Results From Belgium's 2016 Report Card on Physical Activity for Children and Youth

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Background: This 2016 Belgium Report Card on Physical Activity for Children and Youth is the first systematic evaluation of physical activity (PA) behaviors, related health behaviors, health outcomes, and influences thereon, using the Active Healthy Kids Canada grading framework. **Methods:** A research working group consisting of PA experts from both Flanders and Wallonia collaborated to determine the indicators to be graded, data sources to be used, and factors to be taken into account during the grading process. Grades were finalized after consensus was reached among the research working group and 2 stakeholder groups consisting of academic and policy experts in the fields of PA, sedentary behavior, and dietary behavior. **Results:** Eleven indicators were selected and assigned the following grades: Overall PA (*F+*), Organized Sport Participation (*C-*), Active Play (*C+*), Active Transportation (*C-*), Sedentary Behaviors (*D-*), School (*B-*), Government Strategies and Investment (*C+*), and Weight Status (*D*). Incomplete grades were assigned to Family and Peers, Community and the Built Environment, and Dietary Behaviors due to a lack of nationally representative data. **Conclusions:** Despite moderately positive social and environmental influences, PA levels of Belgian children and youth are low while levels of sedentary behaviors are high.

Keywords: sport, sedentary behavior, nutrition, health behavior

Despite the many health benefits associated with physical activity (PA) throughout childhood,^{1,2} a large proportion of children and adolescents in Belgium does not engage in sufficient levels of PA to meet current PA recommendations.³⁻⁶ Concurrently with these low estimates for overall PA levels, high levels of screen time have been reported for Belgian children and youth.^{4,5,7,8} Together, these behaviors accumulate to an unhealthy lifestyle that seems to have its origin in early childhood.⁹

In Belgium, surveillance of PA, related health behaviors, and health outcomes is being performed at the national level by the Scientific Institute of Public Health (WIV-ISP).¹⁰⁻¹² In contrast, surveillance of individual, social, and environmental influences on these behaviors and health outcomes is mainly performed on a regional level and by different organizations. Following the examples of other international Report Cards, in particular the Canadian Physical Activity Report Card,¹³ the current Physical Activity Report Card presents a systematic evaluation of PA and its influences with the ultimate aim of improving PA levels of Belgian children and youth.

The purpose of this manuscript is to summarize the process by which the first Belgian Report Card on Physical Activity for Children and Youth was developed and to summarize its main results. Health policy in Belgium is organized by the federal authority as well as by different communities. While regulations concerning the practice of medical and paramedical professions are federal responsibilities, primary and preventive health care and regulations

concerning sport and education are community responsibilities. As a consequence, different policies and strategies to promote a physically active and healthy lifestyle within the framework of health promotion and disease prevention can be found in Flanders, the Flemish speaking northern part of Belgium, and Wallonia, the French speaking southern part of Belgium. Therefore, regional differences in PA and its influences will be highlighted throughout this manuscript. Data used for this Report Card come from national and regional surveys and are synthesized and graded in a systematic manner according to a standardized grading framework formulated by Active Healthy Kids Canada.¹³

Methods

A research working group (RWG) was established consisting of 6 researchers from KU Leuven, Ghent University, and the University of Liege, covering both Flanders and Wallonia. With the support of WIV-ISP, the first author prepared a synthesis of the data recently collected in the Food Consumption Survey (FCS), the main data source for this manuscript (see below for more information). Subsequently, the RWG was responsible for the selection of indicators, identification of additional relevant data sources, synthesis of data, and assignment of grades to each of the selected indicators. Two separate stakeholder groups were formed, one for Flanders and one for Wallonia, consisting of experts from research, education, policy, and practice in the field of PA, sport, sedentary behavior, and dietary behavior. Members of the RWG prepared preliminary grades which were subsequently discussed in separate meetings with the stakeholders group for Flanders and the stakeholders group for Wallonia. Grades were finalized after consensus was reached among the RWG in a joint meeting and were endorsed by both stakeholder groups.

