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Center for State Health Policy

New Jersey Childhood Obesity Survey

*Chartbook | Vineland
Summer 2010*

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About Rutgers Center for State Health Policy

Rutgers Center for State Health Policy (CSHP) is a policy research center dedicated to helping leaders and decision-makers examine complex state health policy issues and solutions. The Center, established in 1999, is an initiative within Rutgers Institute for Health, Health Care Policy and Aging Research, and its mission is to inform, support, and stimulate sound and creative state health policy in New Jersey and around the nation.

The Center's current research focus includes:

- Access to care and coverage,
- Health systems performance improvement,
- Long-term care & support services,
- Health & long-term care workforce,
- Obesity prevention.

In order to accomplish its mission, CSHP marshals the expert resources of a major public research university to:

- Identify and analyze emerging state health policy issues,
- Conduct rigorous, impartial research on health policy issues,
- Provide objective, practical, and timely evaluation of programs and policy choices,
- Convene the health policy community in a neutral forum to promote an active exchange of ideas on critical issues,
- Educate current and future health policy makers, researchers, and administrators,
- Promote the practical application of scholarship in health policy,
- Foster wide understanding of health policy choices.

CSHP was established with a major grant from the Robert Wood Johnson Foundation. The Center is also supported by grants and contracts from other foundations, public agencies and the private sector. A selection of these funders includes: the Commonwealth Fund, the Agency for Healthcare Research & Quality, the NJ Department of Human Services, the NJ Department of Health & Senior Services, and the NJ Department of Banking & Insurance.

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Executive Summary

The New Jersey Childhood Obesity Study was designed to provide vital information for planning, implementing, and evaluating interventions aimed at preventing childhood obesity in five New Jersey municipalities: Camden, Newark, New Brunswick, Trenton, and Vineland. These five communities are being supported by the Robert Wood Johnson Foundation's New Jersey Partnership for Healthy Kids program to plan and implement policy and environmental change strategies to prevent childhood obesity.

Effective interventions for addressing childhood obesity require community-specific information on who is most at risk and on contributing factors that can be addressed through tailored interventions that meet the needs of the community. Based on comprehensive research, a series of reports are being prepared for each community to assist in planning effective interventions. The main components of the study were:

- A household telephone survey of 1700 families with 3–18 year old children,
- De-identified heights and weights measured at public schools,
- Assessment of the food and physical activity environments using objective data.

This report presents the results from the household survey. Reports based on school body mass index (BMI) data and food and physical activity environment data are available at www.cshp.rutgers.edu/childhoodobesity.htm.

The survey respondent was an adult most knowledgeable about food shopping for the household. Questions were asked from the following five domains:

1. Weight and height of a randomly selected child,
2. Perceptions about the food and physical activity environments around their homes,
3. Barriers related to access to healthy food and physical activity facilities,
4. Food and physical activity behaviors of the index child,
5. Demographic information.

Major findings from the survey are presented in four sections of the chartbook: child food behaviors, food environment, child physical activity behaviors, and physical activity environment. Also included are charts describing demographic characteristics of the sample and presenting BMI estimates for the city based on school-measured heights and weights. Key findings presented include:

SCHOOL BMI: Vineland children are more likely to be overweight or obese compared to their national counterparts. The rates are highest among children ages 6–11 and Hispanic children. The largest differences between Vineland public school children and national estimates are seen among the youngest children (40% in Vineland are overweight and obese compared to 21% nationally).

FOOD BEHAVIORS: Almost all children in Vineland (90%) do not meet recommendations for vegetable consumption. Energy-dense foods such as fast food, sugar-sweetened beverages, and sweet snacks are frequently consumed and this is more prevalent among children 6 and older.

FOOD ENVIRONMENT: Almost all the parents in Vineland shop at supermarkets and superstores for most of their food shopping. Over 40% report limited availability of fresh produce and low-fat items at these stores. 23% of families do not food-shop in their neighborhood. Lack of stores in the neighborhood and cost are the main barriers to shopping in the neighborhood identified by the parents.

PHYSICAL ACTIVITY BEHAVIORS: The majority of children do not meet the guidelines for being physically active for 60 minutes each day. In addition, a large proportion spend more than 2 hours watching television, using the computer, and playing video games, and this is more prevalent among boys and older children. Most children (85%) do not walk or bike to school.

PHYSICAL ACTIVITY ENVIRONMENT: Nearly half the neighborhoods do not have sidewalks, one-third do not have parks, and 40% lack exercise facilities. Even when facilities are available, 22% do not use the parks and 21% do not use exercise facilities. A quarter of the parents report that their neighborhood is unsafe due to traffic.

Effective interventions will require changes in the neighborhood environment by creating new opportunities, improving existing features, and addressing barriers associated with practicing healthy behaviors. Efforts are also needed to raise awareness about the issue of childhood obesity and associated behaviors among parents and caregivers.

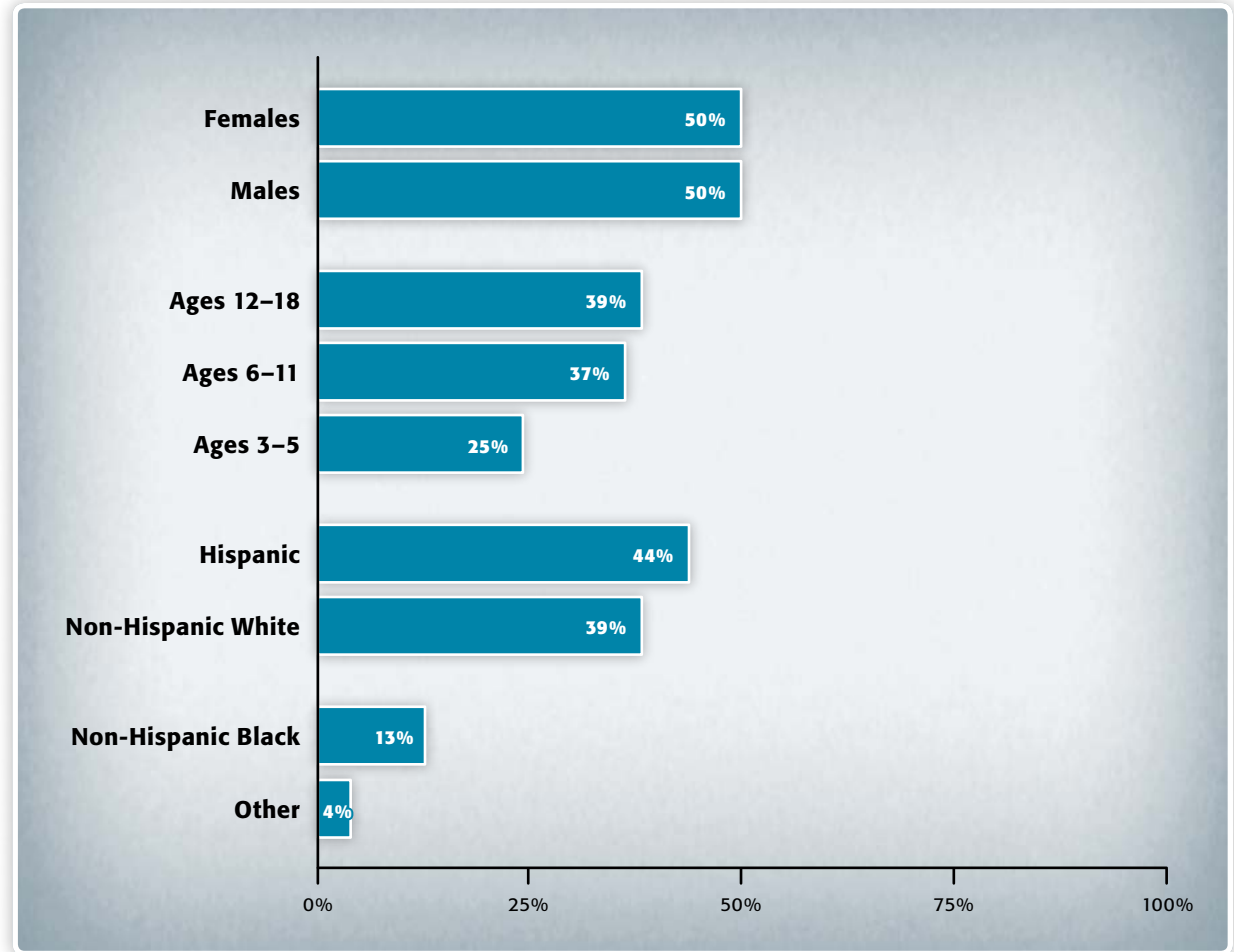
Survey Methods

- Random-digit-dial landline telephone sample of 300 households from Vineland (as were similar samples from Camden, Newark, New Brunswick, and Trenton).
- A household was eligible if it was within city limits and had at least one child in the age range 3–18 years.
- Fieldwork was conducted between June 2009 and March 2010.
- Average survey length was 36 minutes.
- Worksheets and tape measures were mailed to each home to weigh and measure 3–18 year old children and the respondent.
- Overall response rate was 49%.
- The study was conducted by the Rutgers Center for State Health Policy (survey fieldwork by Abt-SRBI) and funded by the Robert Wood Johnson Foundation.

Definitions and Notes

- A **family** is defined as all people living in the household related by blood, marriage, or living as married and includes adopted, guardianship, or foster children.
- The survey **respondent** is the person 18 years or older who lives in the household and makes most of the decisions about food shopping for the household (usually the parent). In 94% of the families, this person was either the parent or grandparent of the randomly selected “**index child**”. Hereafter, this person shall be referred to as “**the parent**”.
- The **index child** was randomly selected from each household.
- Body mass index (**BMI**) categories are defined by comparing heights and weights data to growth charts specific to age and gender:
 - Not overweight: <85th percentile,
 - Overweight: 85th percentile to <95th percentile,
 - Obese: 95th percentile and up.
- The **neighborhood** was defined for the respondent as the area within a 20 minute walk, a 5 minute drive, or about 1 mile in all directions around the respondent’s home.
- **Food consumption recall time frame** was the past month, with frequency of consumption reported on a daily, weekly, or monthly basis. Responses were used to calculate frequency of consumption per day. **Physical activity recall time frame** was the past 7 days (active 30 minutes/day, 60 minutes/day) or a typical weekday or weekend day during the school year (TV/computer/video game time).
- All charts present survey data from Vineland, with the exception of the three BMI charts which use data measured (and provided) by public schools in Vineland.

Demographics of Vineland Index Children in the Household Survey (N=300)



NOTE: Due to the small number of children in the “non-Hispanic black” and “Other” categories, survey estimates for these groups will not be provided separately in this chartbook. However, they are included in all other estimates (e.g., age, gender, citywide).

Children's Weight Status

Charts in this section present data obtained from Vineland public schools.

De-identified data on students' heights and weights, measured by school nurses, are used to compute body mass index (BMI).

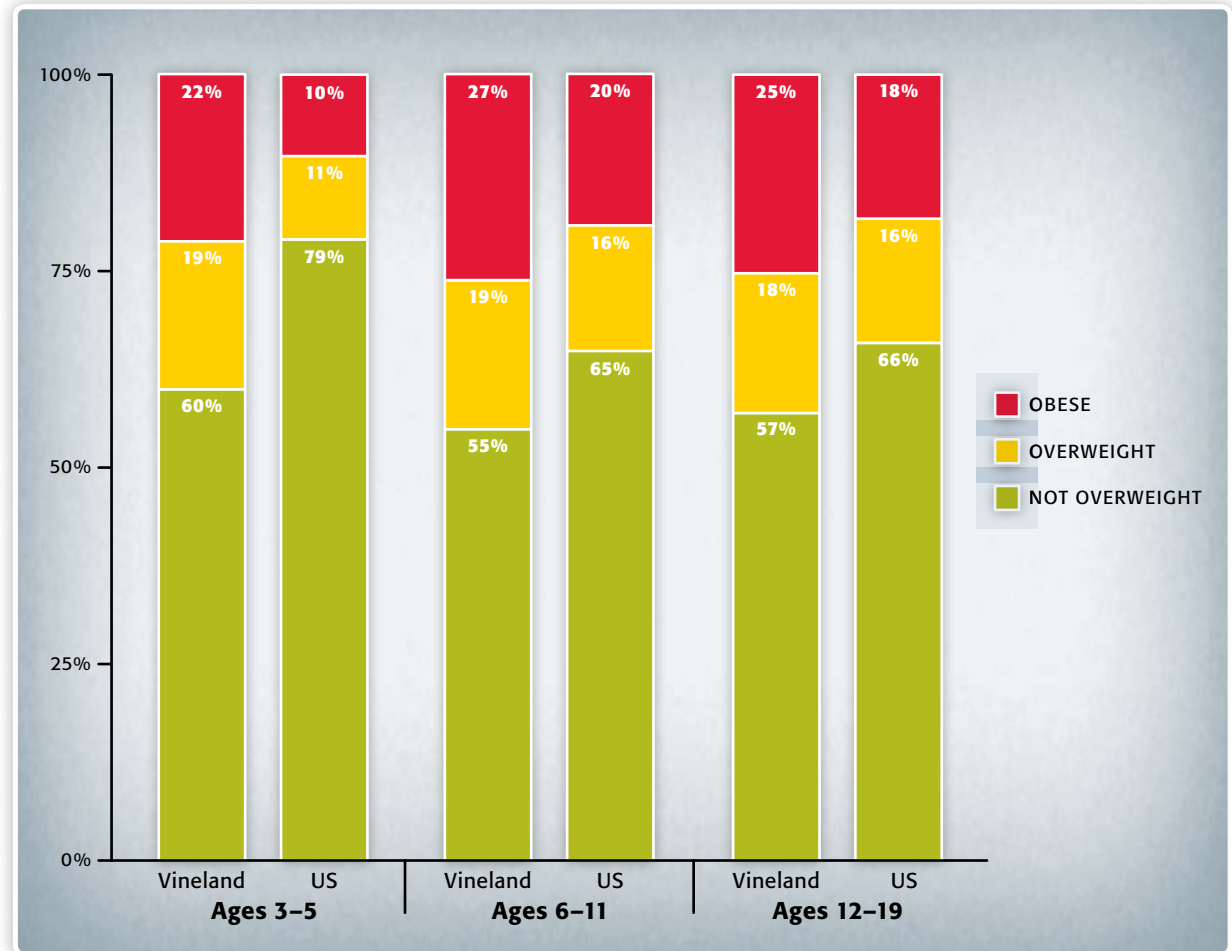
BMI data by age, gender, and race/ethnicity are compared to national US data obtained from the 2007–2008 National Health and Nutrition Examination Survey (NHANES).

The last chart in this section presents parental perceptions of child weight status obtained from the household survey.



Childhood weight status by age: Vineland public schools vs. US

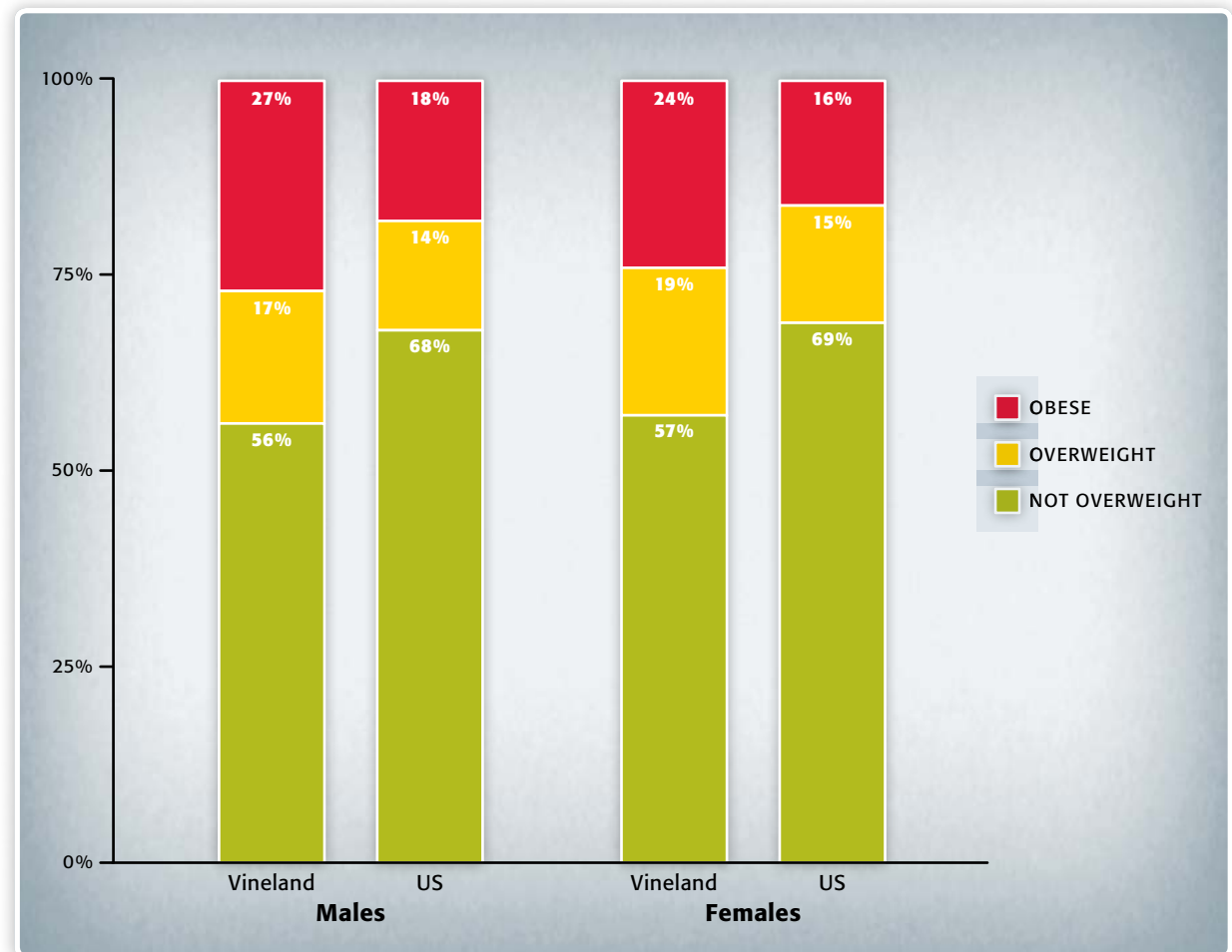
- Compared to the national data, a higher percentage of Vineland public school children in all age categories are overweight or obese. About 1 in 4 Vineland children in every age category is obese.
- The largest difference between Vineland public school children and national estimates is seen among the youngest children (40% in Vineland are overweight and obese compared to 21% nationally).



NOTE: This chart presents data from Vineland public schools (2008–2009), NOT survey data. National data (NHANES, 2007–2008) are based on 2–5 year-olds, while the Vineland data are based on 3–5 year-olds. Bar totals may not equal 100% due to rounding.

Childhood weight status by gender: Vineland public schools vs. US

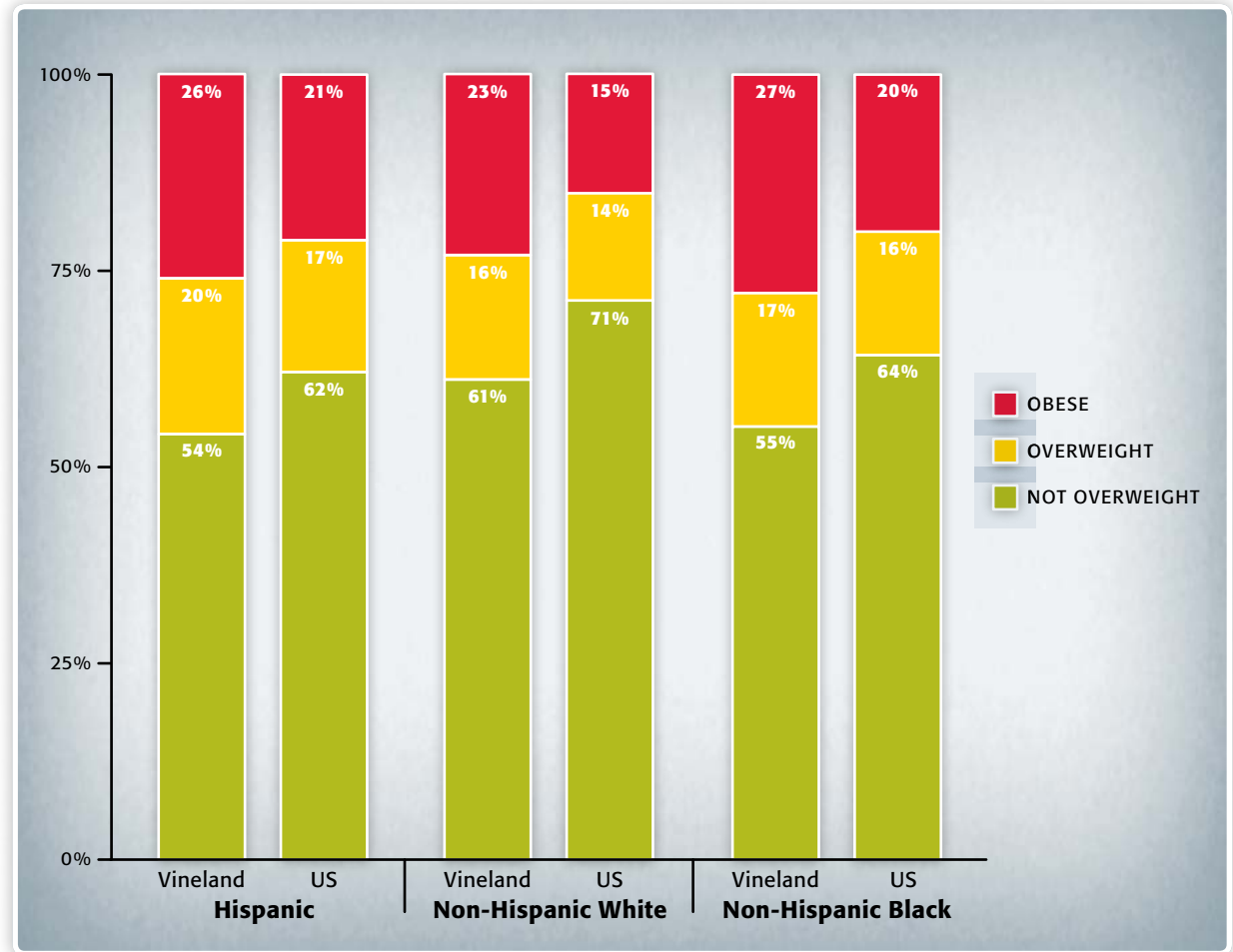
- Compared to the national data, a higher percentage of both boys and girls in Vineland are overweight or obese.
- 44% of Vineland boys and 43% of Vineland girls are either overweight or obese compared to 32% boys and 31% girls nationally.



NOTE: This chart presents data from Vineland public schools (2008–2009), NOT survey data. National data (NHANES, 2007–2008) are based on 2–18 year-olds, while the Vineland data are based on 3–18 year-olds. Bar totals may not equal 100% due to rounding.

Childhood weight status by race/ethnicity: Vineland public schools vs. US

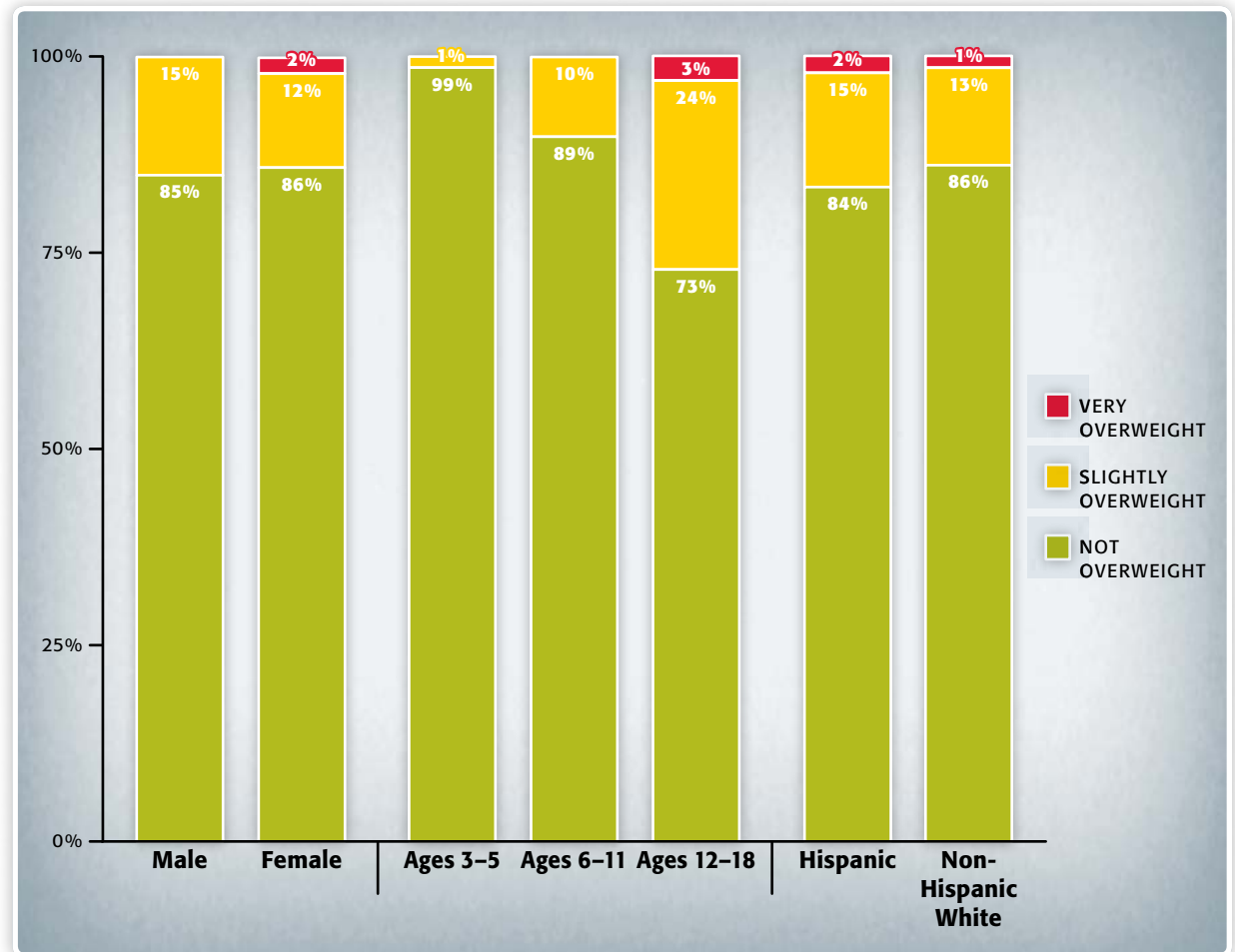
- Compared to the national data, a higher percentage of children in all racial/ethnic groups are overweight and obese. Rates are highest among Hispanic and non-Hispanic black children.



