Introduction

National surveillance data show that one in three children are obese and only one in five are active for at least one hour per day in Jersey. Body Mass Index (BMI) is highly associated with level of physical activity (PA) in children. The high prevalence of physical inactivity in Jersey children is concerning due to the associated health and economic consequences, particularly in adulthood. For the first time, a Report Card on PA for children and youth has been developed in Jersey (Figure 1), and the purpose of this paper is to summarize it.

Methods

The 2018 Report Card included the 10 core PA indicators that are common to the Global Matrix 3.0 (Overall PA, Organized Sport and PA, Active Play, Active Transportation, Sedentary Behavior, Family and Peers, School, Community and the Built Environment, Government Strategies and Investments, and Physical Fitness). The sources that informed the grades included national surveys, peer-reviewed literature, gray literature such as government and nongovernment reports, and the Report Card Research Working Group (RWG) expertise. The RWG consisted of a diverse group of specialists with knowledge of PA in Jersey. In addition to the expertise this group brings to the Jersey Report Card, some members had access to important PA data sets and were able to run custom analysis that directly addressed one or more benchmarks for a given indicator.

Results and Discussion

Two indicators (Organized Sport and PA; Active Play), were not graded due to insufficient or non-existing data; the other eight indicators for the 2018 Jersey Report Card were assigned grades, as seen in Table 1. There are several research gaps that need to be addressed to better inform the grades. For example, much of the data informing the grades is based on self-reported national surveys with PA not being the primary focus. Other limitations include that the data for the school and government indicators are based on RWG’s opinion; the physical fitness indicator data is eight years old; data held on PA does not capture the level of intensity of PA; and finally data surrounding measurement of child BMI and PA levels is based only on 10-11 year olds. A systemic lack of objective data relating to the PA levels of children is punctuated in the research in Jersey. Thus, a call for the development of regular standardized monitoring of the ten common indicators presented in the Global Matrix is of paramount importance.

Conclusion

Based on the available data, it appears that the proportion of Jersey children and youth who achieve the recommended levels of PA and display the appropriate behaviours is low. This coincides with a paradoxically favorable geographic, economic and social landscape which is characterised by good availability of facilities, safety, low crime, open spaces, policies and abundant sporting opportunities. However, it should be noted that although Jersey is classified as belonging to the ‘Very High Human Development Index’ category, 29% of children come from relatively low income households.

Figure 1 — Jersey’s 2018 Report Card cover.
The process of completion of the Jersey Report Card has strongly highlighted the lack of a joined up and harmonized approach to the development of PA in Jersey. Encouraging and developing PA in the future requires a collaborative approach and the coordinated efforts of government ministries, health authorities, non-profit, private and voluntary sectors. This approach must be supported by an over-arching strategic plan with the systematic surveillance of the core indicators of the Global Matrix. Any strategy should recognise the need for preventative rather than reactive health measures whilst addressing the inequality, resourcing and surveillance concerns that surfaced through the process.

### References