This inaugural 2016 Active Healthy Kids Belgium Report Card on Physical Activity for Children and Youth assessed 11

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indicators, including 9 core indicators (Overall Physical Activity, Organized Sport Participation, Active Play, Active Transportation, Sedentary Behaviors, Family and Peers, School, Community and the Built Environment, Government Strategies and Investments) and 2 additional indicators (Dietary Behaviors, Weight Status). These additional indicators were included in the report card because they have been related to PA in childhood^{14–16} and are important behaviors/health outcomes for a healthy development of children and youth.^{17,18} In addition, recent research has shown that unhealthy dietary behaviors [eg, consumption of sugar sweetened beverages (SSBs)] and childhood obesity are common among Belgian children and adolescents.^{5,19} Regular surveillance of these behaviors and health outcome is therefore warranted.

Available data sources were evaluated according to representativeness of the data (including sampling procedure and sample size), quality of the evidence (eg, objectively versus subjectively measured PA), year of data collection (preferably not more than 5 years in the past), age (range) of the study population, and presentation of results for specific subgroups (eg, girls versus boys). The Belgian FCS 2014–2015 (n = 488 for children 3 to 5 years; n = 575 for children 6 to 9 years; n = 964 for adolescents 10 to 17 years) conducted by WIV-ISP (Wetenschappelijk Instituut Volksgezondheid / Institut Scientifique de Santé Publique) was selected as primary data source given its assessment of a wide range of health behaviors and health outcomes in a representative sample of Belgian children and youth.¹⁰ Furthermore, in addition to self-reported data collected by interview during house visits, the FCS collects objectively measured data on PA and anthropometric characteristics.^{11,12} PA levels were defined using the cut points proposed by Evenson et al^{20,21} [ie, ≤ 100 counts per minute (cpm) for sedentary time, 101 to 2295 cpm for light PA, 2296 to 4011 cpm for moderate PA, and ≥ 4012 cpm for vigorous PA]. Alternative data sources were consulted in case information on selected indicators was not available in the FCS, including the ToyBox study (4–6 years; n = 1327 for Flanders),²² the 2013–2014 Health Behaviour in School-aged Children study (11–18 years; n = 9566 for Flanders, n = 14,180 for Wallonia),²³ the ENERGY study (10–12 years; Flanders; n = 1003 for adolescents, n = 763 for parents),²⁴ the 2012 Indicator Survey on health policies and regulations within schools (Flanders: n = 1006 for primary schools, n = 451 for secondary schools),²⁵ a regional survey on the importance given to PA promotion in secondary schools of French-speaking Belgium performed by the University of Liege (n = 51 secondary schools),²⁶ and a longitudinal study on the environment and PA of Flemish adolescents conducted by Ghent University (13–14 years at follow-up; n = 420).²⁷

Following selection of indicators, appropriate data sources, and items within those data sources, indicators were graded using the grading framework formulated by Active Healthy Kids Canada [A = 81% to 100%; B = 61% to 80%; C = 41% to 60%; D = 21% to 40%; F = 0% to 20%; INC (incomplete) = not enough valid/representative data available for grading].¹³ For each of the 11 indicators, sub-indicators for different age groups were graded according to this framework and an overall grade was established based on consensus among members of the RWG and endorsement from the stakeholder groups. In addition to an overall grade, an indicator could be assigned a minus sign ('-') or plus sign ('+') based on the presence or absence, respectively, of substantial inequalities (ie, $\geq 5\%$ difference) according to age, region (Flanders vs. Wallonia), gender, or socioeconomic status (SES) as indicated by parental educational level. In case previous research was available, a minus sign or plus sign could also be added to the grade based on the presence of a negative or positive trend, respectively.

