3 at intervention schools in 2010 (8-9 years) will receive the intervention over an 18-month period with a maintenance 'booster' delivered in 2012 and children at all schools will be invited to participate in the evaluation assessments. To maximize the sample and to capture new students arriving at intervention and control schools, recruitment will be on-going up to the post-intervention time point. Primary outcomes are time spent sitting and in PA assessed via accelerometers and inclinometers and survey.

**Discussion:** To our knowledge, Transform-Us! is the first RCT to examine the effectiveness of intervention strategies for reducing children's overall sedentary time, promoting PA and optimizing health outcomes. The integration of consistent strategies and messages to children from teachers and parents in both school and family settings is a critical component of this study, and if shown to be effective, may have a significant impact on educational policies as well as on pedagogical and parenting practices.

**Trial registration:** ACTRN12609000115279; Current Controlled Trials ISRCTN83725066



# Multicomponent – across multiple settings

## Classroom

Key messages  
9 x p/year (18 total)

Standing lesson  
1 x 30min/day

Active break  
1 x 2min/30mins class time

## Physical environment

Sports/circus equipment

Promotional signage

Playground line markings

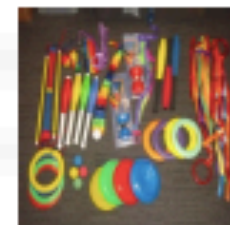
Standing easels

Class set of pedometers

## Family setting

9 newsletters p/year  
(matched to key messages)

Active homework





# Main Findings

**After 2.5 years, children had significantly increased their physical activity at recess and lunchtime by 33 minutes per week and significantly reduced their sitting time by 196 minutes per week.**

**Lower BMI z-scores, waist circumference, LDL cholesterol, systolic BP and higher Vitamin D levels than children in usual practice**

**Preliminary cost analysis shows that Transform-Us! cost on average \$30.08 per child per year (\$0.08 per child per day).**

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**Ireland's (north & south) PA Report Card**



# The **2016** Ireland North and South Report Card on Physical Activity for Children and Youth



# What is the Report Card ?

- An assessment of the current state of physical activity among children and youth
- The link between research and practice
- Advocacy tool
- Started in Canada in 2004



  
Ireland's report card  
on physical activity  
in children & youth

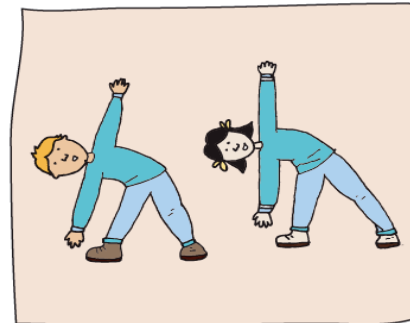
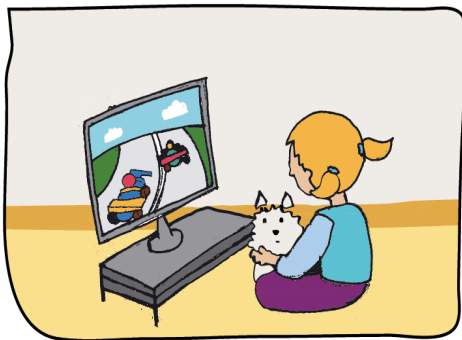
2014 Ireland (NI and RoI) joined

# What is the Report Card ?

Assessment of child and youth physical activity across 9/10 indicators

- Physical Activity
- Sedentary Behaviour
- Active Transportation
- Physical Education
- Organised Sport Participation
- Active Play
- Home (family)
- School
- Community & Built Environment
- Government

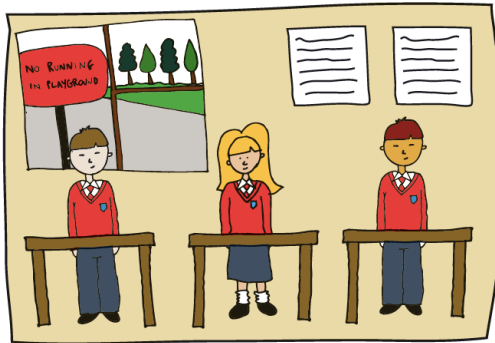
- Using best available evidence
- Agreed grades according to international standardized grading scheme
- Stakeholder consultation for evidence gathering and grading





# International Standardised Grading Scheme

		Benchmark
<b>A</b>	We are succeeding with a large majority of children and youth	81 - 100%
<b>B</b>	We are succeeding with well over half of children and youth	61 - 80%
<b>C</b>	We are succeeding about half of children and youth	41 - 60%
<b>D</b>	We are succeeding about less than half, but some children and youth	21 - 40%
<b>F</b>	We are succeeding with very few children and youth	0 - 20%
<b>INC</b>	Inconclusive - Not enough data exist on this indicator	



## INDICATOR

2016

2014

Overall Physical Activity

D

D-

Sedentary Behaviour (TV viewing)

C-

C-

Active Transportation

D

D

Physical Education

D-

D-

Organised Sport Participation

C- RoI  
C+ NI

C-

Active Play

INC

INC

Home (family)

INC

INC

School

D

C-

Community and Built Environment

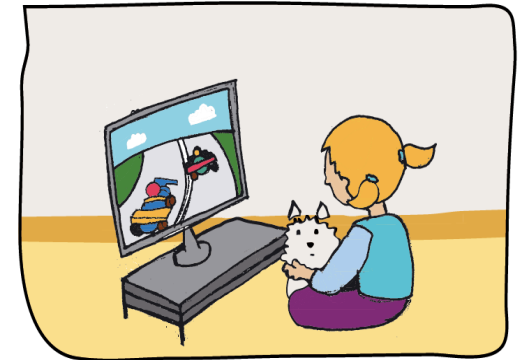
B+

B

Government

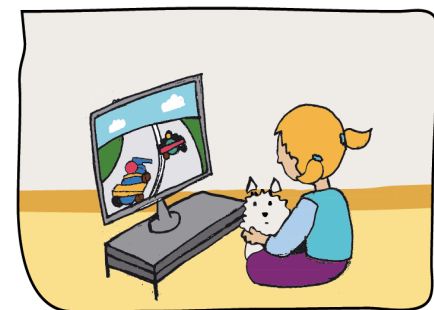
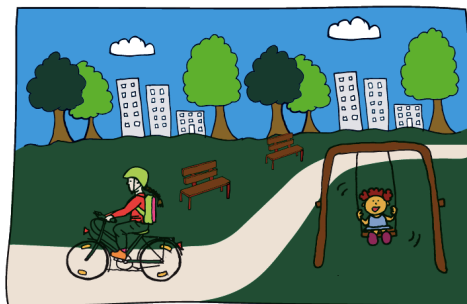
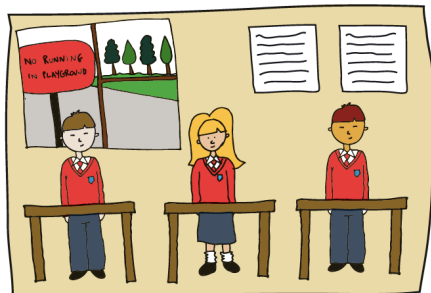
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# Take home messages

- Many children in UK & Ireland are insufficiently active and spend too much time in sedentary behaviours
- All domains of PA and SB should be targeted to maximise impact.
- Interventions implemented across multiple settings have modest but important effects on current and future levels of PA and SB





# Promoting physical activity and reducing sedentary behaviour in young people

[ulster.ac.uk](http://ulster.ac.uk)

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