NOTE: This chart presents data from Vineland public schools (2008–2009), NOT survey data. National data (NHANES, 2007–2008) are based on 2–18 year-olds, while the Vineland data are based on 3–18 year-olds. Bar totals may not equal 100% due to rounding.

Parent's perception of child's weight status (based on survey data)

- Despite the high prevalence of overweight and obesity among children attending Vineland public schools, when asked about their child's weight status on the survey, a vast majority of parents of Vineland children do not think their children are overweight or obese.
- Vineland parents of children ages 3–5 are more likely to say their children are not overweight (99%), compared to parents of children ages 6–11 (89%) and ages 12–18 (72%). Yet, differences between Vineland children and the national averages are greatest for the youngest age group.
- Parental perceptions vary little by gender or race/ethnicity.
- Note: This chart (and the remainder of the chartbook) is based on survey data.



NOTE: Bar totals may not equal 100% due to rounding.

Key findings from data on children's weight status

- Based on measured heights and weights data obtained from public schools in the city, Vineland children have high rates of overweight and obesity. Compared to the national data, the rates are particularly high among children in the youngest (3–5 years) age group. National data for the youngest age group are based on 2–5 year olds while the Vineland data includes only 3–5 year olds.
- Despite these high rates of overweight and obesity among children, the vast majority of parents of children ages 3–18 in Vineland think that their children are not overweight.

Food Behaviors

Parents were asked to report on the food behaviors of the randomly selected index child.

Respondents were asked to think about the past month and report frequency of consumption of specific types of foods on a daily, weekly, or monthly basis.

Consumption data are compared to established recommendations, where available.



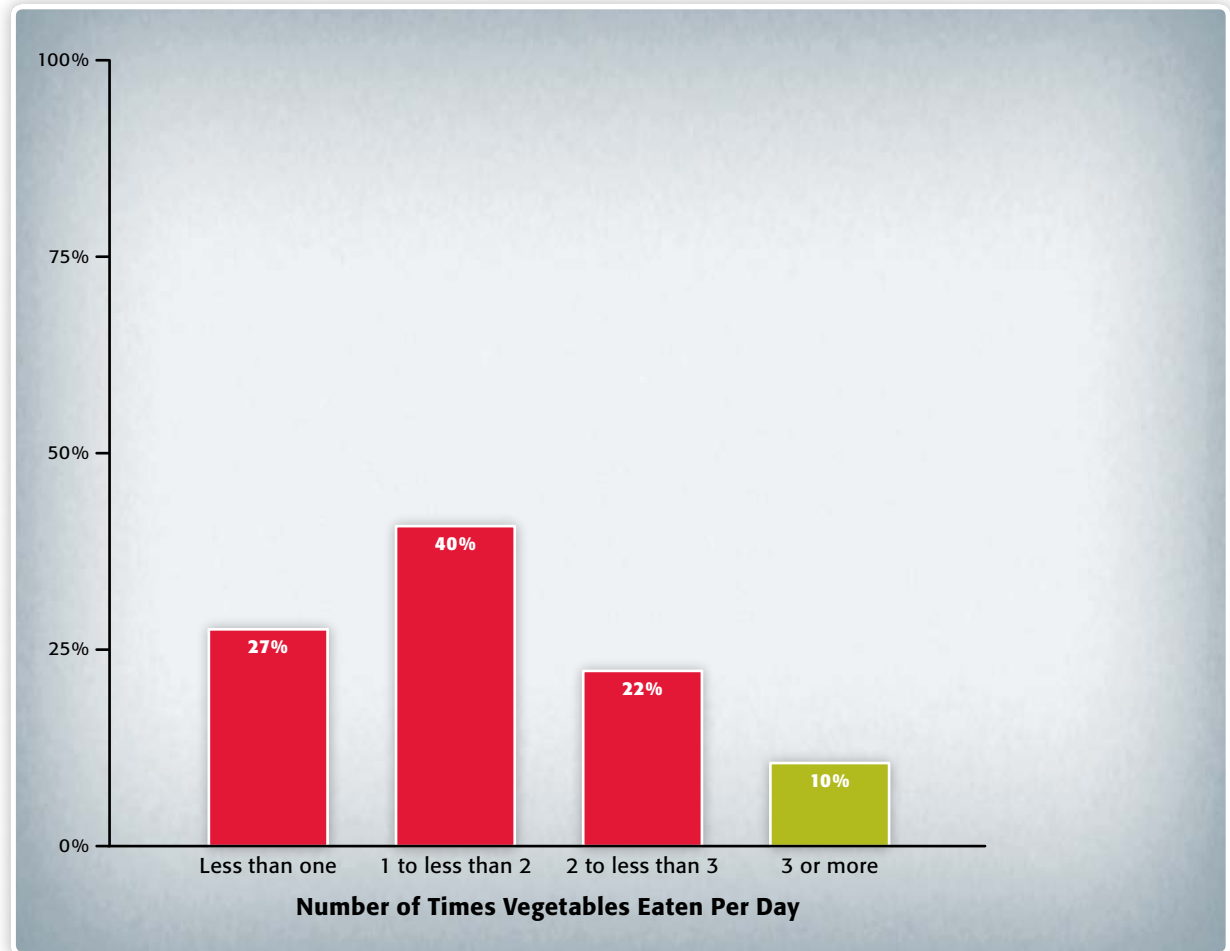
Number of times vegetables are eaten per day*

The U.S. Department of Health and Human Services' Healthy People 2010 objectives state that individuals 2 years and older should eat vegetables at least 3 times a day.

In Vineland

- Only 10% of the children meet the Healthy People 2010 recommendation.
- 27% of the children eat vegetables **LESS THAN ONE** time per day.

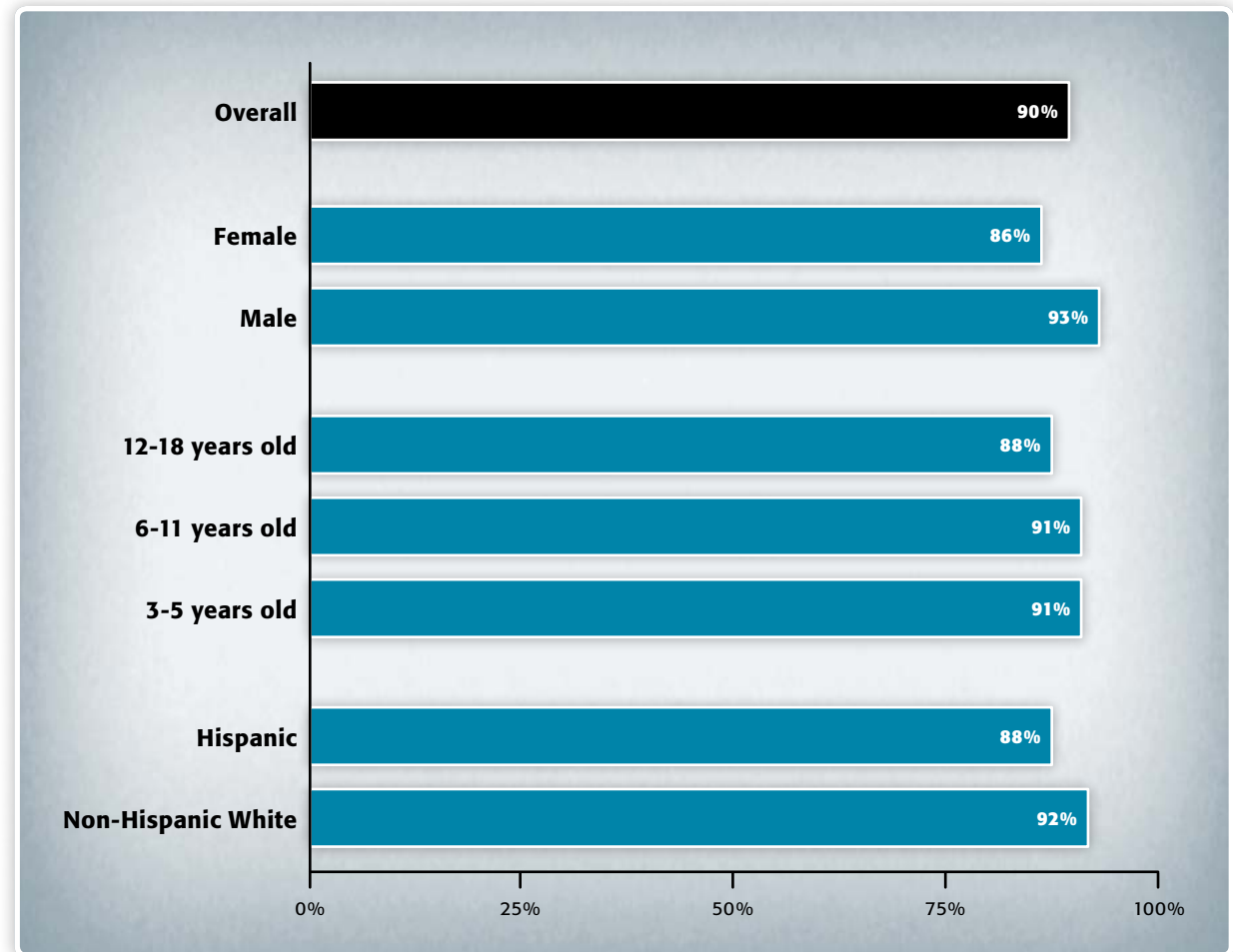
* Includes green leafy or lettuce salad, potatoes (baked, boiled, mashed), cooked or canned dried beans, other vegetables (e.g., tomatoes, green beans, carrots, corn, cooked greens, sweet potatoes, broccoli). Excludes french fries, potato chips, tater tots, or other fried potatoes.



Almost all Vineland children eat vegetables less than 3 times a day*

- Almost all (90%) of 3–18 year old children in Vineland do not eat vegetables 3 times a day, as recommended by DHSS.
- This behavior varies little by age or race/ethnicity.

* Includes green leafy or lettuce salad, potatoes (baked, boiled, mashed), cooked or canned dried beans, other vegetables (e.g., tomatoes, green beans, carrots, corn, cooked greens, sweet potatoes, broccoli). Excludes french fries, potato chips, tater tots, or other fried potatoes.



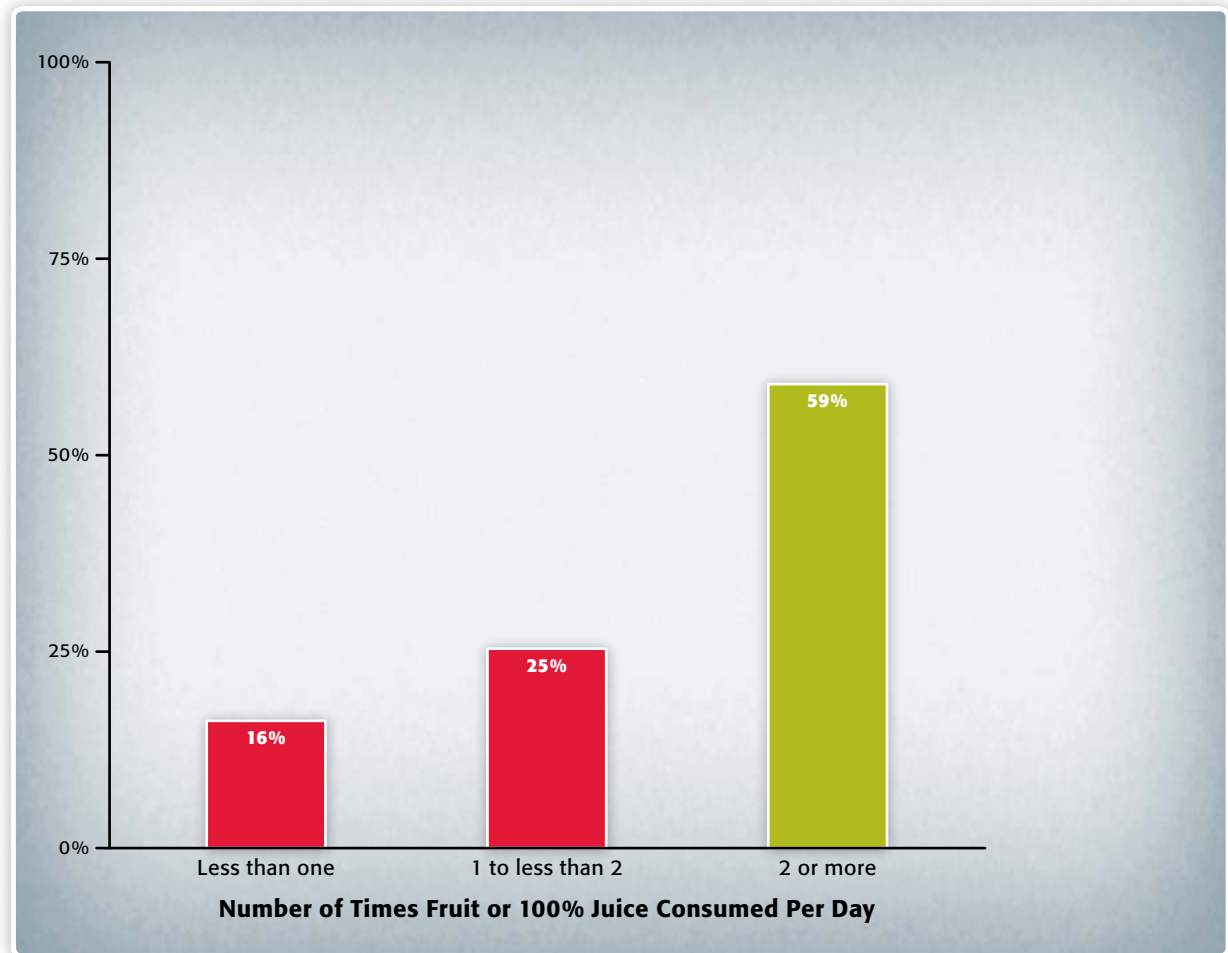
Number of times fruit or 100% juice consumed per day*

The U.S. Department of Health and Human Services' Healthy People 2010 objectives state that individuals 2 years and older should eat fruit or 100% juice at least two times per day.

In Vineland

- 59% of children meet this recommendation.
- 16% of children consume fruit or 100% juice less than once per day.
- Fruit juice comprises a larger proportion of the total as overall fruit (fruit + 100% fruit juice) consumption increases (not shown in chart).

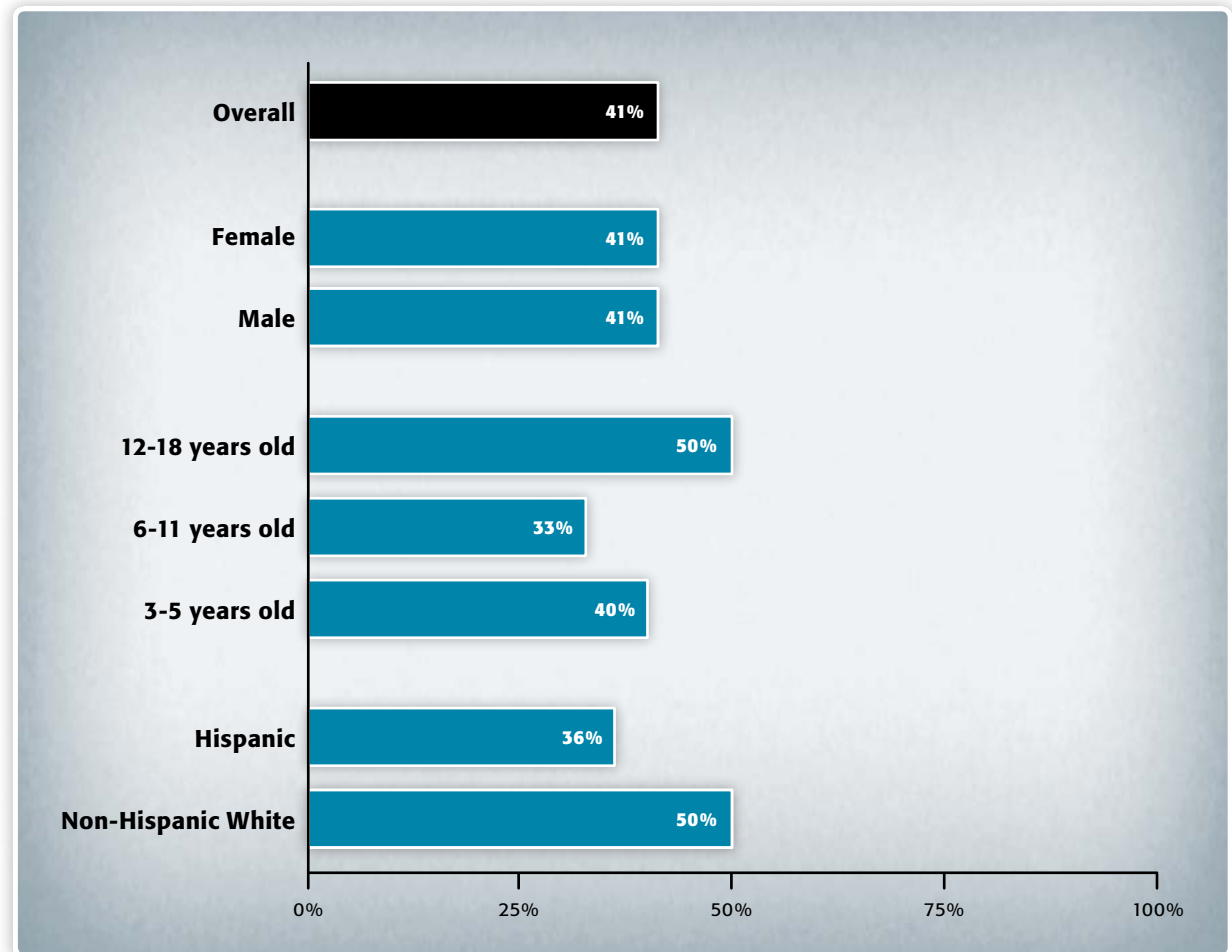
* Includes fresh, frozen, canned, or dried fruits and 100% fruit juice such as orange, apple, or grape juice. Excludes fruit-flavored drinks with added sugar like Hi-C, Gatorade, or fruit punch.



Percentage who do not consume fruit or 100% juice at least 2 times a day*

- Overall, 41% of 3–18 year old children in Vineland consume less than the recommended amount of fruit or 100% juice.
- Half of Vineland adolescents do not consume fruit or 100% juice two times a day, compared to 33% of children ages 6–11 and 40% of children ages 3–5.
- 50% of non-Hispanic white children do not consume fruit or 100% juice two times a day, compared to 36% of Hispanic children.
- This behavior does not vary by gender.

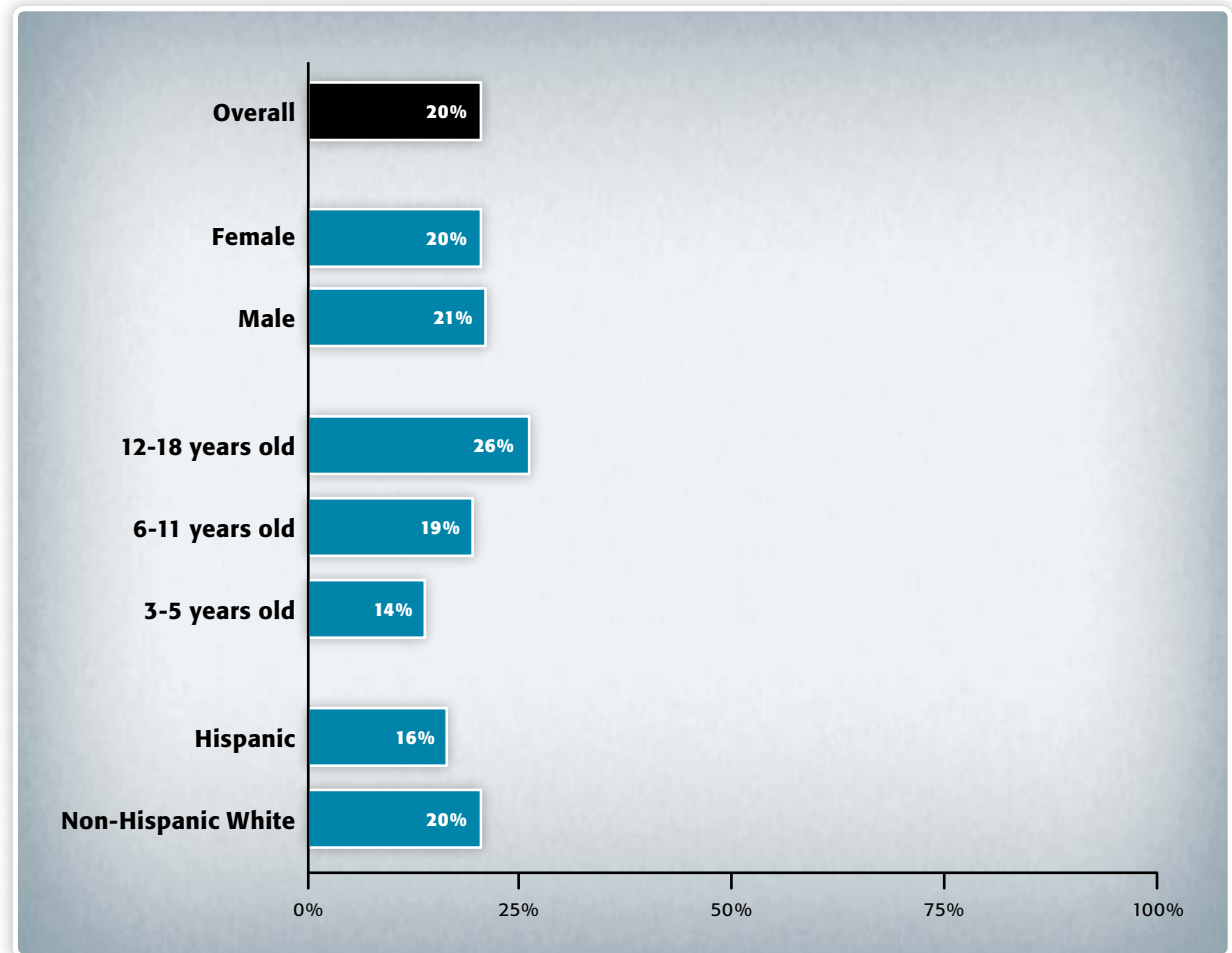
* Includes fresh, frozen, canned, or dried fruits and 100% fruit juice such as orange, apple, or grape juice. Excludes fruit-flavored drinks with added sugar like Hi-C, Gatorade, or fruit punch.



Percentage with two or more fast-food* visits per week

- Overall, 20% of 3–18 year old children in Vineland eat at fast-food restaurants 2 or more times a week.
- Fast food visits increase with age: 26% of Vineland adolescents eat at fast-food restaurants 2 or more times a week, compared to 19% of children ages 6–11 and 14% of children ages 3–5.
- This behavior varies little by gender or race/ethnicity.