Results and Discussion

The 2016 Belgium Report Card is the first systematic assessment of PA for Belgian children and youth using the Active Healthy Kids Canada grading framework. Table 1 presents the 11 indicators selected and graded by the RWG and validated by the stakeholders groups. The front cover of the Report Card is illustrated in Figure 1.

Overall Physical Activity: F+

Accelerometer data from the FCS showed that only a minority of 6- to 9-year old children (7%) and 10- to 17-year-old adolescents (2%)¹² met the international recommendation of at least 60 minutes of daily moderate-to-vigorous PA (MVPA).^{28–31} In contrast, the majority of 3- to 5-year-old children (96%) met the recommendation of at least 180 minutes of total PA on a daily basis.^{32,33} It should be noted here that the recommendations for the different age groups are inherently different, with the latter referring to total PA (ie, light, moderate, and vigorous PA, instead of MVPA). No remarkable differences in overall PA levels were observed according to region, gender, or SES (Table 2). Based on these data, it was decided to assign this indicator an F+, with the plus sign representing the positive observation in preschool children.

Organized Sport Participation: C-

Data from the FCS show that 44% of 3- to 5-year-old children and 65% of 6-to-9 year old children were members of a sport club and that 75% of 10- to 17-year-old adolescents actively participated in 1 or more sports during their leisure time.¹² Furthermore, 45% of adolescents that were able to participate in extracurricular sport or physical activities reported that they actually participated in these activities. Differences according to region (in favor of Flanders for preschool children and of Wallonia for adolescents), gender (in favor of boys), and especially socioeconomic status (SES; in favor of children and adolescents of high-educated parents) were also found. Based on this information, the organized sport participation indicator was assigned a C-.

Table 1 Grades According to Physical Activity Indicator in the 2016 Belgium Report Card on Physical Activity for Children and Youth

Indicator	Grades
Overall Physical Activity Levels	F+
Organized Sport Participation	C-
Active Play	C+
Active Transportation	C-
Sedentary Behaviors	D-
Family and Peers	INC
School	B-
Community and the Built Environment	INC
Government Strategies and Investments	C+
Dietary Behaviors	INC
Weight Status	D

Note. The grade for each indicator is based on the percentage of children and youth meeting a defined benchmark: A is 81% to 100%; B is 61% to 80%; C is 41% to 60%; D is 21% to 40%; F is 0% to 20%; INC is incomplete data.

Figure 1 — Front cover of Belgium's 2016 Report Card on Physical Activity for Children and Youth.

Active Play: C+

According to FCS data, around 80% of 3- to 9-year-old children engaged in active outdoor play during weekdays and weekend days.¹² Remarkably lower levels of active play were observed for adolescents; 26% and 29% of 10- to 17-year-olds reported that they participated in sports/play as a main activity during recess at school and lunch break at school, respectively. It should be noted here that differences may be due to differences in the context of active play between children (whole day) and adolescents (during recess). Small differences in levels of active play were found for region (in favor of Flanders), gender (in favor of adolescent boys), and SES (in favor of children and adolescents of mid- and high-educated parents). Furthermore, estimates of active outdoor play on weekdays and weekend days for children were higher for spring (88% and 87%) and summer (90% and 85%) compared with winter (69% and 75%). Because the grades for each of the sub-indicators varied, the RWG assigned this indicator an average of C+, with the plus sign representing the positive observation in younger children.

Active Transportation: C-

FCS data showed that 48% of 3- to 9-year-old children used active transportation, defined as walking or cycling, to travel to and from school.¹² No differences were observed between preschool children aged 3 to 5 years (49%) and young school-aged children aged 6 to 9 years (47%). A somewhat lower proportion for active transportation was observed for adolescents, with 40% of adolescents usually using active transportation (ie, walking, cycling, and rollerblading) to travel to and from school. Substantial differences were observed for SES (in favor of children of low-educated parents and of adolescents with high-educated parents) and, especially, region (in favor of Flanders). Based on these observations, this indicator was graded a C-.

