Results from Colombia’s 2018 Report Card on Physical Activity for Children and Youth

Silvia A. González, Camilo A. Triana, Catalina Abaunza, Laura Aldana, Luis F. Arias-Gómez, Jhael Bermúdez, Diana Marina Camargo Lemos, Juan Camilo Cuya, Daniel D. Cohen, Jorge Enrique Correa-Bautista, Iván D. Escobar, Karen Lorena Fajardo, Johnattan García, Rocio Gámez, Julia Andrea Gómez, Yaneth Herazo Beltrán, Maria Jose Lizarazo, Oscar Lozano, Paola Andrea Martínez, Mercedes Mora, Diana C. Páez, Robinson Ramírez-Vélez, Maria Isabel Rodríguez, Nubia Ruiz, Gustavo Tovar, Julieth Pilar Uriza, and Olga L. Sarmiento

Introduction
Physical activity (PA) promotion across the lifespan is a key strategy for the prevention of non-communicable diseases in the public health agenda in Colombia. However, the sparse national data available before 2015 indicated that PA levels among Colombian adolescents were low and sedentary behaviors were highly prevalent. As a result of the improvement in national surveillance, Colombia has national data on PA-related indicators for all ages between 5 and 17 years, for the first time. These data informed the third version of the Report Card on Physical Activity (Figure 1). The purpose of this article is to summarize the methodology and results of the Colombian 2018 Report Card on Physical Activity for Children and Youth.

Methods
The 2018 Report Card was informed by the best and most recent evidence available from national surveys, peer-reviewed literature, policy documents and government reports, covering the period between 2010 to 2018. The primary data source was the 2015-2016 National Survey of Nutrition (ENSIN). Additionally, relevant evidence from local studies was included in the final report. The evidence was summarized in 12 indicators grouped in three categories: Daily behaviors (Overall PA, Organized Sport and PA, Active Play, Active Transportation, Sedentary Behavior, Sleep), settings and sources of influence (Family and Peers, School, Community and Environment, Government) and health outcomes (Physical Fitness and Overweight). This article is focused on the 10 core indicators included in the Global Matrix 3.0. The development of the Report Card involved a research team and a group of national experts from multiple sectors. The research team conducted the literature review and summarized the evidence.

Figure 1 — Colombia’s 2018 Report Card cover.

González, Triana, Aldana, Arias-Gómez, Cuya, Fajardo, Gómez, Lizarazo, Martínez, Páez and Sarmiento are with the School of Medicine, Universidad de los Andes, Bogotá, Colombia. González is also with the Healthy Active Living and Obesity Research Group, Children’s Hospital of Eastern Ontario Research Institute, Ottawa, Ontario, Canada. Abaunza and Uriza are with the Ministry of Health and Social Protection of Colombia, Bogotá, Colombia. Bermúdez is with the Colombian Family Welfare Institute, Bogotá, Colombia. Camargo is with the School of Physical Therapy, Faculty of Health, Universidad Industrial de Santander, Bucaramanga, Colombia. Cohen is with the Faculty of Life Sciences, Universidad de Santander (UDES), and Fundación Oftalmológica de Santander, Bucaramanga, Colombia. Correa-Bautista and Ramírez-Vélez are with the Center of Studies in Physical Activity Measurements (CEMA Group), School of Medicine and Health Sciences, Universidad del Rosario, Bogotá, Colombia. Escobar is with the Colombian Foundation of Obesity Funcobes, Bogotá, Colombia. García is with the Takemi Program in International Health, Harvard T.H. Chan School of Public Health, Boston, United States. Gámez is with Muévete Bogotá Program, Sports Area, District Institute of Recreation and Sports, Bogotá Government, Bogotá, Colombia. Herazo is with the Physiotherapy Program, School of Health Sciences, Universidad Simón Bolívar, Barranquilla, Colombia. Lozano and Ruiz are with Physical Activity Group Division, Coldeportes, Bogotá, Colombia. Mora is with the Nutrition and Biochemistry Department, Faculty of Sciences, Universidad Javeriana, Bogotá, Colombia. Rodríguez is with the Division of Students Welfare, Education Secretary, Bogotá Government, Bogotá, Colombia. Tovar is with the School of Medicine and Health Sciences, Universidad del Rosario, Bogotá, Colombia. González (sgonzalez@cheo.on.ca) is the corresponding author.
The group of experts knowledge complemented the literature, and assessed the current situation of the country, assigning a grade to each indicator. Grades were based on common benchmarks and a standardized grading rubric defined by the Active Healthy Kids Global Alliance.4

**Results and Discussion**

Table 1 summarizes the grades assigned by the group of experts with the corresponding rationale for each grade.

Only 3 out of 10 Colombian children are achieving the recommended levels of PA, while 6 out of 10 spend excessive time in screens. These behaviors coincide with the high proportion of children observed with a low fitness level. Active transportation is a highly prevalent behavior and is important to advocate for conditions that contribute to maintain or even increase the use of active modes. The country still needs to improve PA promotion in the school setting and maintain the actions at the community level. As in previous years, there is a broad policy framework, but there is a lack of evaluation to document its impact. Active play in children over 5 years and influence of family and peers are main research gaps, needed to be addressed in the future to improve the understanding of the PA situation in Colombian children.
Conclusion

Only a third of the children and youth population in Colombia are enjoying the physical, social and cognitive benefits of being active. Higher involvement of the education sector, as well as the implementation of sustainable programs and policies, are required to contribute to spreading the benefits of PA across all Colombian children and youth.

References