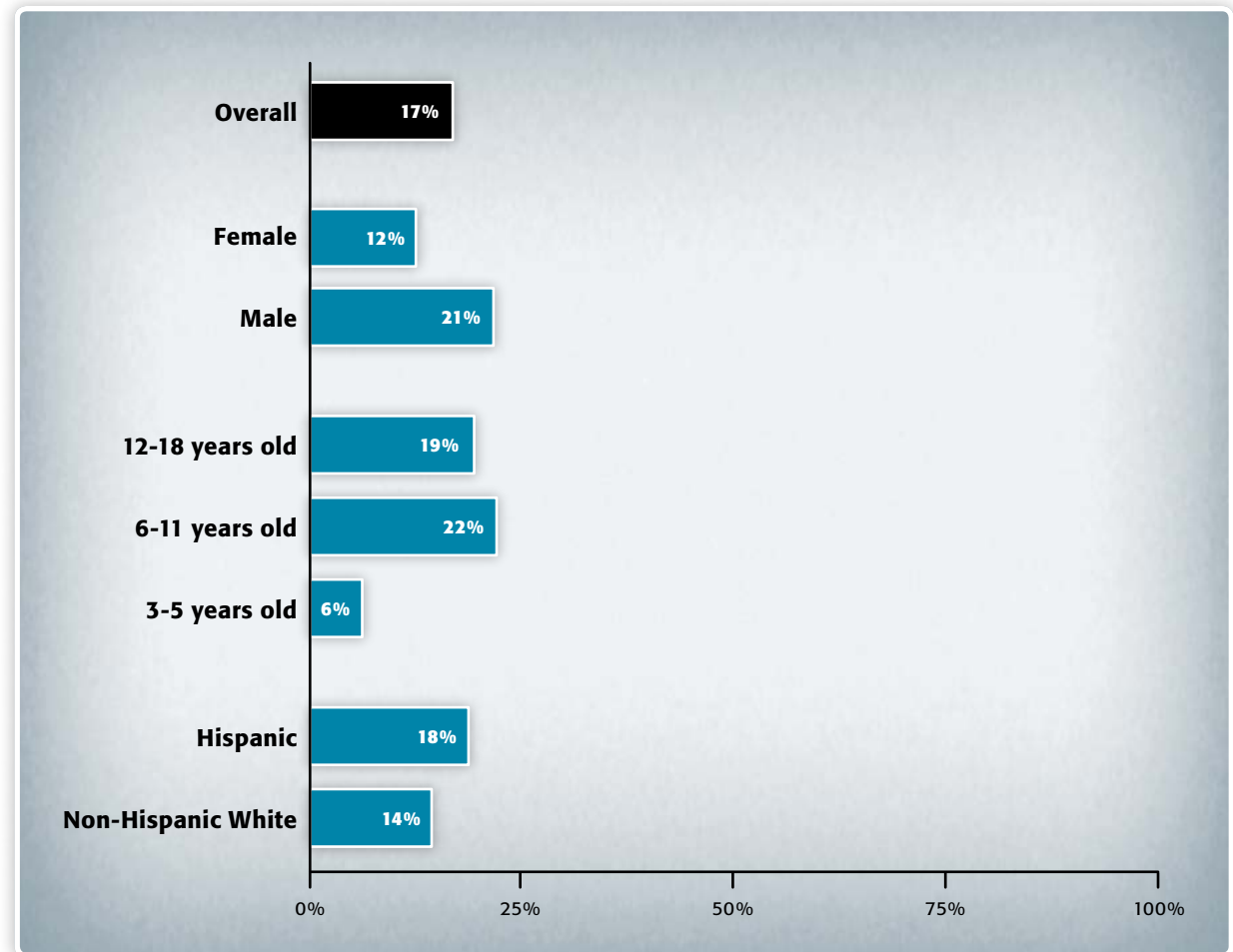
* Includes any fast food restaurant, deli, or pizza, burger, taco, or chicken place where you pay before you eat.



Percentage who drink two or more sugar-sweetened beverages* per day

- Overall, 17% of 3–18 year old children in Vineland drink 2 or more sugar-sweetened beverages per day.
- Consumption of sugar-sweetened beverages is more prevalent among older children: 19% of Vineland adolescents and 22% of children ages 6–11 drink 2 or more sugar-sweetened beverages per day compared to 6% of children ages 3–5.
- Almost twice as many males as females drink two or more sugar-sweetened beverages per day.
- This behavior varies little by race/ethnicity.

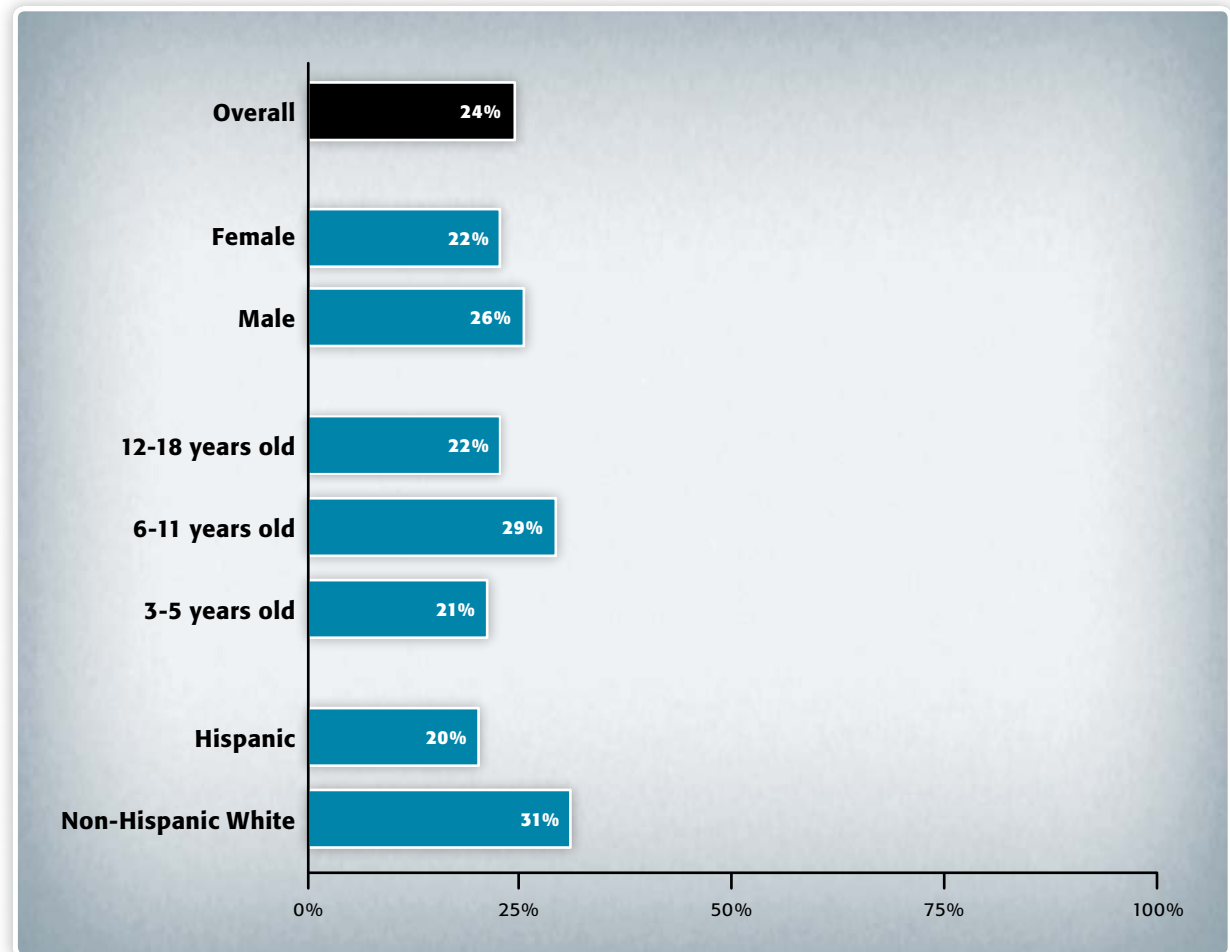
* Includes fruit-flavored drinks (e.g., lemonade, Sunny Delight, Kool-aid, Gatorade, sweet iced teas) or sweetened soft drinks (e.g., Coke, Pepsi, 7-up). Excludes diet drinks.



Percentage who eat energy-dense **sweet*** snacks daily

- Overall, 24% of 3–18 year old children in Vineland eat energy-dense sweet snacks daily.
- Non-Hispanic white children are more likely to eat energy-dense sweet snacks daily (31%) compared to Hispanic children (20%).
- This behavior varies little by gender.

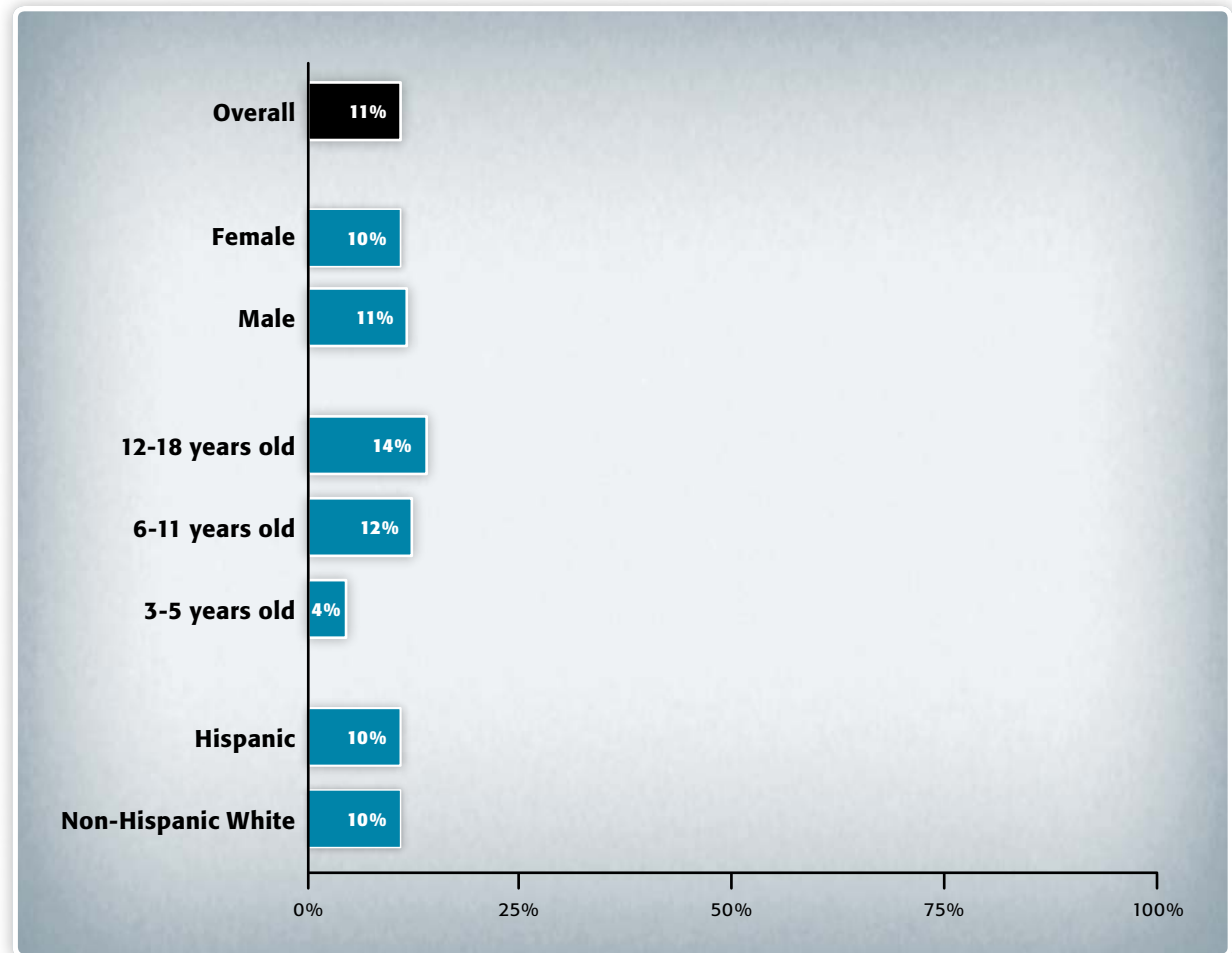
* Includes any sweets such as cookies, cakes, candy, or pies.



Percentage who eat energy-dense **salty*** snacks daily

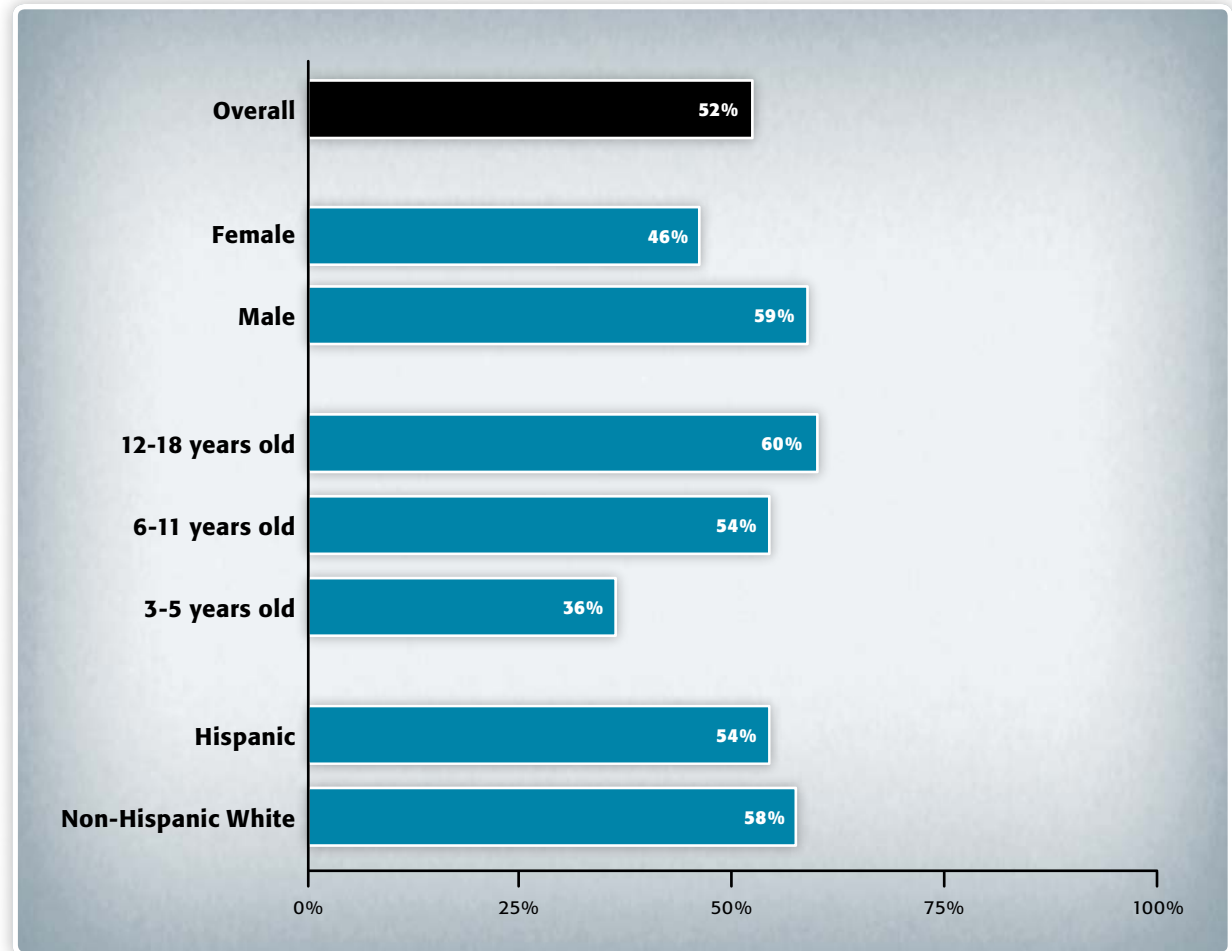
- Overall, 11% of 3–18 year old children in Vineland eat energy-dense salty snacks daily.
- Adolescents (14%) and children ages 6–11 (12%) are more likely to eat energy-dense salty snacks daily compared to children ages 3–5 (4%).
- This behavior varies little by gender or race/ethnicity.

* Includes any salty snacks such as chips, Doritos, or nachos.



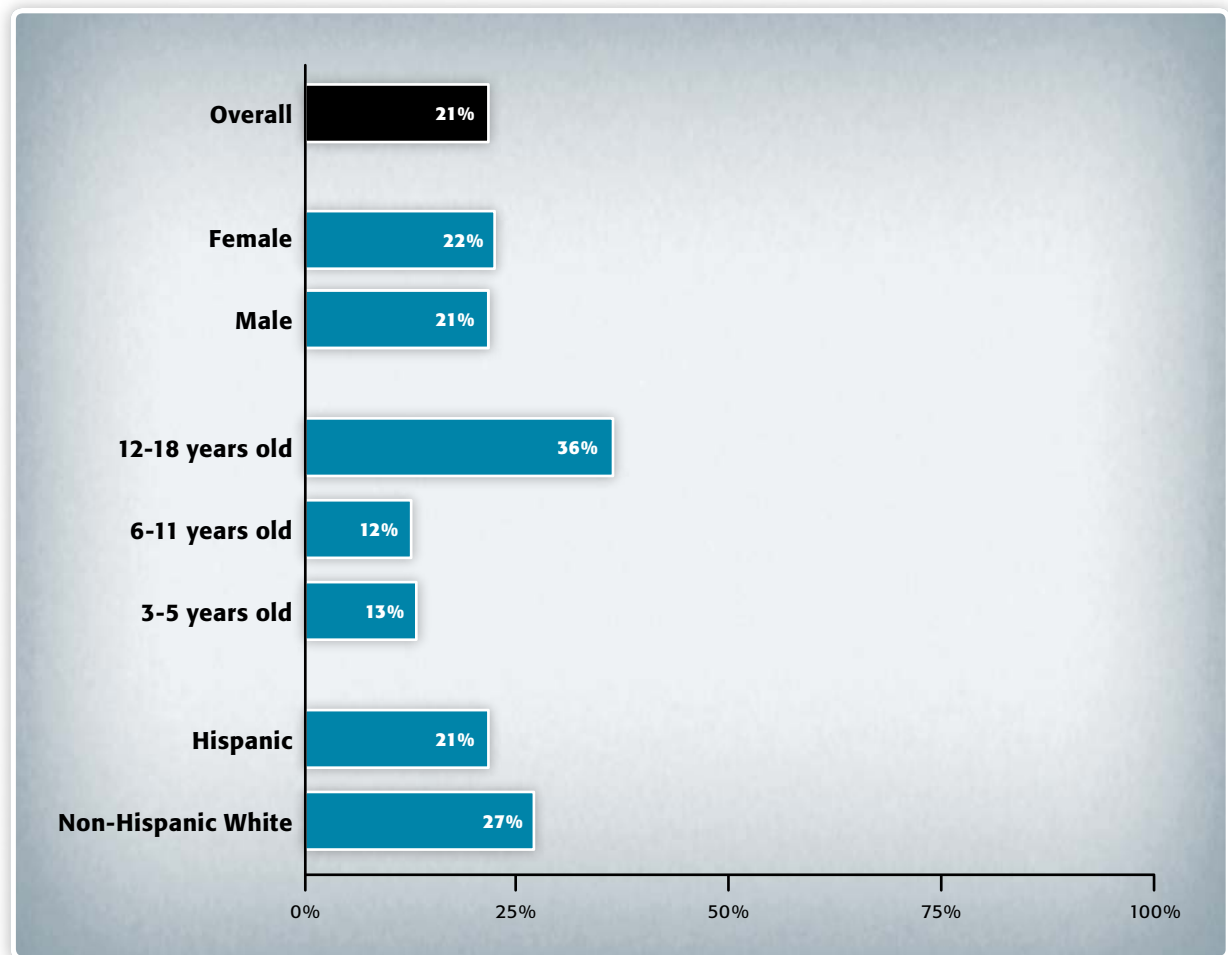
Percentage who do not eat fruits and vegetables as snacks daily

- Overall, 52% of 3–18 year old children in Vineland do not eat fruits and vegetables as snacks daily.
- Boys (59%) are less likely than girls (46%) to eat fruits and vegetables as snacks daily.
- Consumption of fruits and vegetables as snacks decreases with age: 60% of Vineland adolescents do not eat fruits and vegetables as snacks daily, compared to 54% of children ages 6–11 and 36% of children ages 3–5.
- This behavior varies little by race/ethnicity.



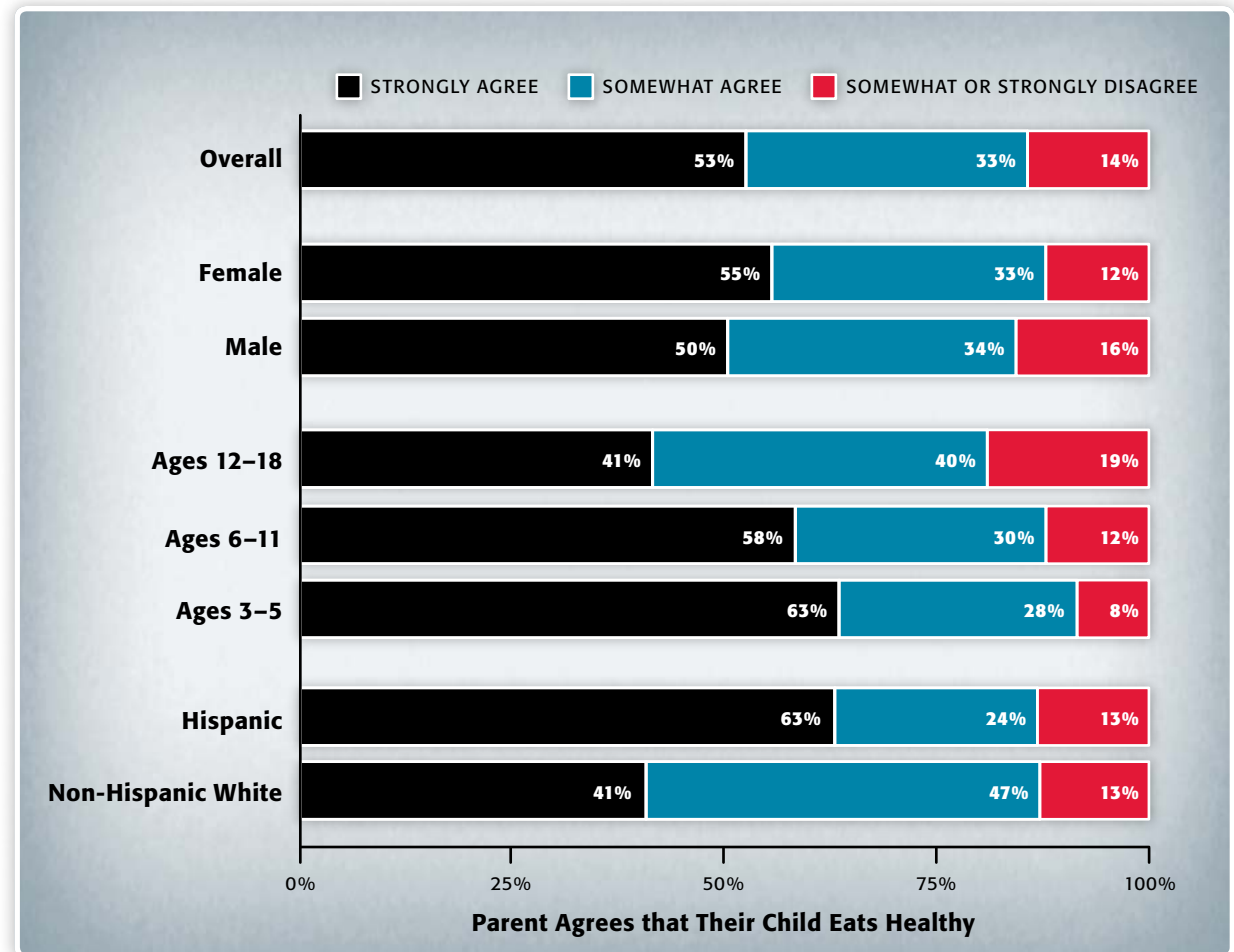
Percentage who do not eat breakfast daily

- Overall, 21% of 3–18 year old children in Vineland do not eat breakfast daily.
- Eating breakfast daily decreases with age: Almost three times as many Vineland adolescents (36%) as younger children do not eat breakfast.
- This behavior varies little by gender or race/ethnicity.



Despite what the previous charts show, parents think their children eat healthy

- Overall, 86% of parents strongly agree or somewhat agree that, in general, their child eats healthy.
- Parents of older children are less likely to think that their children eat healthy.
- This finding varies little by gender or race/ethnicity.



NOTE: Bar totals may not equal 100% due to rounding.

Key findings from food behavior section

- Only 10% of the children in Vineland meet the Healthy People 2010 recommendations for eating vegetables three times per day. While 59% of the children meet the recommendations for fruit, the consumption of 100% juice, a more concentrated source of calories, is higher among those who consume more total fruit (fruit + 100% juice). Fruit/juice consumption is lowest among older and non-Hispanic white children.
- 20% of children in Vineland consume fast food at least twice a week, and adolescents eat at fast-food restaurants more often.
- Consumption of energy-dense foods such as sugar-sweetened beverages and salty snacks is prevalent among children in Vineland, especially among older children. Sweet snack consumption is higher among non-Hispanic white children.
- Overall, 52% of Vineland children do not eat fruits and vegetables as snacks on a daily basis and an even larger number of boys (59%) and older children (60%) do not eat fruits and vegetables as snacks daily.
- 36% of adolescents in Vineland do not eat breakfast on a regular basis.
- Despite these findings, the majority of parents (86%) in Vineland think that their children eat healthy.