Sedentary Behaviors: D-

According to FCS data, 65% of children aged 3 to 5 years met the international recommendation of less than 1 hour of screen time per day^{32,34} on a weekday, while only 25% of children met this guideline on a weekend day.¹² With respect to older children (6–9 years old), FCS data showed that 89% and 46% met the recommendation of less than 2 hours of screen time per day for older children and youth^{28,29,35} on weekdays and weekend days, respectively. Results for adolescents (10–17 years) were the least favorable with 45% and 16% meeting this recommendation on weekdays and weekend days. Large differences were reported for gender (in favor of girls), region (mostly in favor of Wallonia), and especially SES (in favor of children and adolescents of mid- and high-educated parents). Based on these varying sub-indicators, this indicator was assigned an average of D-, with the minus sign representing large inequalities.

Family and Peers: INC

For Flanders, data from the ToyBox study in preschoolers²² and from the ENERGY study in adolescents²⁴ showed that around 84% of parents provide substantial encouragement to children and youth to participate in sport/physical activities. In contrast, only a minority of parents of preschoolers and adolescents were physically active for at least 30 minutes per day themselves (10% and 26%, respectively). A large proportion of adolescents reported that their friends often or always participate in sports or other physical activities.²⁴ Because similar information was missing for Wallonia and therefore no nationally representative information was available, this indicator was assigned an INC.

School: B-

Data from the FCS showed that almost all adolescents in Flanders (94%) and Wallonia (94%) received at least 2 hours of physical education (PE) per week at school.¹² Furthermore, initiatives to develop and enhance links between PE and other opportunities to be physically active in the wider community have received more attention during the last few years.³⁶ A 3-year survey in Flemish primary schools and secondary schools conducted in 2012 yielded scores of 57/100 and 52/100, respectively, for overall school policy and programs on PA.²⁵ These overall scores represent school performance in 3 domains, including PA education in the regular school curriculum, PA regulations, and PA availabilities within the school. A negative trend in both overall scores was observed when compared with a previous survey in 2009. In the French-speaking community of Belgium, 32% of secondary schools obtained a score of $\geq 50/100$ when scored on the importance given to physical activity promotion

Table 2 Proportion (%) of Belgian Children and Youth Meeting Predefined Benchmarks in the Total Population, According to Region, Gender, and Socioeconomic Status

Indicator	Indicator definition	Total	Flanders	Wallonia	Boys	Girls	Low SES	Mid SES	High SES
Overall Physical Activity ^a	% of children 3–5 years with ≥ 180 min/day LMVPA daily	96.2	97.1	95.1	95.0	97.4	93.4	98.4	96.3
	% of children 6–9 years with ≥ 60 min/day MVPA daily	6.5	6.9	3.5	11.3	1.6	10.4	3.3	6.5
	% of youth 10–17 years with ≥ 60 min/day MVPA daily	2.4	2.6	1.5	4.2	0.5	4.1	1.2	1.5
Organized Sport Participation ^a	% of children 3–9 years who are member of a sports club	56.0	60.4	53.4	54.8	57.3	44.5	62.5	63.3
	% of youth 10–17 years who participate in sports (one or more)	75.0	77.1	73.6	78.2	71.7	66.8	77.3	83.8
	% of youth 10–17 years who participate in sports/physical activity at school (outside PE hours)	44.7	42.2	49.5	55.3	32.9	45.5	41.3	45.7
Active Play ^a	% of children 3–9 years who engage in active play yesterday (last weekday)	79.4	82.8	76.1	76.4	82.5	75.0	77.8	85.9
	% of children 3–9 years who engage in active play yesterday (week-end day)	82.3	85.4	78.9	81.8	82.9	76.2	81.3	90.6
	% of youth 10–17 years who participate in sports/play as main activity during playtime at school	25.5	26.6	25.1	33.7	16.9	27.7	27.9	20.7
	% of youth 10–17 years who participate in sports/play as main activity during lunchbreak at school	29.1	32.7	25.8	38.0	19.7	29.2	33.0	26.6
Active Transport ^a	% of children 3–9 years who use active transport to/from school (walking, bicycle)	47.6	51.3	36.5	48.4	46.9	51.8	45.1	45.1
	% of youth 10–17 years who use active transport to/from school (walking, bicycle, rollerblades)	40.2	58.9	16.5	38.9	41.6	35.6	39.0	48.1
Sedentary Behaviors ^a	% of children 3–5 years with electronic media < 1 hour/day weekday	64.6	57.9	68.5	60.6	68.9	46.6	76.0	72.4
	% of children 3–5 years with electronic media < 1 hour/day weekend day	25.2	22.2	28.9	18.4	32.4	16.0	23.5	38.0
	% of children 6–9 years with electronic media < 2 hour/day weekday	89.1	88.1	91.6	84.2	94.1	80.4	95.7	92.6
	% of children 6–9 years with electronic media < 2 hour/day weekend day	46.3	44.5	46.3	34.6	57.7	37.3	44.4	58.8
	% of youth 10–17 years with electronic media < 2 hour/day weekday	45.1	46.9	41.5	41.2	49.1	35.1	48.4	55.4
	% of youth 10–17 years with electronic media < 2 hour/day weekend day	16.2	17.6	12.6	13.0	19.4	11.7	15.5	23.3

(continued)

Table 2 (continued)

Indicator	Indicator definition	Total	Flanders	Wallonia	Boys	Girls	Low SES	Mid SES	High SES
Dietary Behaviors ^b	% of children 3–9 years who consume breakfast every day	84.8	85.8	81.8	84.3	85.4	75.0	88.5	91.9
	% of children 4–6 years who never consume SSB (soft drinks, fruit juice prepackaged, sweet dairy)		2.6						
	% of children 4–6 years who consume fresh fruit > 100 gr/day		68.5						
	% of youth 10–17 years who consume breakfast every day	64.6	68.4	57.5	64.9	64.3	48.7	75.5	76.1
	% of youth 11–18 years who never consume soft drinks		4.7	11.7					
	% of youth 11–18 years who consume ≥ 2 pieces fruit every day		19.4	22.3					
Weight Status ^a	% of children 3–9 years with a normal weight	75.8	77.0	73.9	79.0	72.5	75.2	74.5	78.5
	% of youth 10–17 years with a normal weight	72.0	73.4	67.0	72.7	71.3	64.9	74.6	79.4
	% of children 3–9 years with overweight (including obesity)	15.5	13.6	17.2	14.0	17.1	19.9	14.0	11.1
	% of youth 10–17 years with overweight (including obesity)	18.2	16.3	22.7	16.8	19.6	25.4	16.4	9.6
Family and Peers ^c	% of parents of children 4–6 years with ≥ 30 min/day MVPA daily		10.1						
	% of parents of children 4–6 years who agree that that they encourage their child to be physically active		84.0						
	% of parents of youth 10–12 years who are physically active ≥ 30 min/day		26.4						
	% of parents of youth 10–12 years who often/always encourage their child to take part in physical activity/sports		84.2						
	% of youth 10–12 years who indicate that friends often/always participate in physical activity/sports		83.1						
School ^d	Primary schools—total score physical activity (0–100)		56.9						
	Secondary schools—total score physical activity (0–100)		52.4	31.9					
	Secondary schools—% of schools rating importance given to physical activity promotion in French-speaking Belgium ≥ 50/100								
	% of youth 10–17 years receiving ≥ 2 hours of PE/week (80 min)	93.5	94.0	93.9	93.7	93.4	91.9	95.8	94.0

(continued)

Table 2 (continued)