Food Environment

Charts in this section describe parents' perceptions of the food environment as well as reported barriers to accessing healthy foods in their neighborhood.

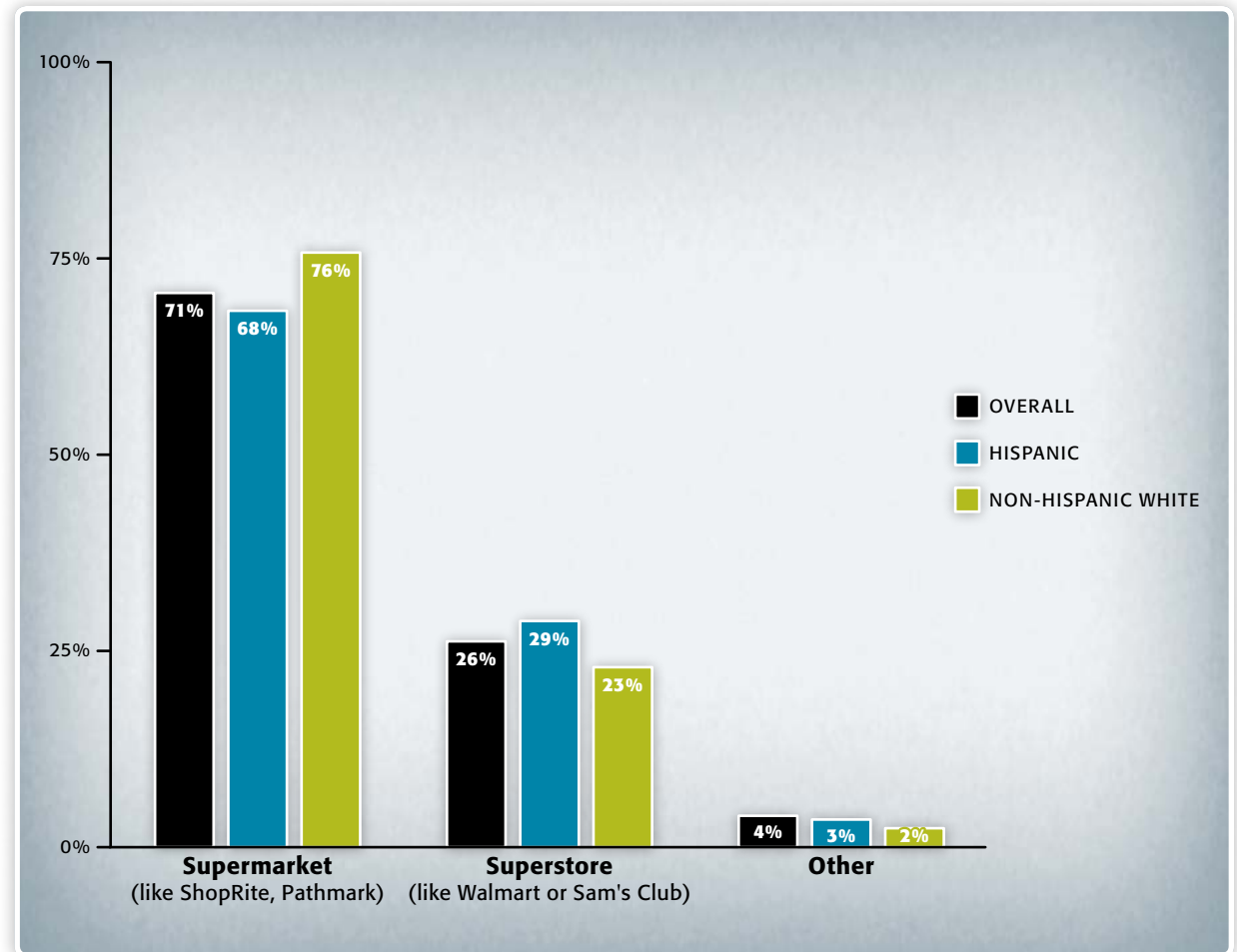
Neighborhood is defined as the area within a 20 minute walk, a 5 minute drive, or about 1 mile in all directions around the respondent's home.

Food shopping practices and preferences are presented, including desirable features of the food store where parents do most of their food shopping.



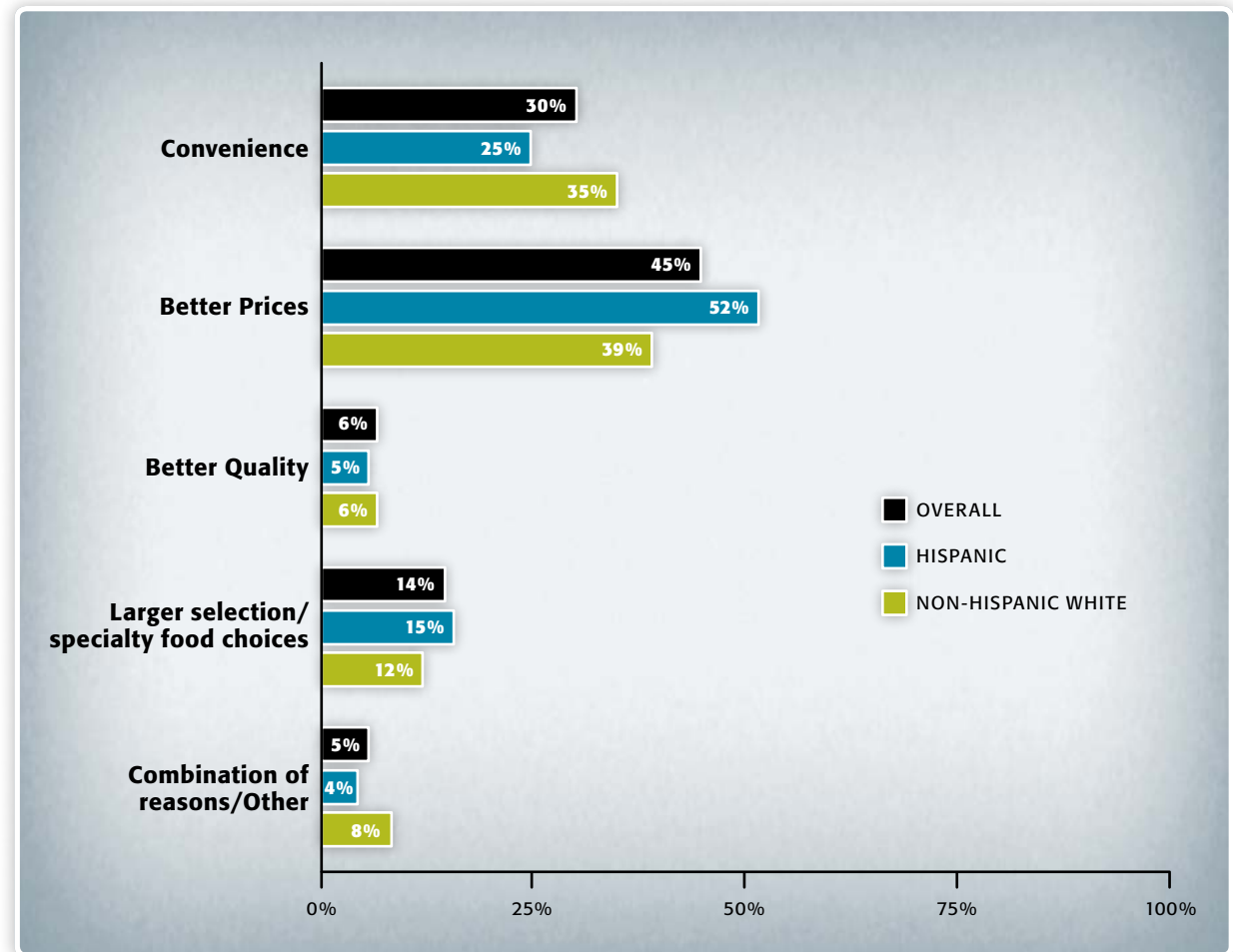
Parents do most of their food shopping at supermarkets and superstores

- Overall, 71% of Vineland parents of children ages 3–18 do most of their food shopping at supermarkets (like ShopRite, Stop & Shop, Pathmark), and 26% food-shop at superstores (like Walmart or Sam’s Club).



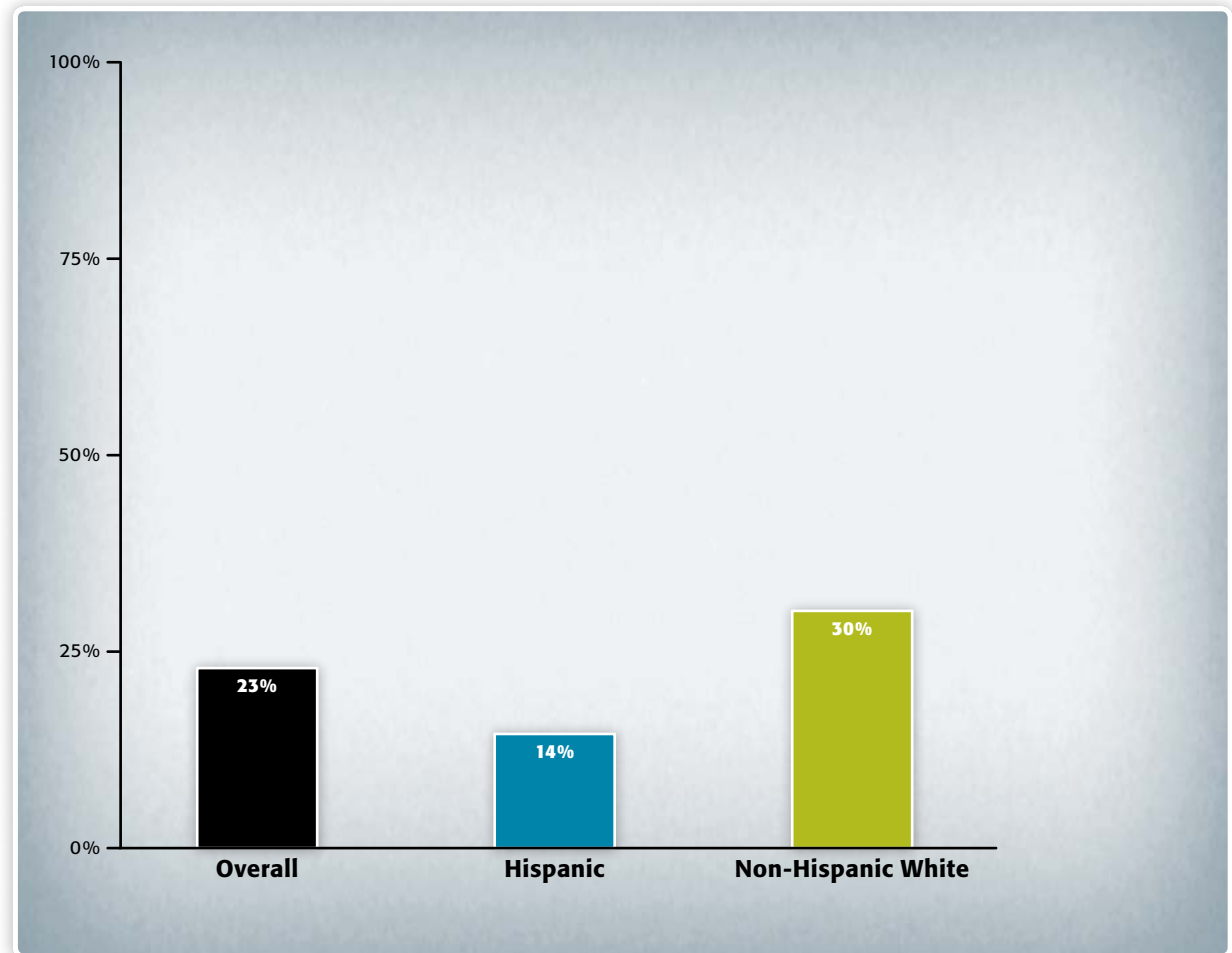
Important considerations in choosing main food stores reported by parents

- In Vineland, parents are most likely to say they choose their food store because of better prices (45%) or convenience (30%).
- Parents of Hispanic children are more likely to cite better prices, while parents of non-Hispanic white children cite convenience and better prices.



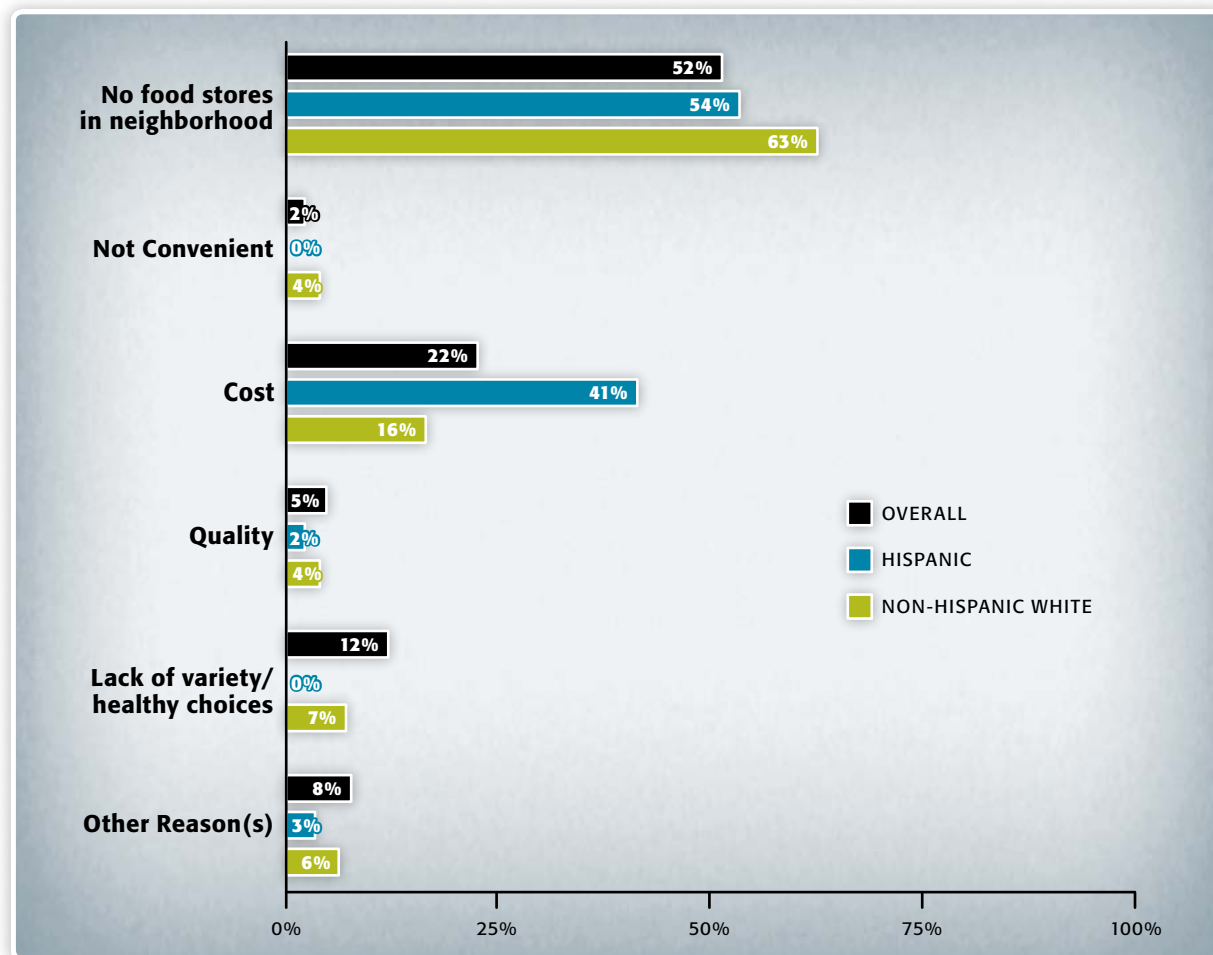
Percentage who do most food shopping outside their neighborhood

- Overall, 23% of Vineland parents of children ages 3–18 do most of their food shopping outside their neighborhood.
- 30% of parents of non-Hispanic white children do most of their food shopping outside their neighborhood compared to 14% of parents of Hispanic children.



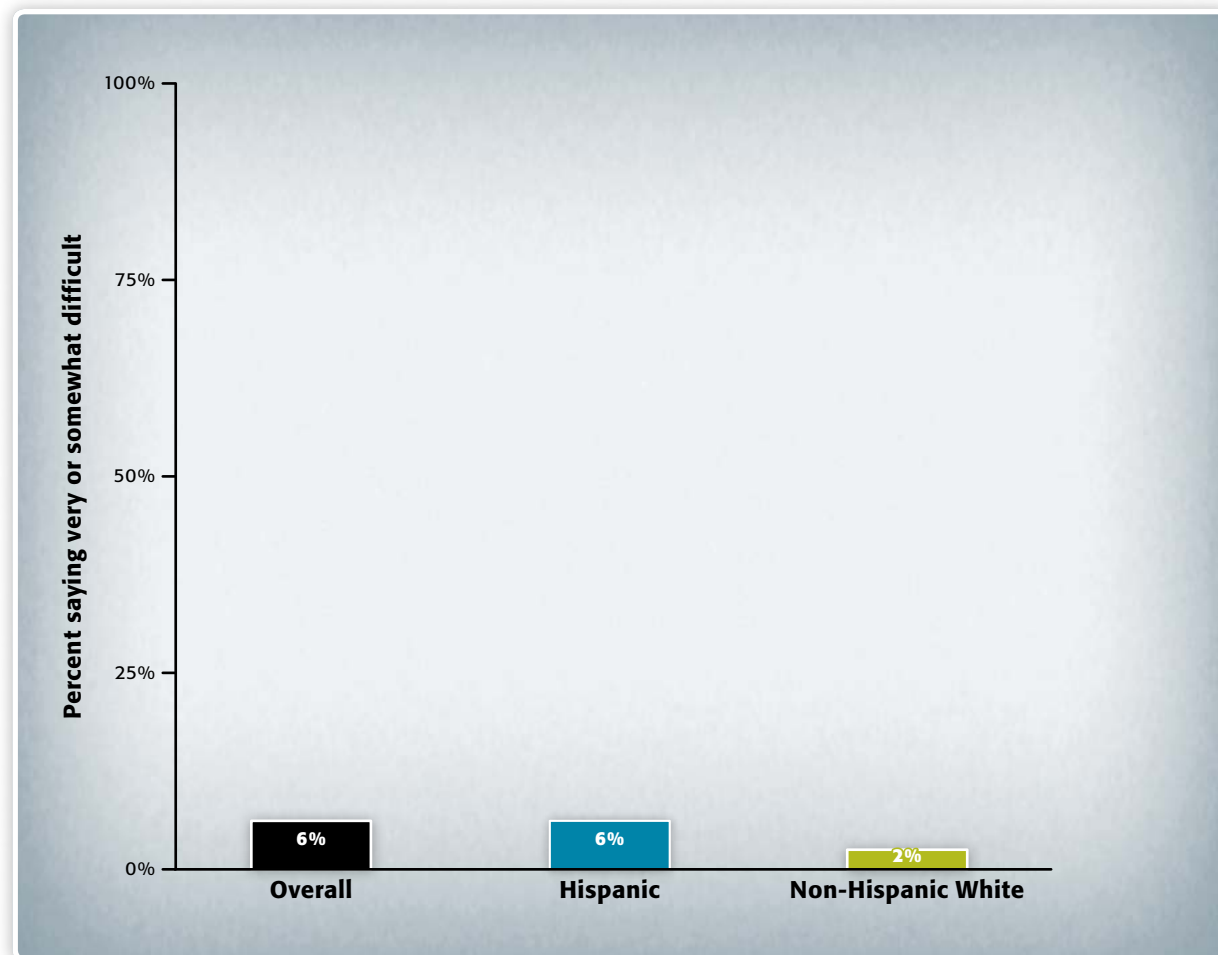
Main reasons for shopping for food outside of neighborhood

- Overall, parents of children ages 3–18 in Vineland food-shop outside of their neighborhood, primarily due to lack of food stores in neighborhood (52%) or cost (22%).
- Parents of Hispanic children cite cost more than twice as often as parents of non-Hispanic white children (41% vs. 16%).



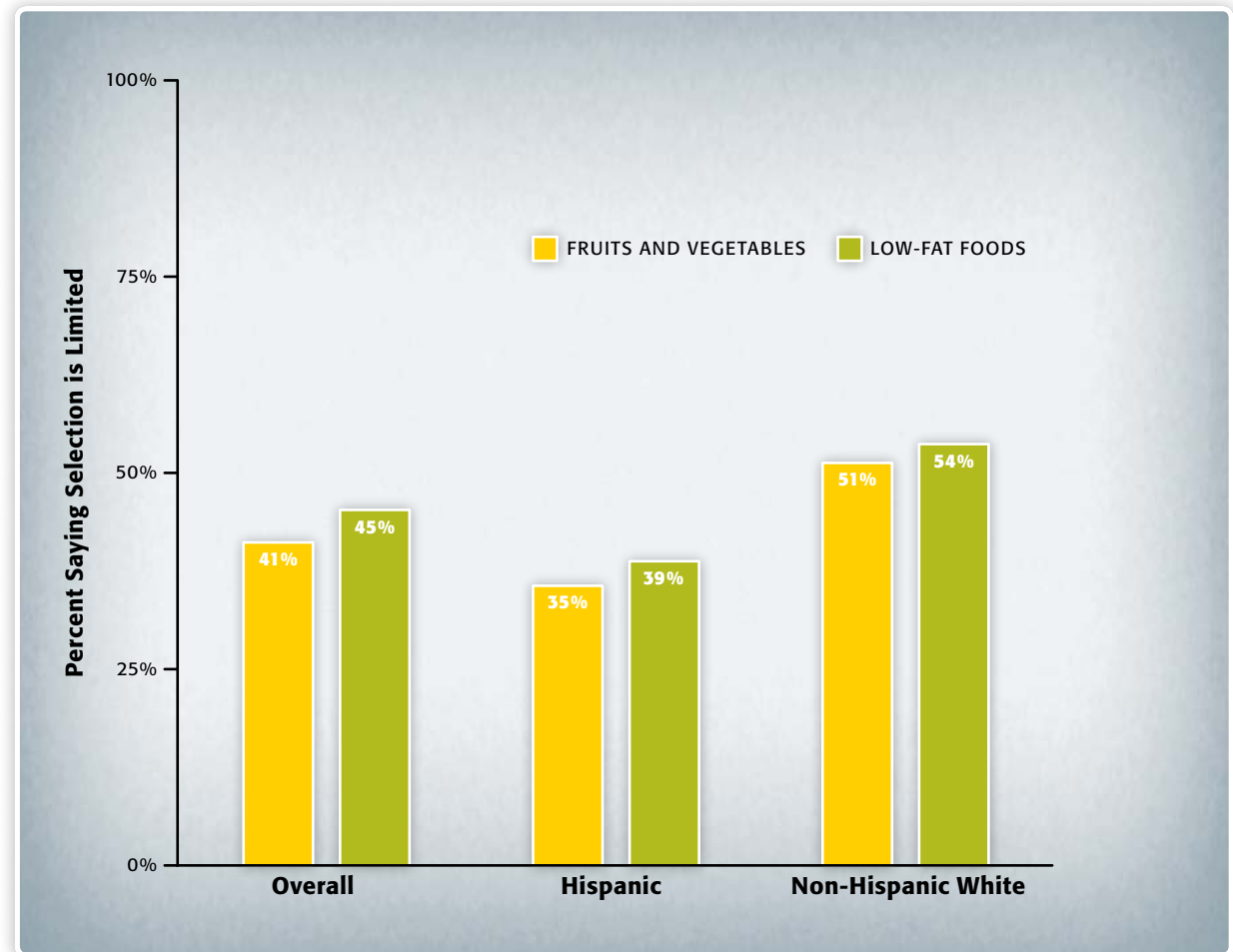
Percentage who say it is difficult to get to store where most of food shopping is done

- Overall, 6% of parents in Vineland with children ages 3–18 say it is difficult to get to the store where they do most of their food shopping.



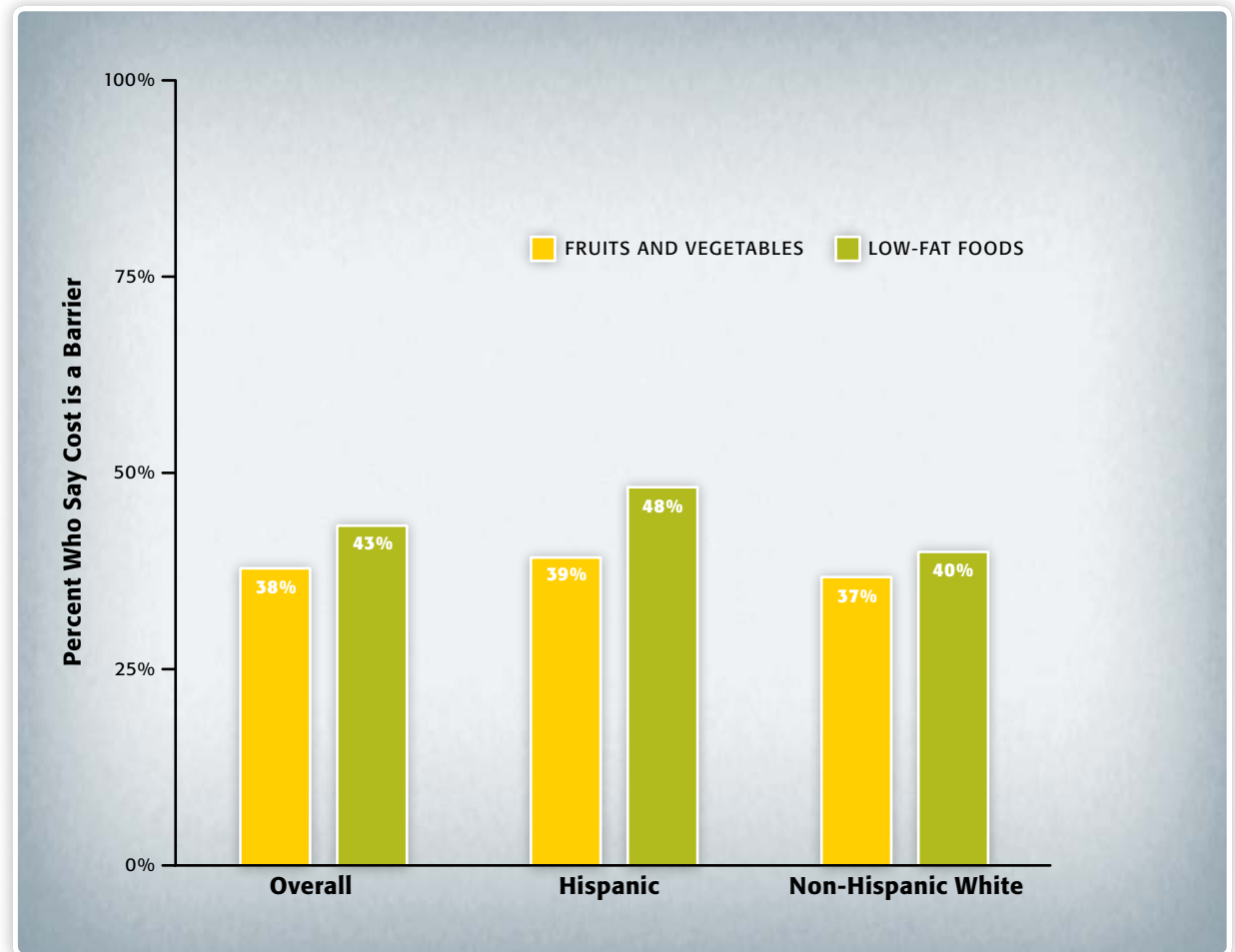
Percentage who do not have a very large selection of good quality fresh fruits and vegetables or low-fat foods at main food store

- Overall, 41% of parents in Vineland with children ages 3–18 say their main food store does not carry a very large selection of good quality fresh fruits and vegetables, and 45% state that it does not carry a very large selection of low-fat foods.
- Parents of non-Hispanic white children are more likely to say their main food store does not have a very large selection of good quality fresh fruits and vegetables (51%) and low-fat foods (54%), compared to parents of Hispanic children (35%, 39%).



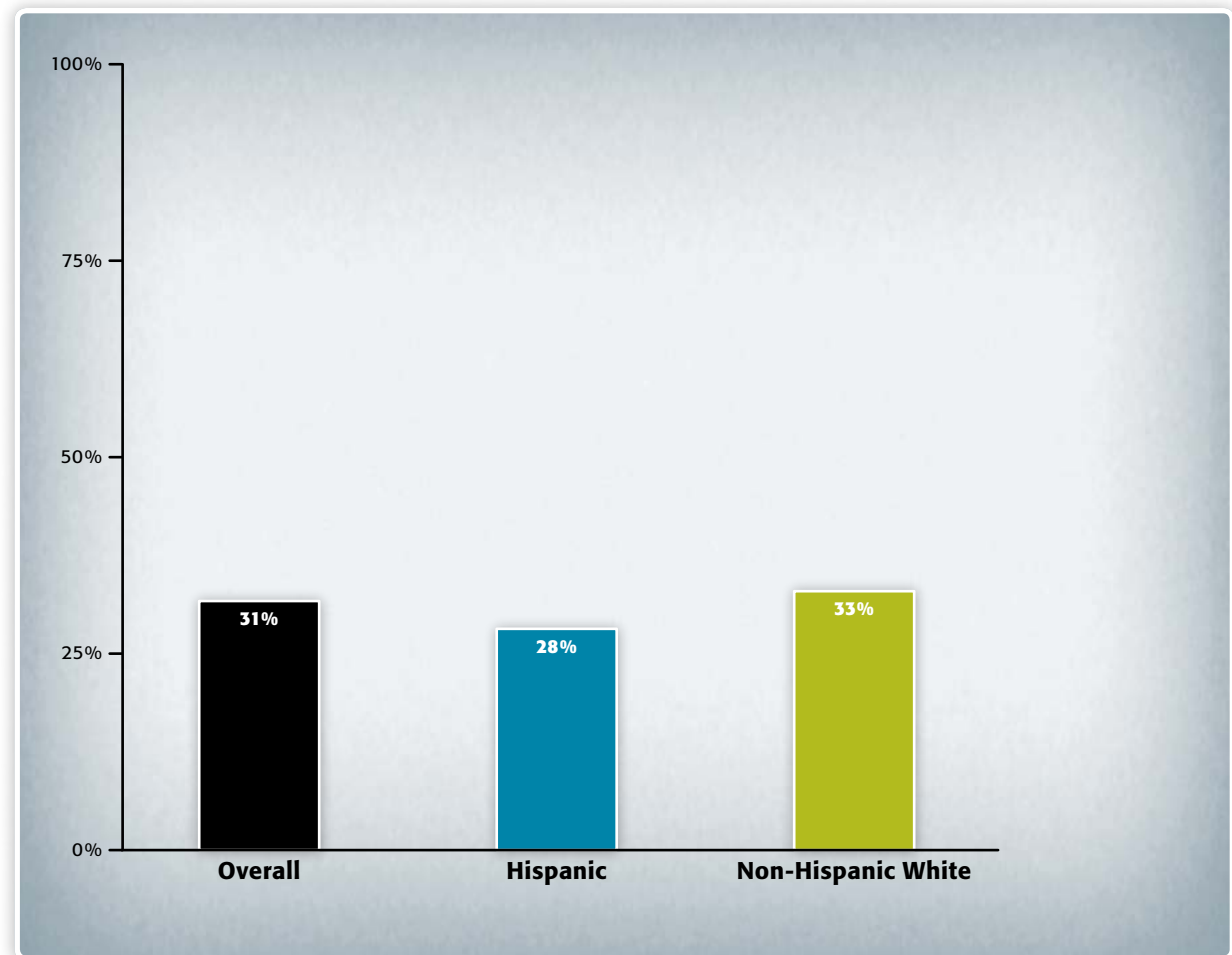
Percentage who say cost is a barrier to purchasing fresh fruits and vegetables and low-fat foods at main food store

- Overall, 38% of parents in Vineland with children ages 3–18 say that cost is a barrier to the purchase of fresh fruits and vegetables at their main food store, and 43% say cost is a barrier to the purchase of low-fat foods.
- This pattern varies little by race/ethnicity.



Percentage who have a special store for buying fruits and vegetables

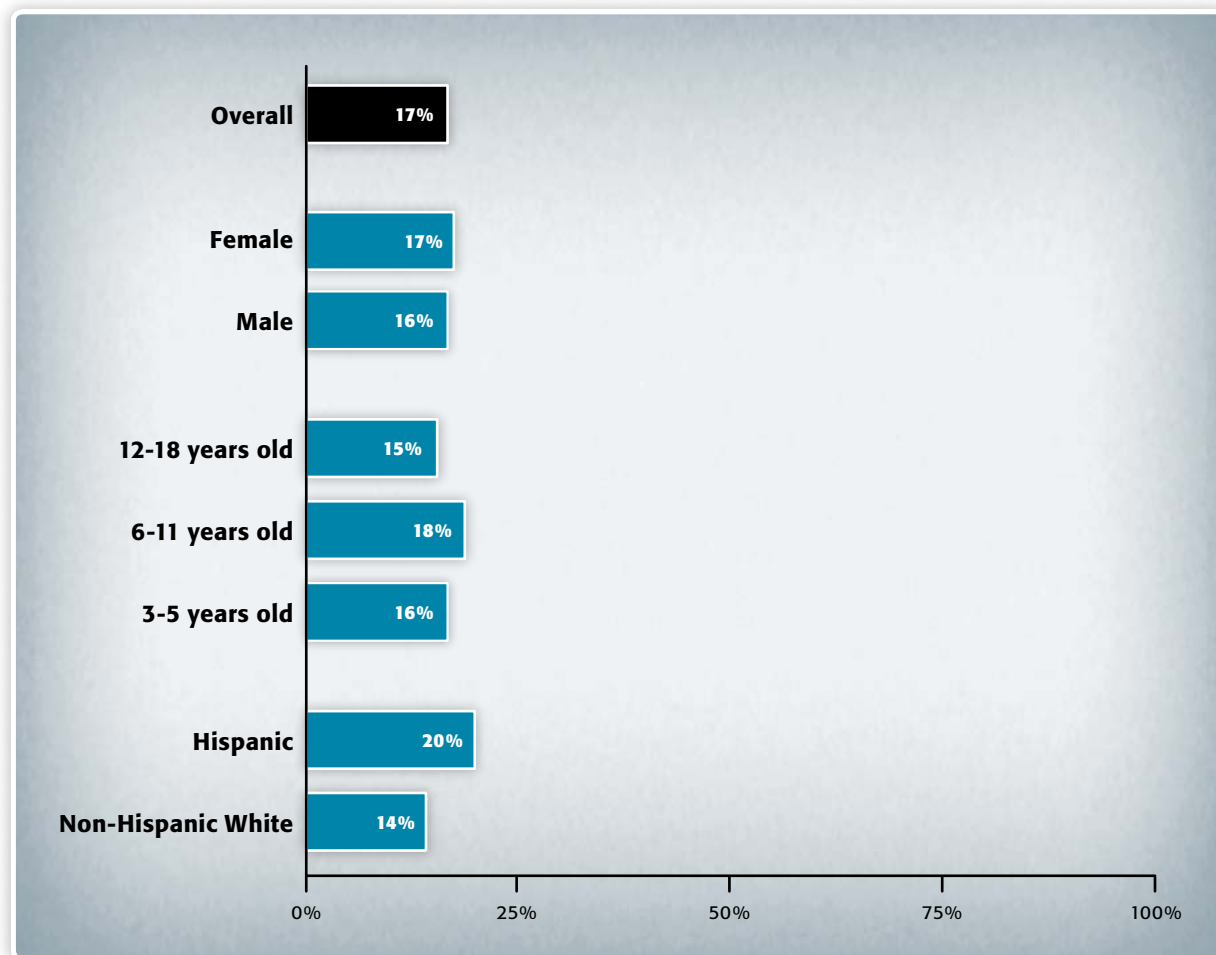
- Overall, 31% of parents in Vineland with children ages 3–18 say that they buy most of their fresh fruits and vegetables somewhere other than at their main food store.
- This pattern varies little by race/ethnicity.



Food Insecurity:

Almost one in five families in Vineland report that they sometimes or often do not have enough food to eat

- Overall, 17% of Vineland parents with children ages 3–18 report that they do not have enough food to eat compared to 15% of households in the rest of the country (US Department of Agriculture).
- This pattern varies little by gender, age, or race/ethnicity.



Key findings from food environment section

- Most Vineland parents of children ages 3–18 go to supermarkets and superstores to do most of their food shopping. Better prices is most often the reason parents choose a particular food store.
- 23% of the parents do not shop for most of their food in their neighborhood. Lack of food stores in the neighborhood and cost are the primary reasons cited for not shopping in the neighborhood.
- Over 40% of the parents surveyed report having a limited selection of fruits and vegetables and low-fat foods at the store where they shop. Cost is a barrier for purchasing these items for about 40% of the parents.
- 17% of the Vineland households with children 3–18 years report that they sometimes or often do not have enough food to eat.

Physical Activity Behaviors

Parents were asked to report on the physical activity and sedentary behaviors of the randomly selected index child.

Respondents were asked to think about the past 7 days and report frequency of their child being active for 30 minutes and 60 minutes per day.

Sedentary behavior was assessed by asking the parent to report on the usual number of hours spent watching television, and playing computer or video games on weekdays and weekends during school year.

Physical activity and sedentary activity data are compared with established recommendations, where available.



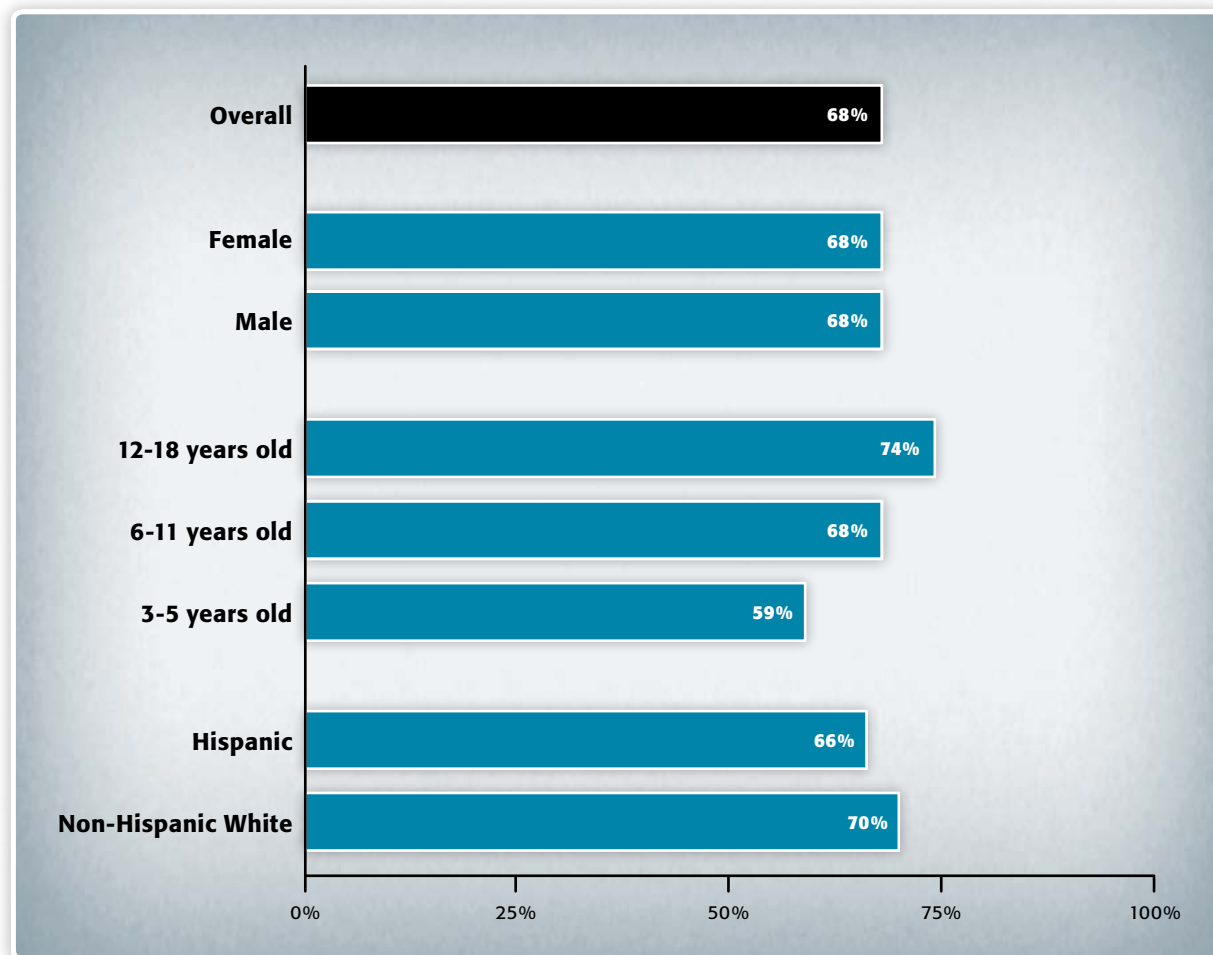
*Percentage not active
at least **60 minutes a
day*** 6–7 days a week*

The U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans recommend that children should be physically active for at least 60 minutes every day.

In Vineland

- 68% of 3–18 year olds do not meet this recommendation.
- Frequency of inactivity increases with age: 74% of Vineland adolescents are not active at least 60 minutes a day 6–7 days a week, compared to 68% of children ages 6–11 and 59% of children ages 3–5.
- There is little variation by gender or race/ethnicity.

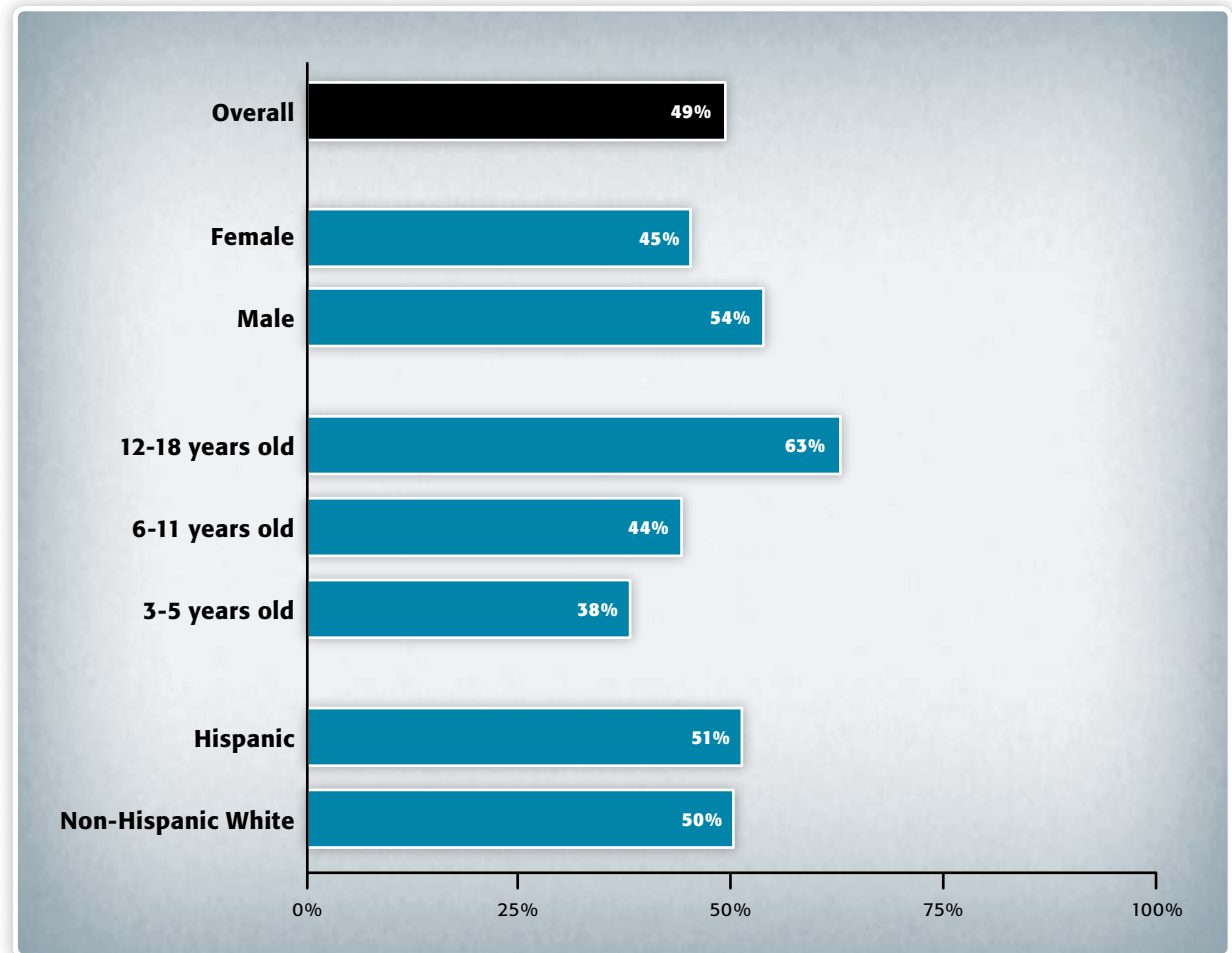
* Includes adding up all of the times child spent in any kind of physical activity that increased heart rate and made child breathe hard.



*Percentage not active at least **30 minutes a day*** 6–7 days a week*

- Overall, 49% of 3–18 year old children in Vineland are not active at least 30 minutes a day 6–7 days a week.
- Frequency of inactivity increases with age: 63% of Vineland adolescents are not active at least 30 minutes a day 6–7 days a week, compared to 44% of children ages 6–11 and 38% of children ages 3–5.
- There is little variation by race/ethnicity.

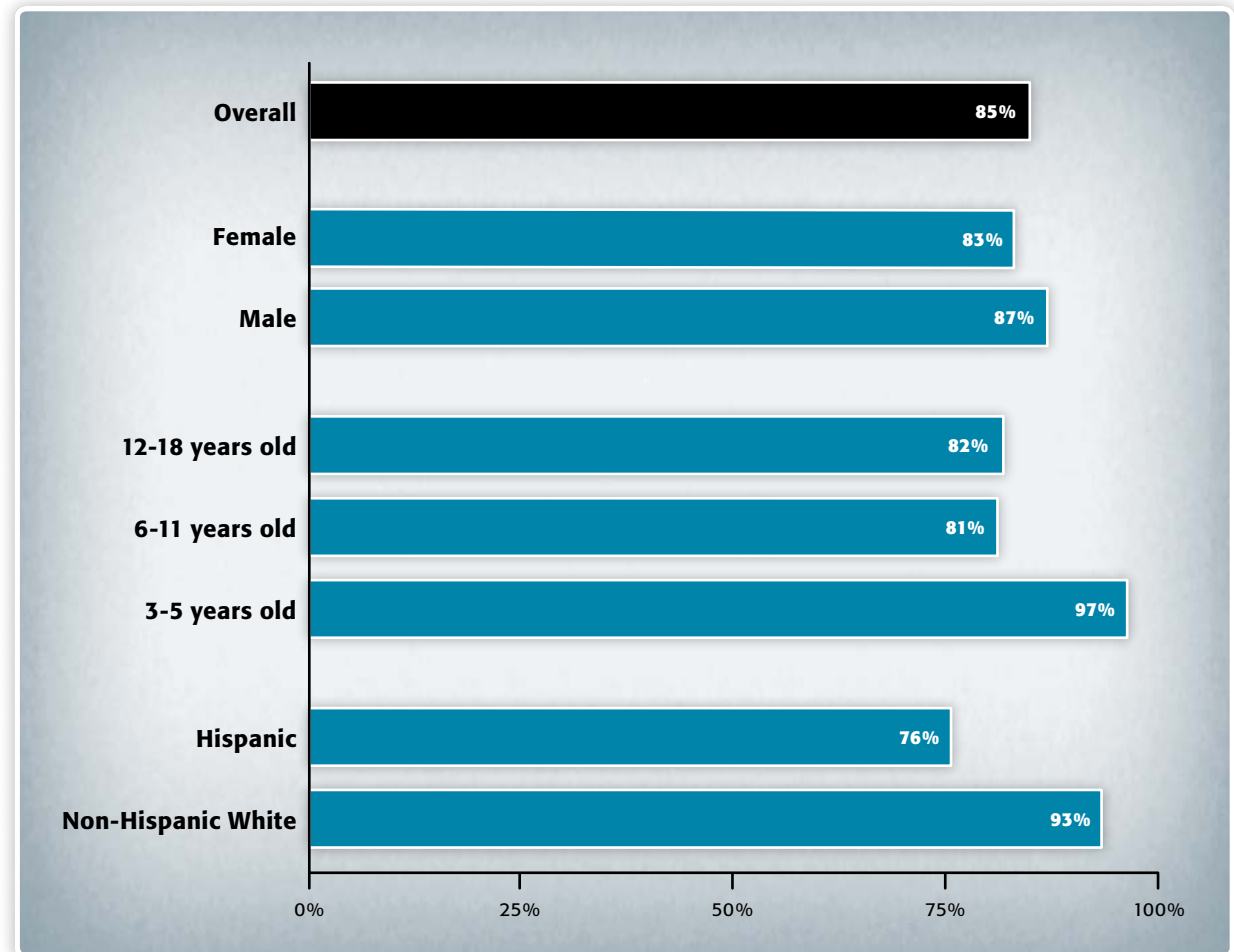
* Includes adding up all the times child spent in any kind of physical activity that increased heart rate and made child breathe hard.