Indicator	Indicator definition	Total	Flanders	Wallonia	Boys	Girls	Low SES	Mid SES	High SES
Community and the Built Environment ^e	% of youth 13–14 years who indicate that in their neighborhood most of the streets have pedestrian paths		60.8						
	% of youth 13–14 years who indicate that in their neighborhood most of the streets have cycle tracks		33.9						
	% of youth 13–14 years who do <i>not</i> indicate that in their neighborhood there is so much traffic in nearby streets that it's dangerous to walk		91.0						
	% of youth 13–14 years who do <i>not</i> indicate that in their neighborhood there is so much traffic in nearby streets that it's dangerous to cycle		90.0						
	% of youth 13–14 years who indicate that in their neighborhood it's safe to play on the street (eg. football, skating)		28.2						
Government Strategies and Investment ^f	Not applicable								

Abbreviations: LMVPA, low-to-vigorous physical activity (total physical activity); MVPA, moderate-to-vigorous physical activity; PE, physical education; SES, socioeconomic status (as indicated by parental educational level).

^a Data from the 2014–2015 Food Consumption Survey (Flanders and Wallonia).

^b Data on breakfast consumption from the 2014–2015 Food Consumption Survey (Flanders and Wallonia). Data on consumption of fruit and sugar sweetened beverages for preschoolers 4–6 years from the ToyBox study (Flanders only) and for youth 11–18 years from the 2013–2014 Health Behaviour in School-aged Children study (Flanders and Wallonia).

^c Data on family and peer influences for preschoolers 4–6 years from the ToyBox study (Flanders only) and for youth 10–12 years from the Energy study (Flanders only).

^d Data on PE hours from the 2014–2015 Food Consumption Survey (Flanders and Wallonia). Data on physical activity scores (primary schools and secondary schools) for Flanders from the 2012 Indicator Survey. Data on physical activity ratings for Wallonia from a regional study conducted by Snyers et al (University of Liege).

^e Data on the built environment for Flanders from a longitudinal study on the environment and physical activity among adolescents 13–14 years (Ghent University).

^f Descriptive data only.

in their school.²⁶ Because the grades of the sub-indicators varied, the RWG agreed on an average *B*- grade. The minus sign was added to the overall grade to indicate that the majority of sub-indicators, with the exception of school PE, were graded a *C* or *D*.

Community and the Built Environment: *INC*

In Flanders, 61% and 34% of 13- to 14-year-old adolescents reported that in their neighborhood most of the streets had pedestrian paths and cycle tracks, respectively.²⁷ Furthermore, 91% and 90% of adolescents *did not* report that in their neighborhood there was so much traffic in nearby streets that it was dangerous to walk or cycle. Finally, 28% of adolescents reported that it was safe to play on the street in their neighborhood. Due to a lack of information on built environmental factors outside the direct neighborhood and a lack of data for Wallonia, this indicator was graded *INC*.

Government Strategies and Investment: *C+*

In Flanders, the Flemish Agency for Care and Health is an internally autonomous agency within the Flemish authorities and creates qualitative conditions for promoting, monitoring, sustaining, or restoring the welfare and health levels of the current and future Flemish population. The Flemish Action Plan for Nutrition and Physical Activity 2009–2015 was established in 2008 and contains health targets with the aim of motivating the population in Flanders to engage in PA and healthy nutrition. It also includes information on strategies, priorities, and actions to achieve the changes in health behaviors and health. One of the strategies is to provide health care professionals with the correct information on nutrition and PA and therefore a Flemish consensus text with recommendations on nutrition, PA, and sedentary behavior was established. Another strategy is the implementation of several projects in Flanders promoting healthy nutrition and PA, many of which are based in the school setting. In Wallonia, the Parliament of the French-speaking community in Belgium passed the Political Declaration of the French-speaking community for 2014–2019. This Political Declaration includes a dedicated Sports for All policy which aims to use government strategy to encourage uptake of PA for all, which may include coupling sports, health, education, and social integration. School sport and biking to school initiatives are supported in this document. Nonetheless, this Political Declaration still needs to be translated in to operational strategies and health targets. National legislation dictates that children and youth in primary and secondary education should receive a mandatory minimum of 2 hours PE per week. Furthermore, a soft drink tax has been established in Belgium since the beginning of 2016. Based on this information, this indicator was assigned a *C+*.