Percentage who never walk, bike, or skateboard to school*

- Overall, 85% of 3–18 year old children in Vineland never walk, bike, or skateboard to school.
- 97% of Vineland children ages 3–5 never walk, bike, or skateboard to school, compared to 81% of children ages 6–11 and 82% ages 12–18.
- 93% of non-Hispanic white children in Vineland never walk, bike, or skateboard to school, compared to 76% of Hispanic children.
- This varies little by gender.

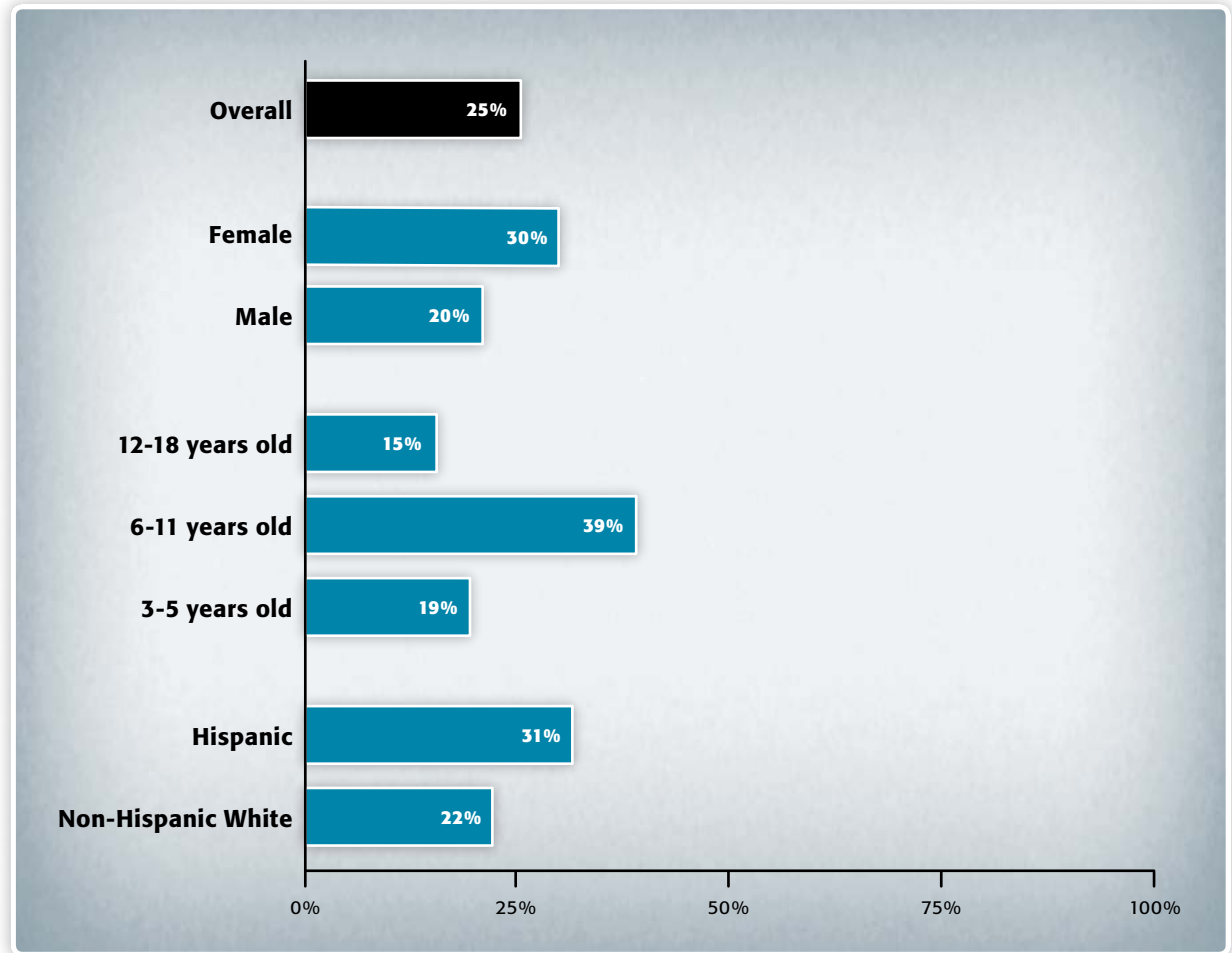
* Does not include motor scooters. School refers to school, kindergarten, pre-school, or day-care.



Percentage who get physical activity at school* 2 or fewer days per week

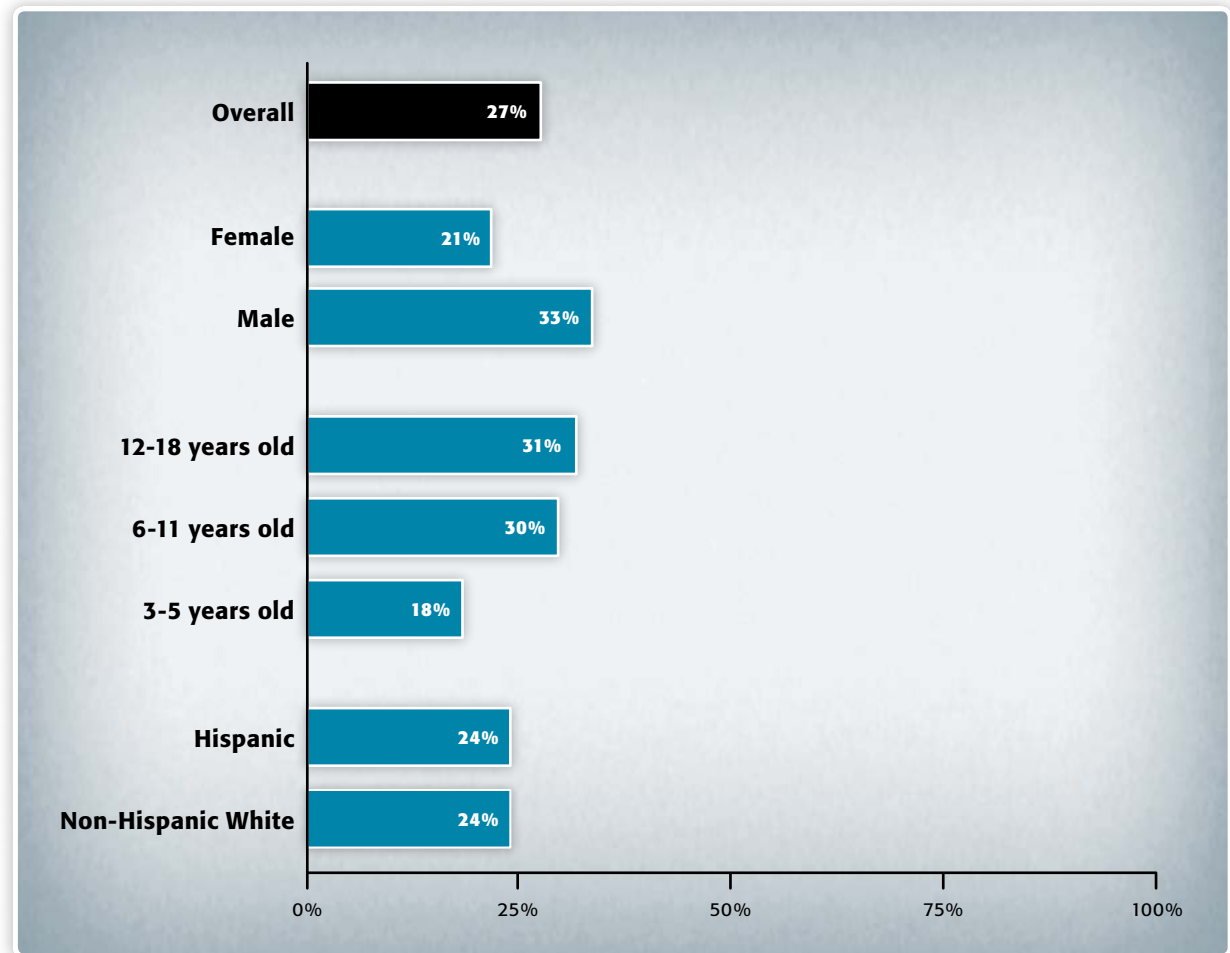
- Overall, 25% of 3–18 year old children in Vineland have only 2 or fewer days of some type of physical activity per week at school.
- 39% of Vineland children ages 6–11 have only 2 or fewer days of some type of physical activity per week at school, compared to 19% of children ages 3–5 and 15% ages 12–18.
- Girls get considerably less physical activity at schools than boys.

* Includes any type of physical activity or exercise at school (e.g., PE class, recess). School refers to school, kindergarten, pre-school, or day-care.



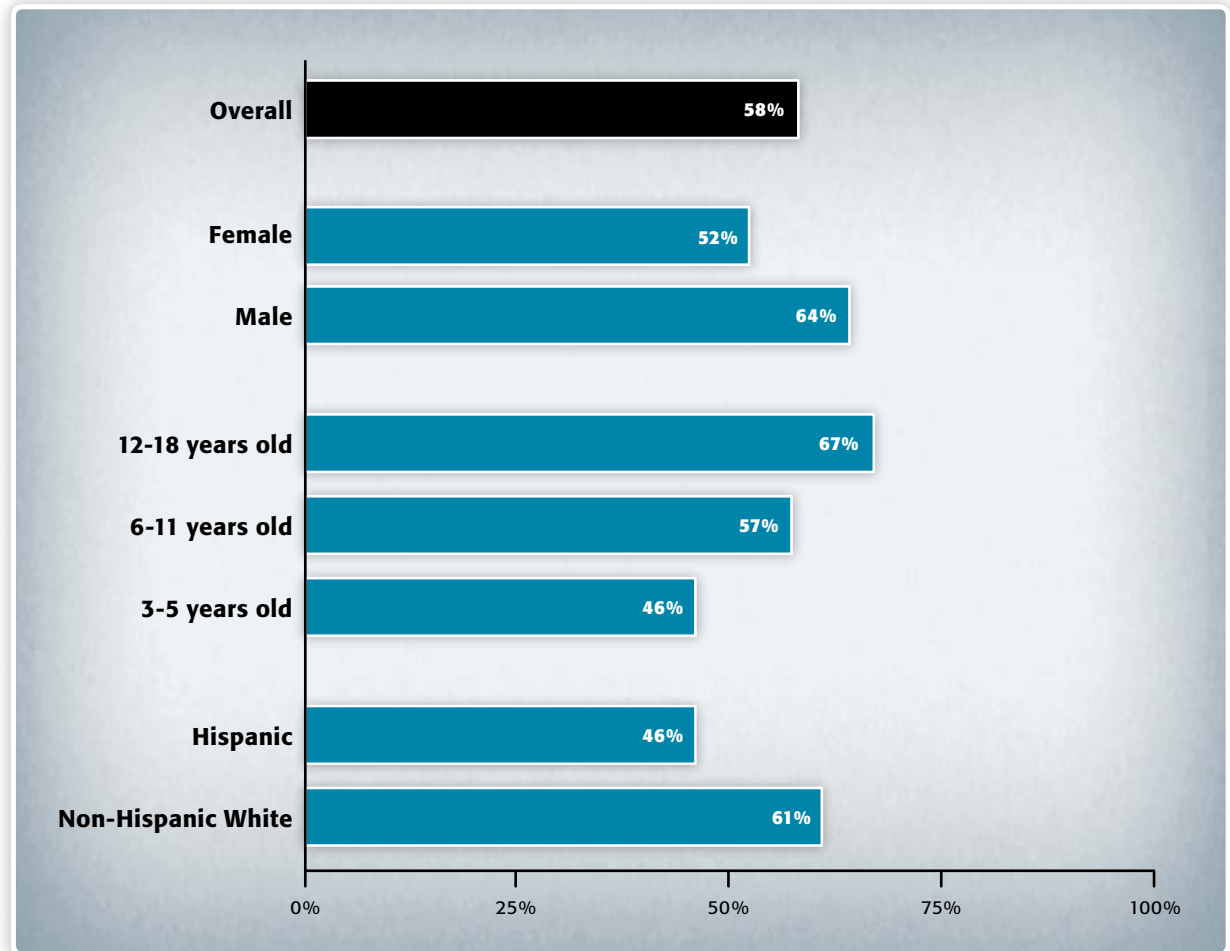
*Percentage who spend more than 2 hours a day on **weekdays** on TV, computer, or video games*

- Overall, 27% of 3–18 year old children in Vineland spend more than 2 hours a day on weekdays outside of school watching TV, being on the computer (not including doing schoolwork), or playing video games.
- Vineland boys are more likely to spend more than 2 hours a day on weekdays outside of school watching TV, being on the computer, or playing video games (33%) than girls (21%).
- Adolescents (31%) and children ages 6–11 (30%) are more likely to spend more than 2 hours a day on weekdays outside of school watching TV, being on the computer, or playing video games, compared to children ages 3–5 (18%).
- This pattern varies little by race/ethnicity.



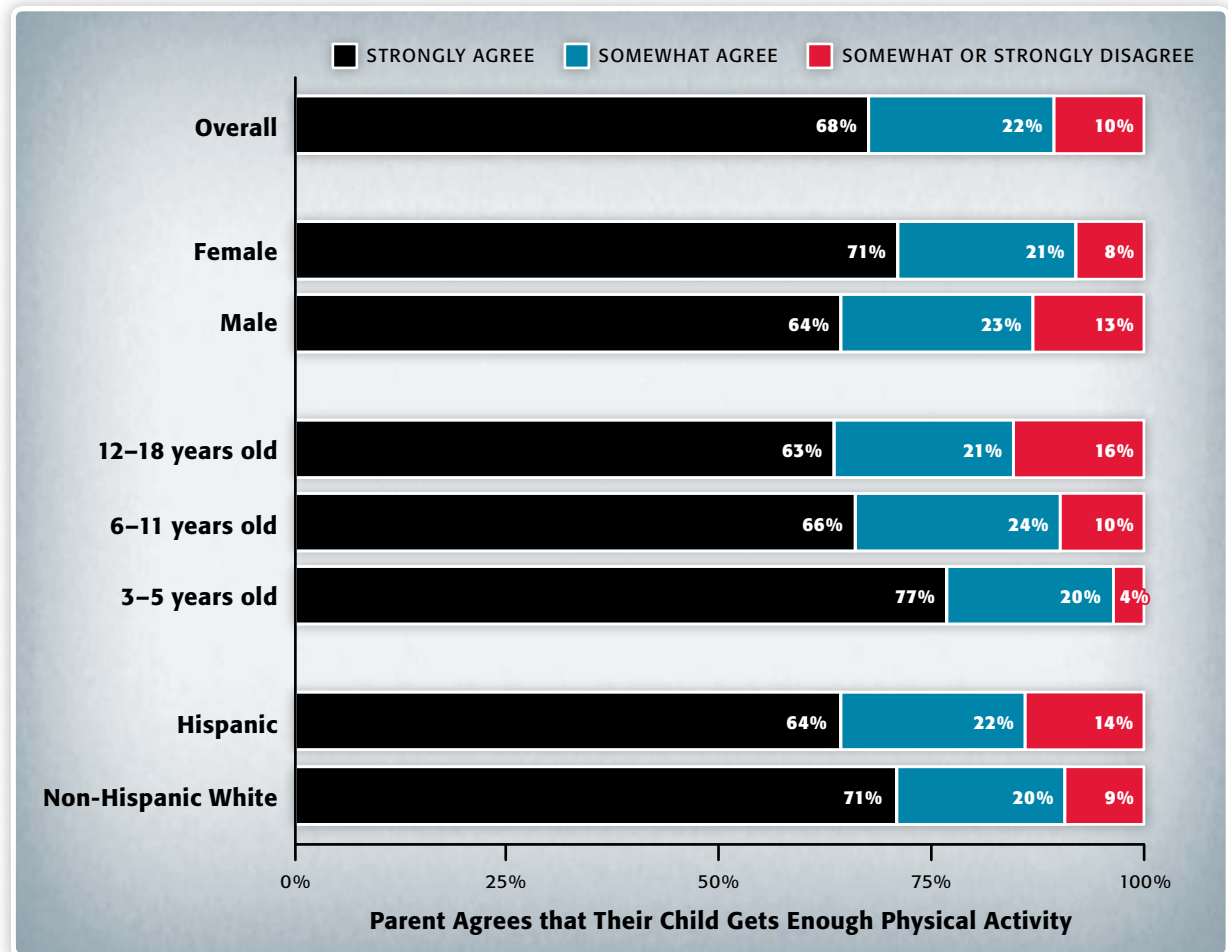
*Percentage who spend more than 2 hours a day on **weekend days** on TV, computer, or video games*

- Overall, 58% of 3–18 year old children in Vineland spend more than 2 hours a day on weekend days watching TV, being on the computer (not including doing schoolwork), or playing video games.
- Vineland boys are more likely to spend more than 2 hours a day on weekend days outside of school watching TV, being on the computer or playing video games (64%) than girls (52%).
- Adolescents (67%) and children ages 6–11 (57%) are more likely to spend more than 2 hours a day on weekend days outside of school watching TV, being on the computer, or playing video games, compared to children ages 3–5 (46%).



Even though only 32% of Vineland children meet the recommended level of physical activity, 90% of parents think their children get enough physical activity

- Overall, 90% of parents strongly agree or somewhat agree that, on the whole, their child gets enough physical activity.
- Parents of younger children are more likely to strongly or somewhat agree that their children get enough physical activity (96%), compared to 90% of parents of children ages 6–11 and 84% of parents of those ages 12–18. Yet, the younger children tend to be less physically active.
- There is little variation by gender or race/ethnicity.



NOTE: Bar totals may not equal 100% due to rounding.

Key findings from physical activity behavior section

- Only 32% of the Vineland children ages 3–18 meet the 2008 Physical Activity Guidelines for Americans. Adolescents are least likely to meet these recommendations. However, 90% of parents think that their children get enough physical activity.
- The frequency of inactivity increases with age.
- Younger children and non-Hispanic white children are least likely to walk, bike, etc., to school, while children ages 6–11 are least likely to get physical activity at school.
- Girls are considerably less likely than boys to get physical activity at school.
- The American Academy of Pediatrics recommends that children spend no more than two hours per day on entertainment media like television, computers, and video games. Over a quarter of Vineland children ages 3–18 years spend more than two hours per day watching TV, playing video or computer games during weekdays and 58% do so on weekend days, and this is more common among boys and older children. Weekend media time is also higher among non-Hispanic white children, although weekday time does not vary by race/ethnicity.

Physical Activity Environment

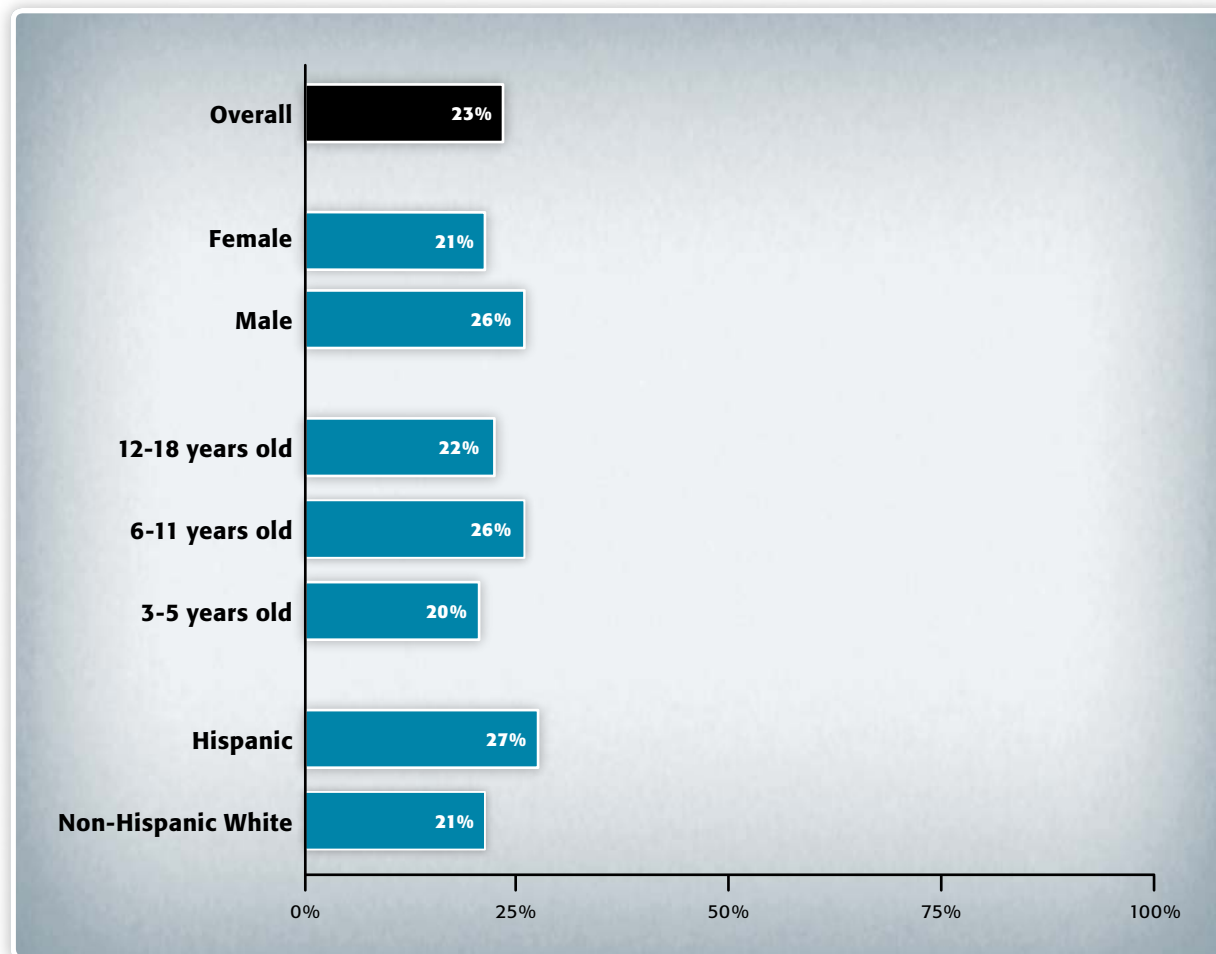
Charts in this section describe parents' perceptions of the physical activity environment, as well as aspects that may serve as barriers to accessing opportunities for physical activity in their neighborhood.

Neighborhood is defined as the area within a 20 minute walk, a 5 minute drive, or about 1 mile in all directions around the respondent's home.



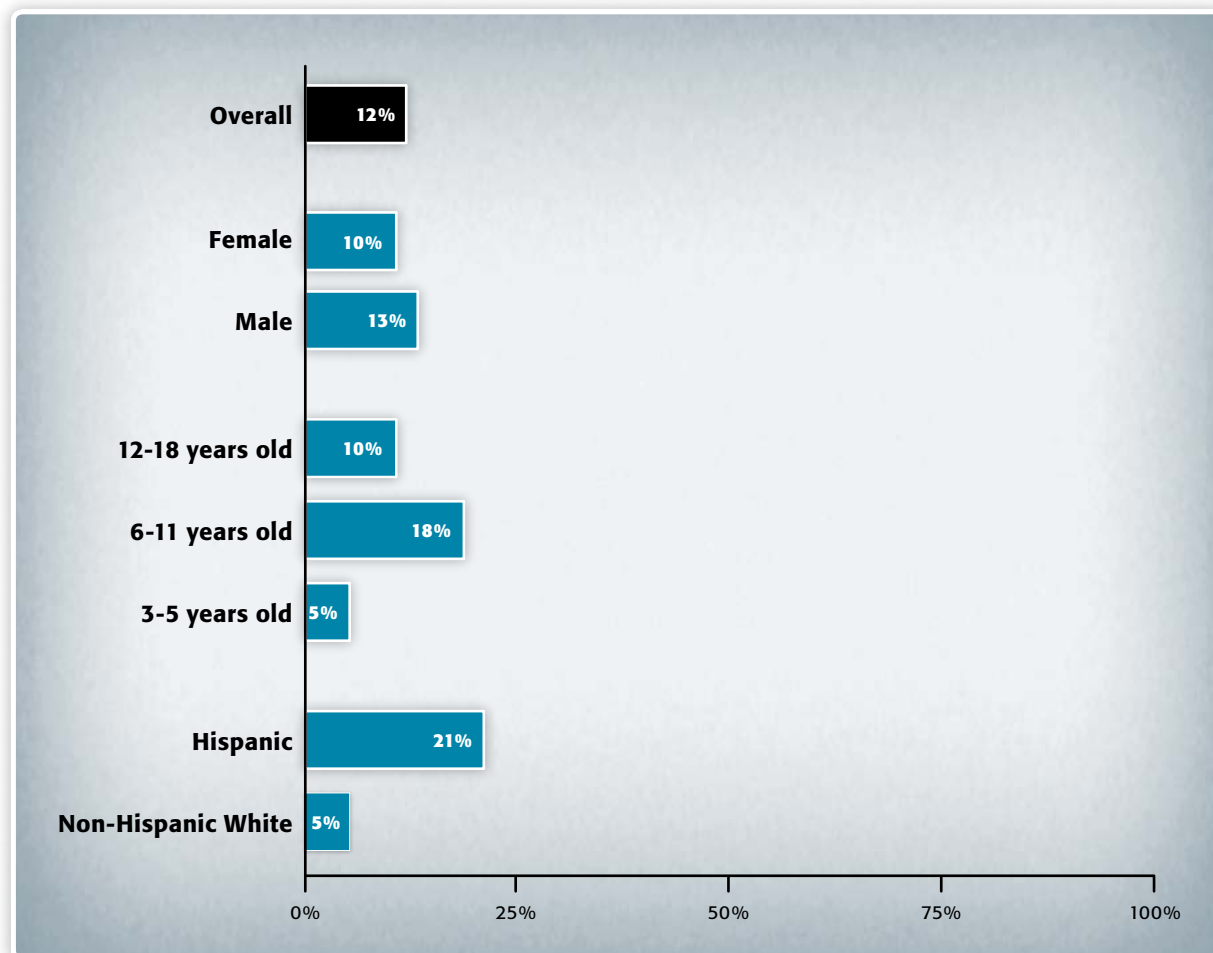
Percentage who say neighborhood is unsafe due to **traffic**

- Overall, 23% of Vineland parents of children ages 3–18 think their neighborhoods are somewhat or very unsafe due to traffic.
- There is little variation by gender, age, or race/ethnicity.



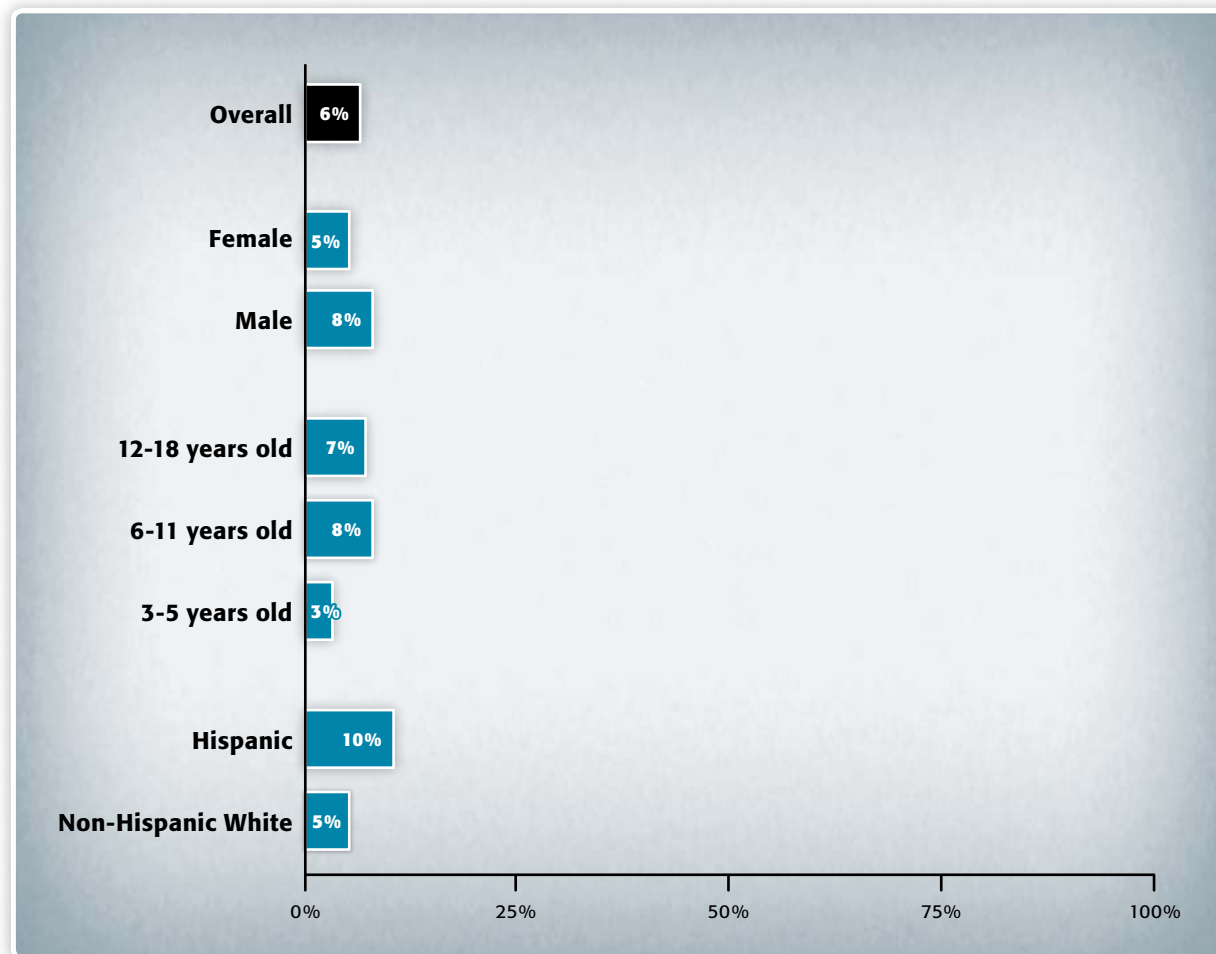
Percentage who say neighborhood is unsafe due to **criminal activity**

- Overall, 12% of Vineland parents of children ages 3–18 think their neighborhoods are somewhat or very unsafe due to criminal activity.
- Parents of children ages 6–11 (18%) are more likely to think their neighborhoods are unsafe due to criminal activity, compared to parents of those ages 12–18 (10%) and ages 3–5 (5%).
- Parents of Hispanic children (21%) are four times more likely to think their neighborhoods are unsafe due to criminal activity, compared to parents of non-Hispanic white children (5%).
- There is little variation by gender.



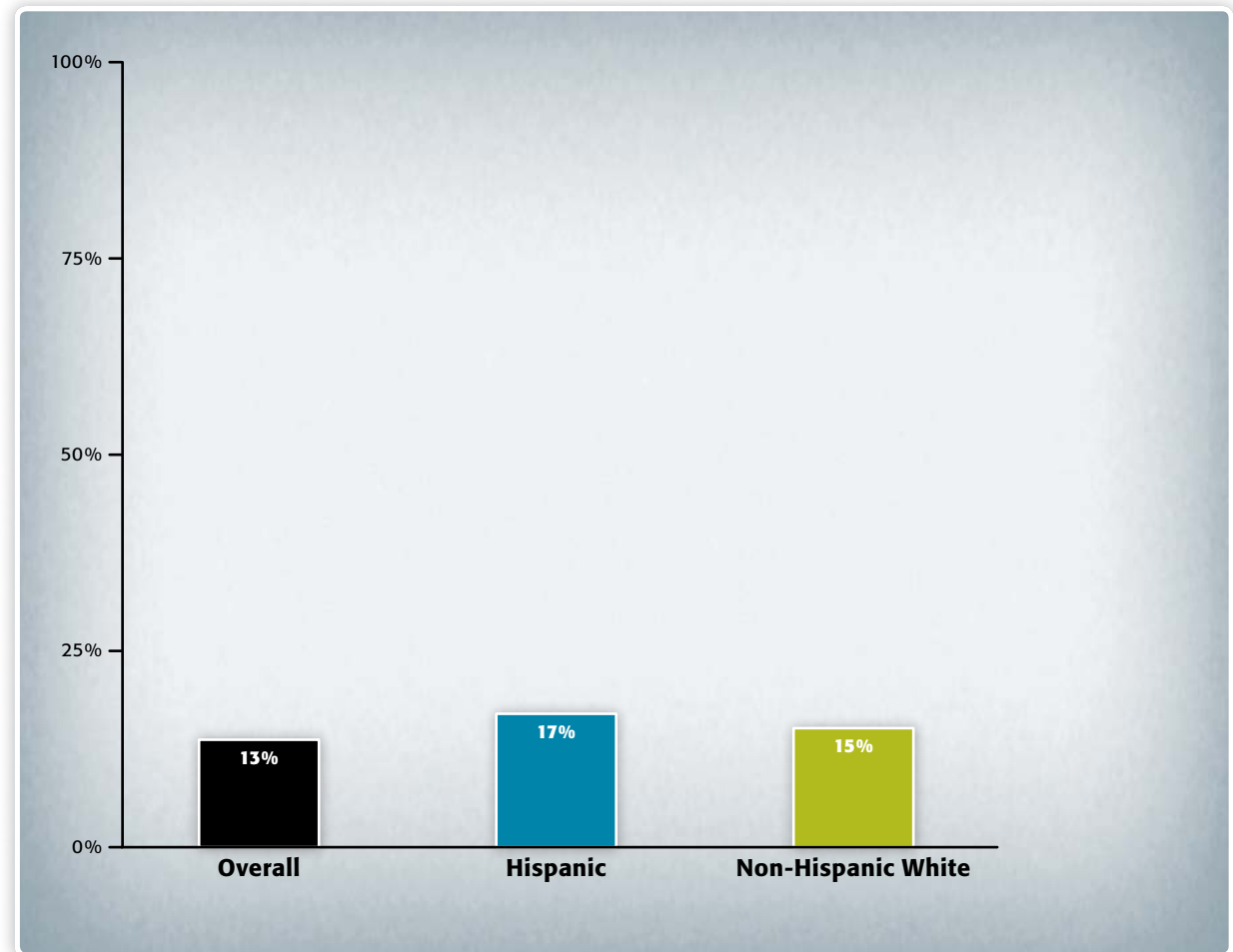
Percentage who say neighborhood is unpleasant for walking, running, biking, or playing

- Overall, 6% of Vineland parents of children ages 3–18 think their neighborhoods are somewhat or very unpleasant for walking, playing, etc.
- There is little variation by gender, age, or race/ethnicity.



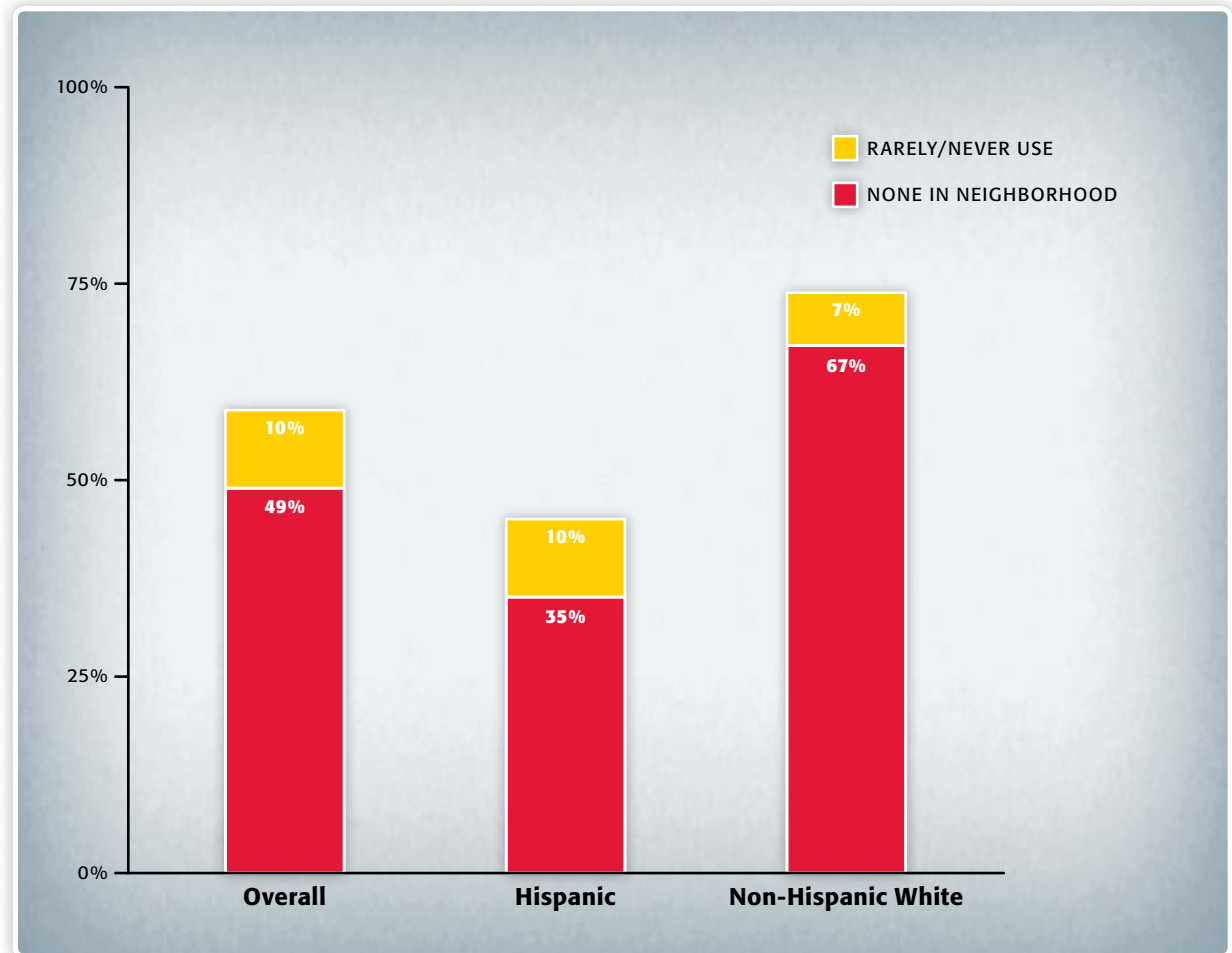
Percentage who have no working street lights in most of neighborhood

- Overall, 13% of Vineland parents of children ages 3–18 report that they do not have working street lights in most of their neighborhood.
- There is little variation by race/ethnicity.



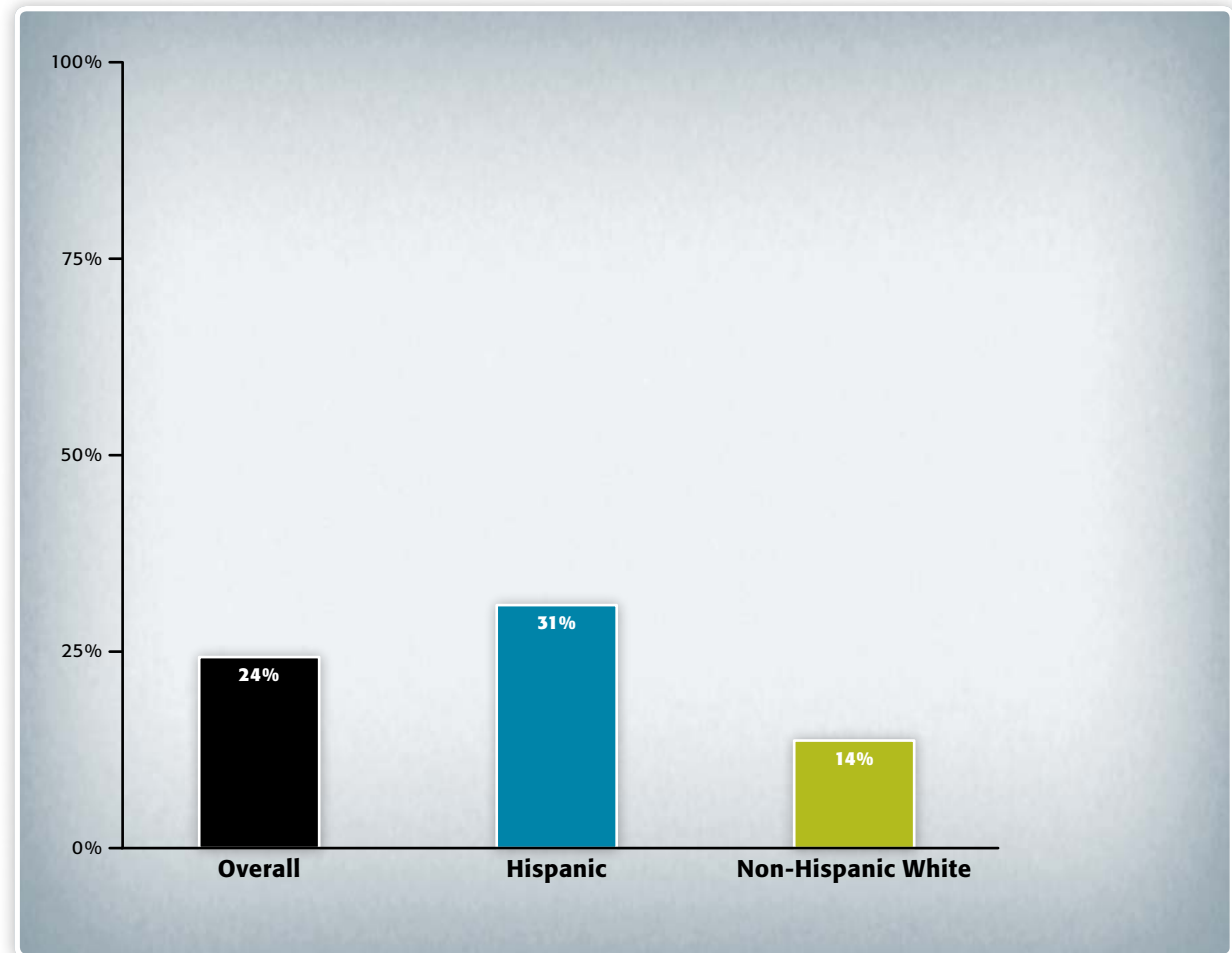
*Percentage of children with no **sidewalks** in neighborhood or who rarely/never use sidewalks in neighborhood to walk, run, bike, or play*

- Overall, 49% of 3–18 year old children in Vineland live in neighborhoods without sidewalks. Non-Hispanic white children are more likely to live in neighborhoods without sidewalks (67%), compared to Hispanic children (35%).
- Of those with sidewalks, 10% of children rarely or never use sidewalks in their neighborhood to run, bike, or play, and this varies little by race/ethnicity.



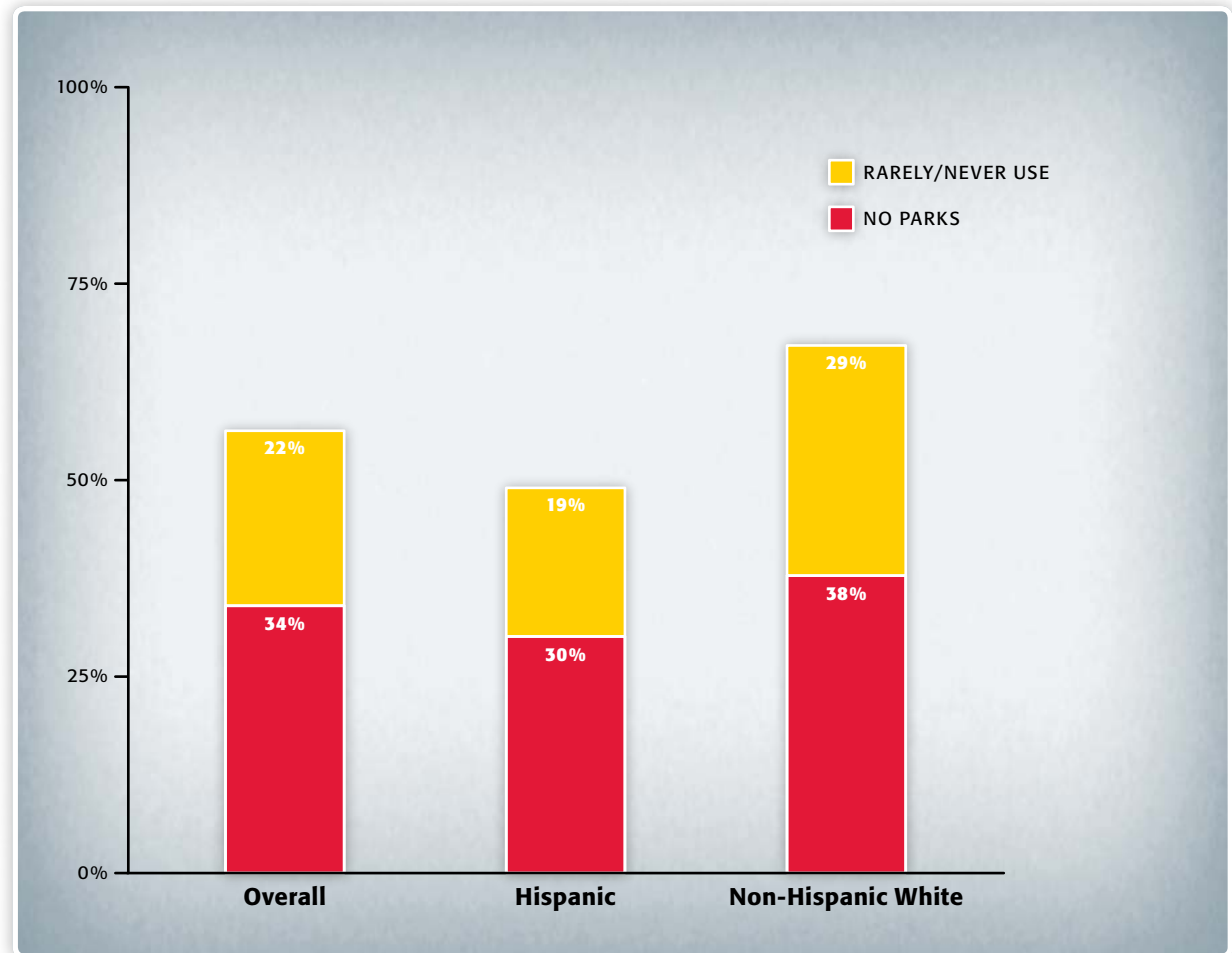
Percentage whose sidewalks in neighborhood are in fair or poor condition

- Overall, 24% of Vineland parents of children ages 3–18 report that the sidewalks in their neighborhood are not in good condition.
- Parents of Hispanic children are more likely to report that the sidewalks in their neighborhood are not in good condition (31%), compared to parents of non-Hispanic white children (14%).



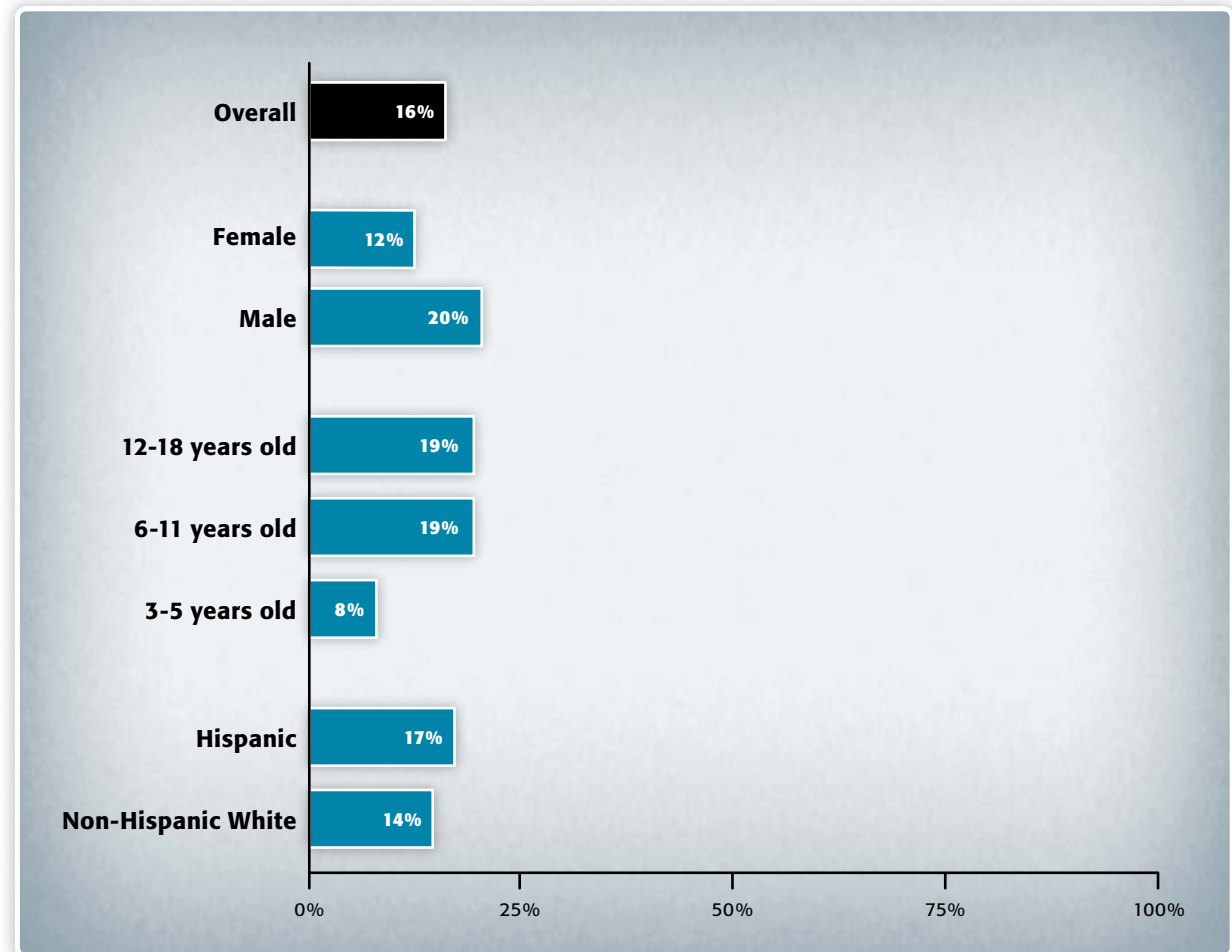
*Percentage of children with no **parks** in neighborhood or who rarely/never use parks to walk, run, bike, or play*

- Overall, 34% of 3–18 year old children in Vineland live in neighborhoods without parks and an additional 22% rarely or never use parks to run, bike, or play.
- 29% of non-Hispanic white children rarely or never use parks in their neighborhood to run, bike, or play, compared to 19% of Hispanic children.