Dietary Behaviors: *INC*

Based on their public health value,^{37–39} the RWG decided to include the following dietary behaviors: daily breakfast consumption, consumption of fruit, and consumption of SSBs. In general, healthy dietary behaviors are more common among children than adolescents. FCS data showed that 85% of 3- to 9-year-old Belgian children consumed breakfast daily (few differences between Flanders and Wallonia), while only 65% of 10- to 17-year-old adolescents consumed breakfast daily (68% for Flanders and 58% for Wallonia).¹¹ In contrast, data from the ToyBox study among Flemish preschoolers and the Health Behaviour in School-aged Children study among Flemish and Walloon adolescents show that only 3% of Flemish preschool children never drink SSBs²² and that between

5% (Flanders) and 12% (Wallonia) of adolescents never drink soft drinks.²³ Fresh fruit consumption >100 g/day was reported for 69% of Flemish preschool children,²² but only between 19% (Flanders) and 22% (Wallonia) of adolescents reported to consume ≥ 2 pieces of fruit per day.²³ Because of these varying percentages for different sub-indicators, as well as the lack of nationally representative information for some of these, this indicator was assigned an *INC*.

Weight Status: *D*

Objectively measured data from the FCS showed that 76% of 3- to 9-year-old children and 72% of 10- to 17-year-old adolescents had a normal weight status.¹¹ The prevalence of overweight including obesity was 16% for 3- to 9-year-old children and 18% for 10- to 17-year-old adolescents. Few differences in weight status were observed between preschool children and young school-aged children, between regions, age groups, genders, or SES groups, with the exception of a substantial SES difference in adolescents (in favor of adolescents of high-educated parents). Because this indicator is a health outcome rather than a health behavior, and because the prevalence of overweight among Belgian children and youth was substantial, grading with the Active Healthy Kids Canada framework is complicated. Based on consensus among RWG members and supported by the stakeholder groups, the weight status indicator was assigned a *D*.

Strengths and Limitations

The results of this inaugural Physical Activity Report Card for Belgium should be interpreted in light of some strengths and limitations. A first important strength was that this Report Card was developed by a RWG and 2 stakeholder groups with national representation from both the academic and nonacademic (eg, policy) sector. Furthermore, stakeholders were carefully selected based on their expertise in different domains of PA and public health, including PA behavior in general, PA behavior in the school context and sport club context, nutrition experts, and other related areas. Second, our main data source, the FCS 2014–2015, provided us with nationally representative, recently collected, standardized data from across the country.¹⁰ Moreover, our grade on Overall PA is based on objectively measured PA as derived by accelerometry, generally considered the ‘gold-standard’ for free-living PA measurement.⁴⁰ A limitation is that incomplete grades were assigned to the indicators Dietary Behaviors, Family and Peers, and Community and the Built Environment. This was mainly due to a lack of nationally representative data, indicating a need for more systematic surveillance of influences on PA and related behaviors in children and youth across the whole of Belgium, and Wallonia in particular.

Conclusion

The 2016 Active Healthy Kids Belgium Report Card on Physical Activity for Children and Youth shows that levels of Overall PA are low and levels of sedentary behaviors (ie, screen time) are high, despite moderately positive influences from the social, political, and built environment. Furthermore, despite moderately positive scores for specific PA behaviors (ie, Organized Sport Participation, Active Play, and Active Transportation), children and youth are not meeting current PA recommendations. Evidence-based strategies are needed to make full use of the policies and projects currently in place and to ensure that participation in physical activity behaviors results in sufficient levels of PA.

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