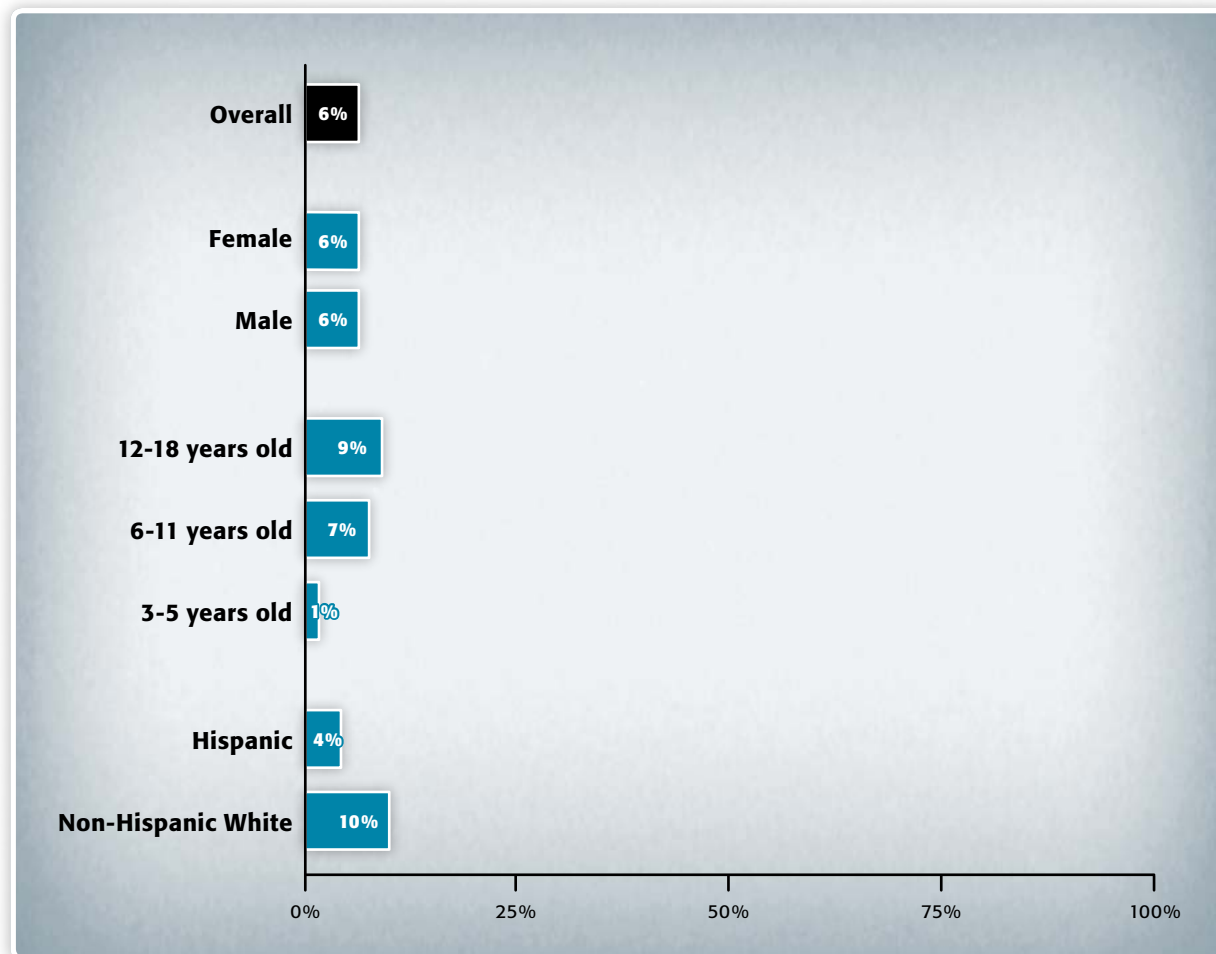
Percentage who report neighborhood parks are unsafe due to criminal activity

- Overall, 16% of Vineland parents of children ages 3–18 report that the parks in their neighborhood are unsafe due to criminal activity.
- Parents of children ages 6–18 (19%) are more likely to report unsafe parks in their neighborhood compared to parents of children ages 3–5 (8%).
- There is little variation by race/ethnicity.



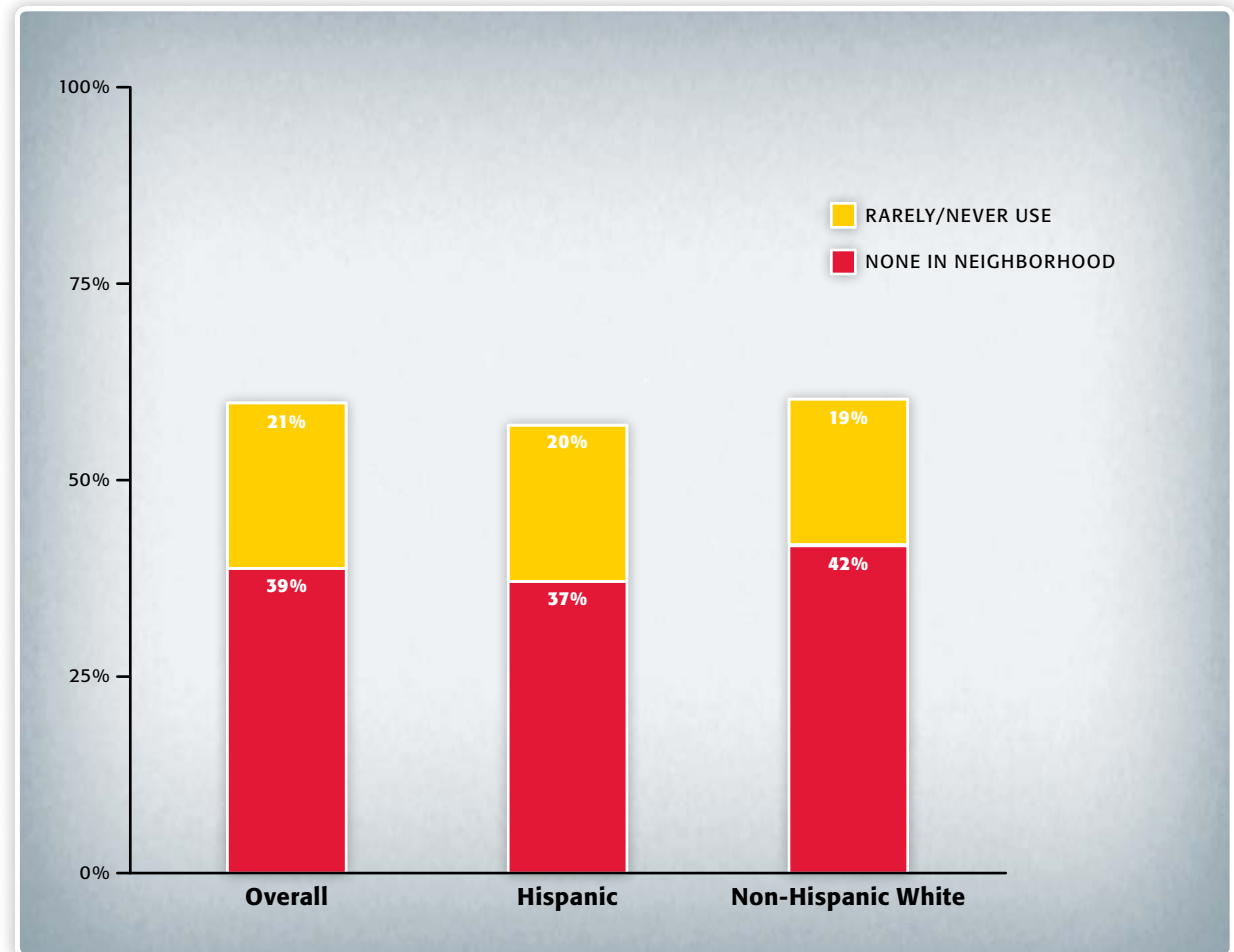
Percentage who say neighborhood parks are unpleasant

- Overall, 6% of Vineland parents of children ages 3–18 report that the parks in their neighborhood are unpleasant.
- There is little variation by gender or race/ethnicity.



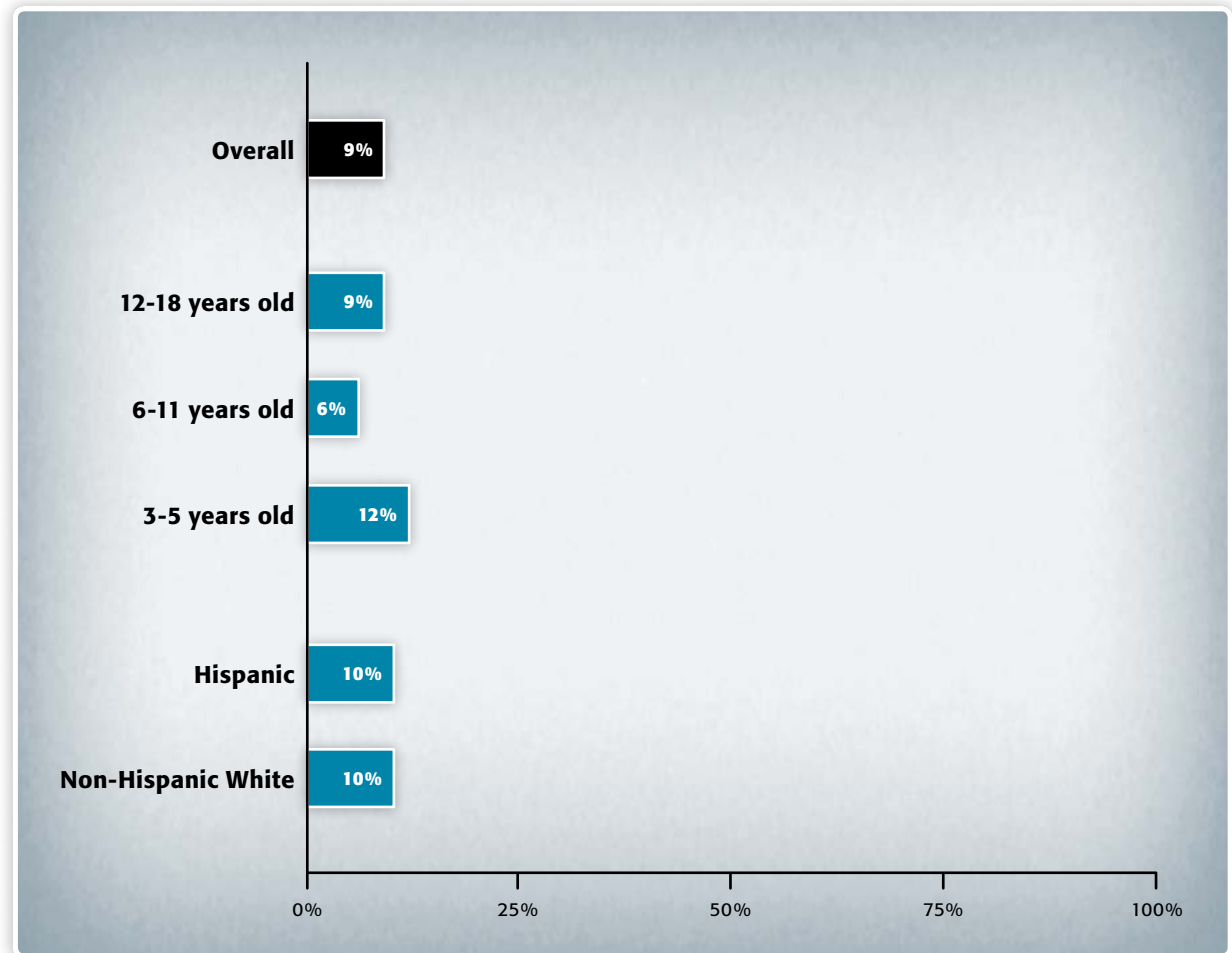
*Percentage of children with no **exercise facilities** in neighborhood or who rarely/never use exercise facilities*

- Overall, 39% of 3–18 year old children in Vineland live in neighborhoods without indoor or outdoor exercise facilities and an additional 21% rarely or never use exercise facilities in their neighborhood.
- In those neighborhoods that do have facilities, use of facilities varies little by race/ethnicity.



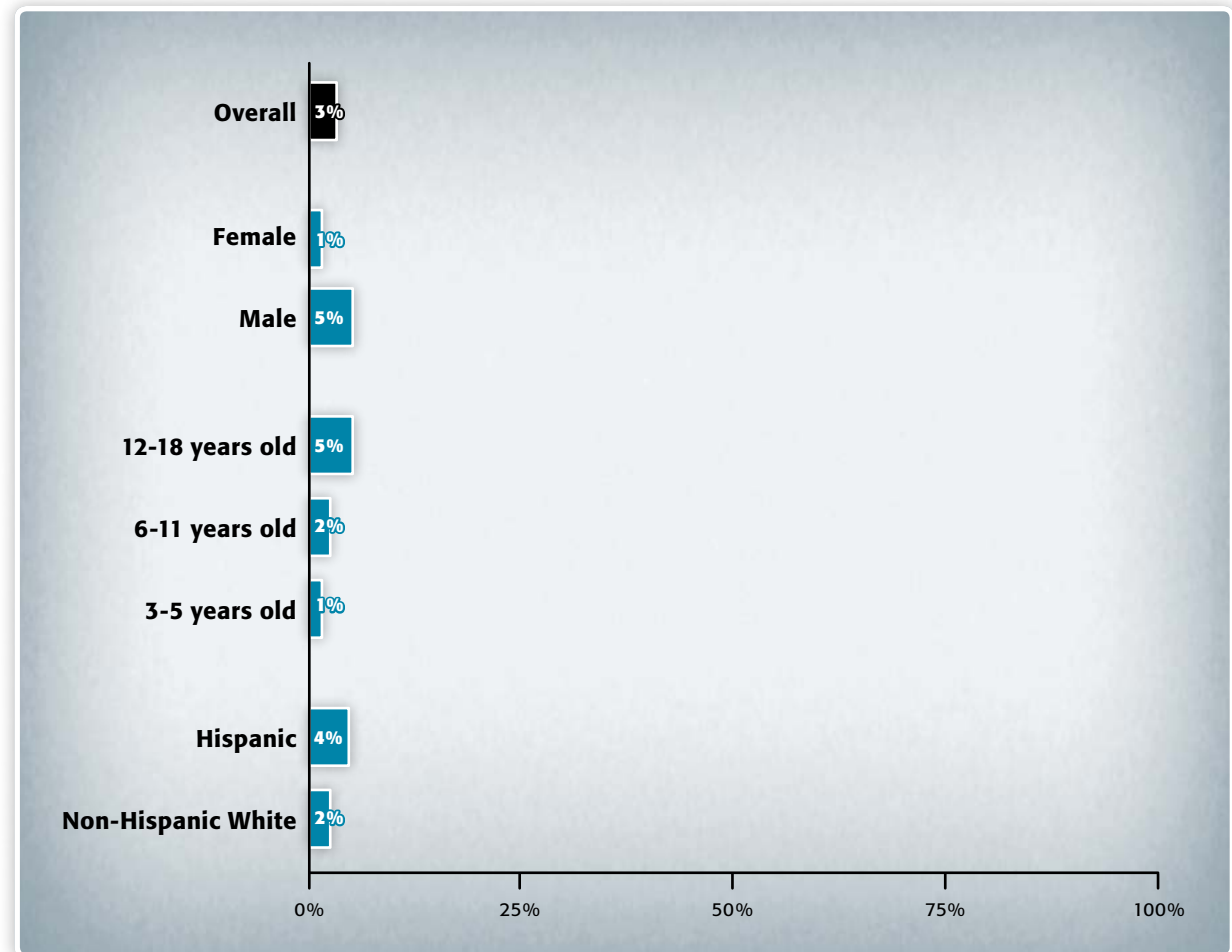
Percentage who say exercise facilities in neighborhood have inconvenient hours

- Overall, 9% of Vineland parents of children ages 3–18 report that the indoor or outdoor exercise facilities in their neighborhood do not have convenient hours of operation.
- This varies little by age or race/ethnicity.



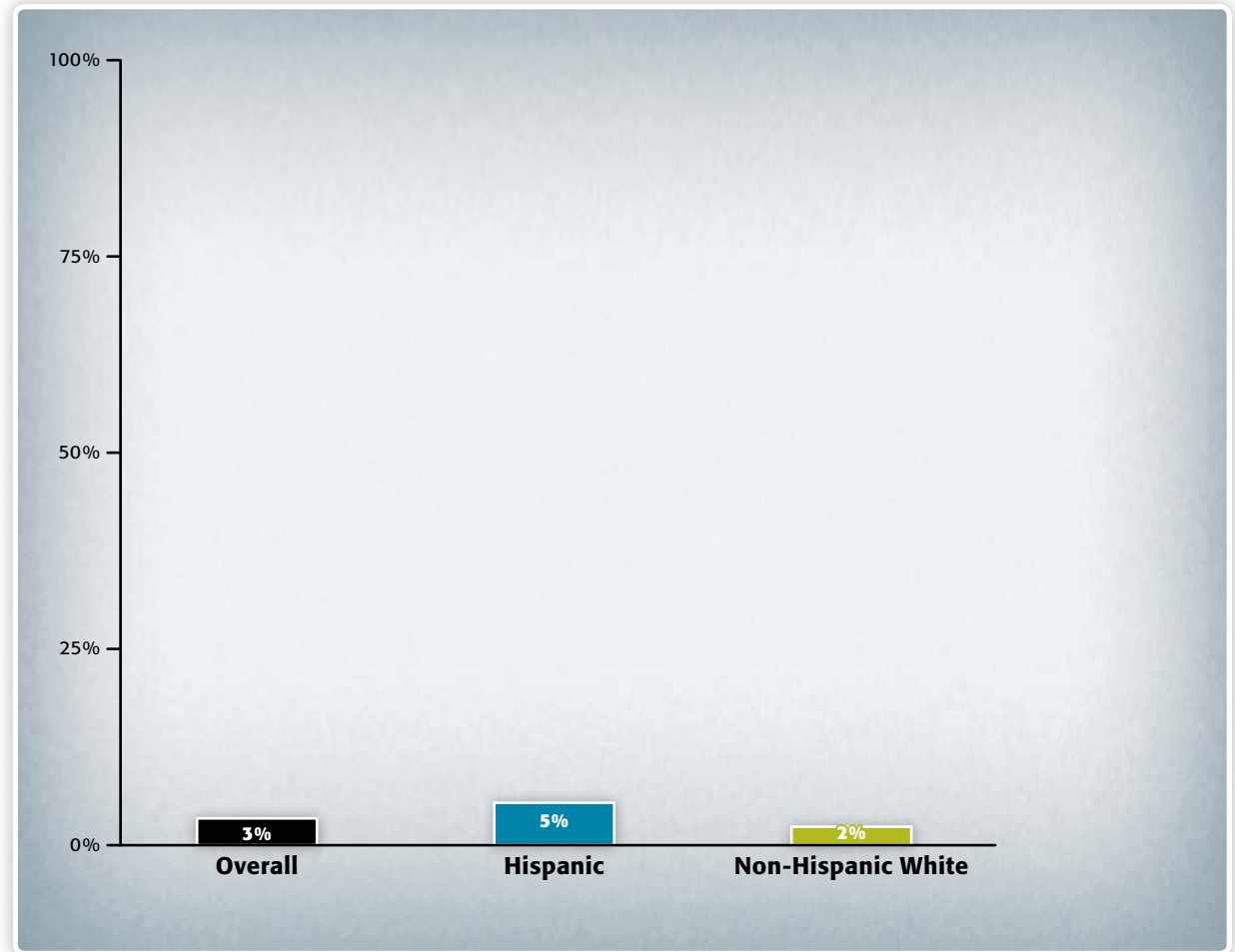
Percentage who report neighborhood exercise facilities are unsafe due to criminal activity

- Overall, 3% of Vineland parents of children ages 3–18 report that the indoor or outdoor exercise facilities in their neighborhood are unsafe due to criminal activity.
- This pattern varies little by gender, age, or race/ethnicity.



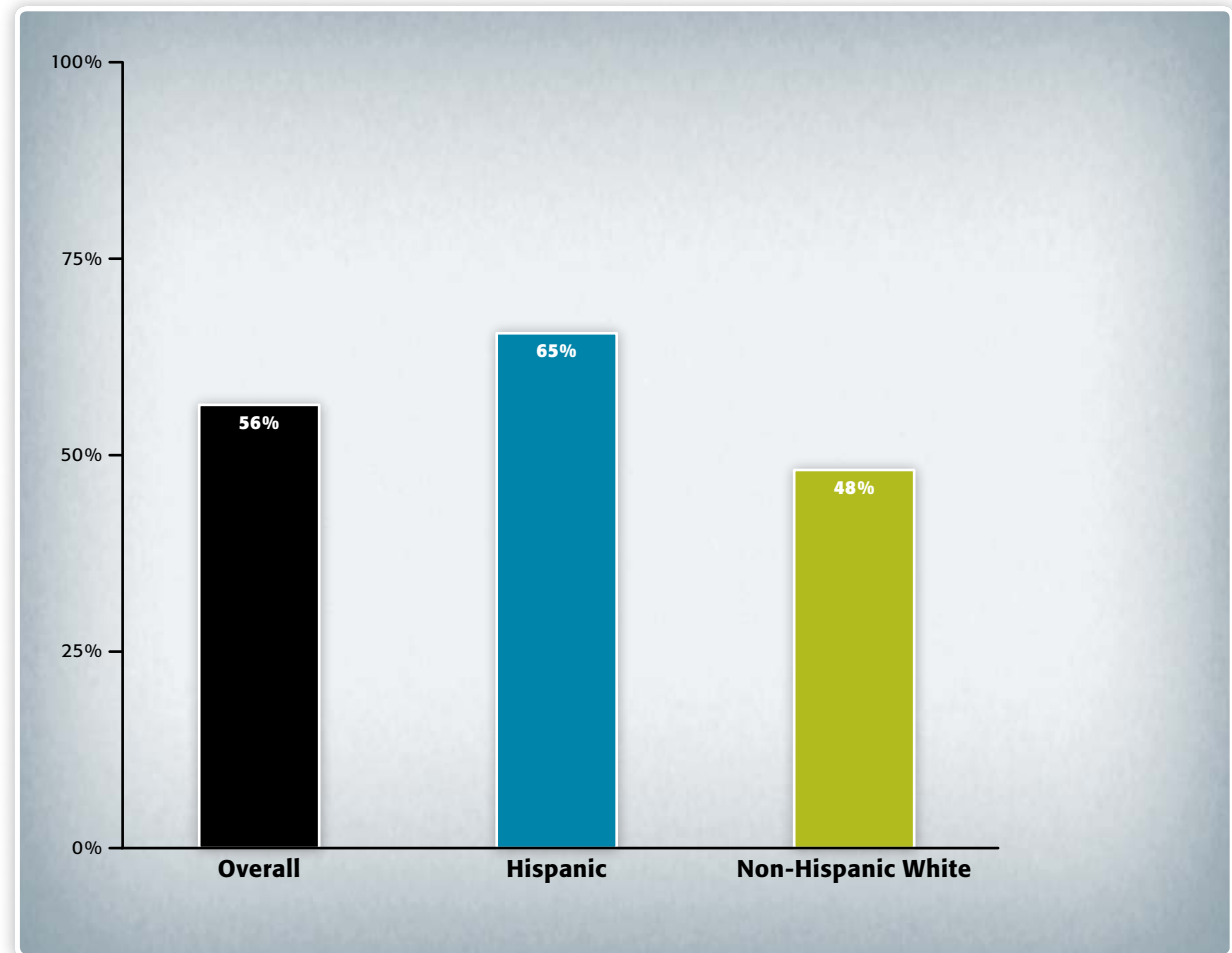
Percentage who say exercise facilities in neighborhood are in poor condition

- Overall, 3% of Vineland parents of children ages 3–18 report that the indoor or outdoor exercise facilities in their neighborhood are in poor condition.
- This pattern varies little by race/ethnicity.



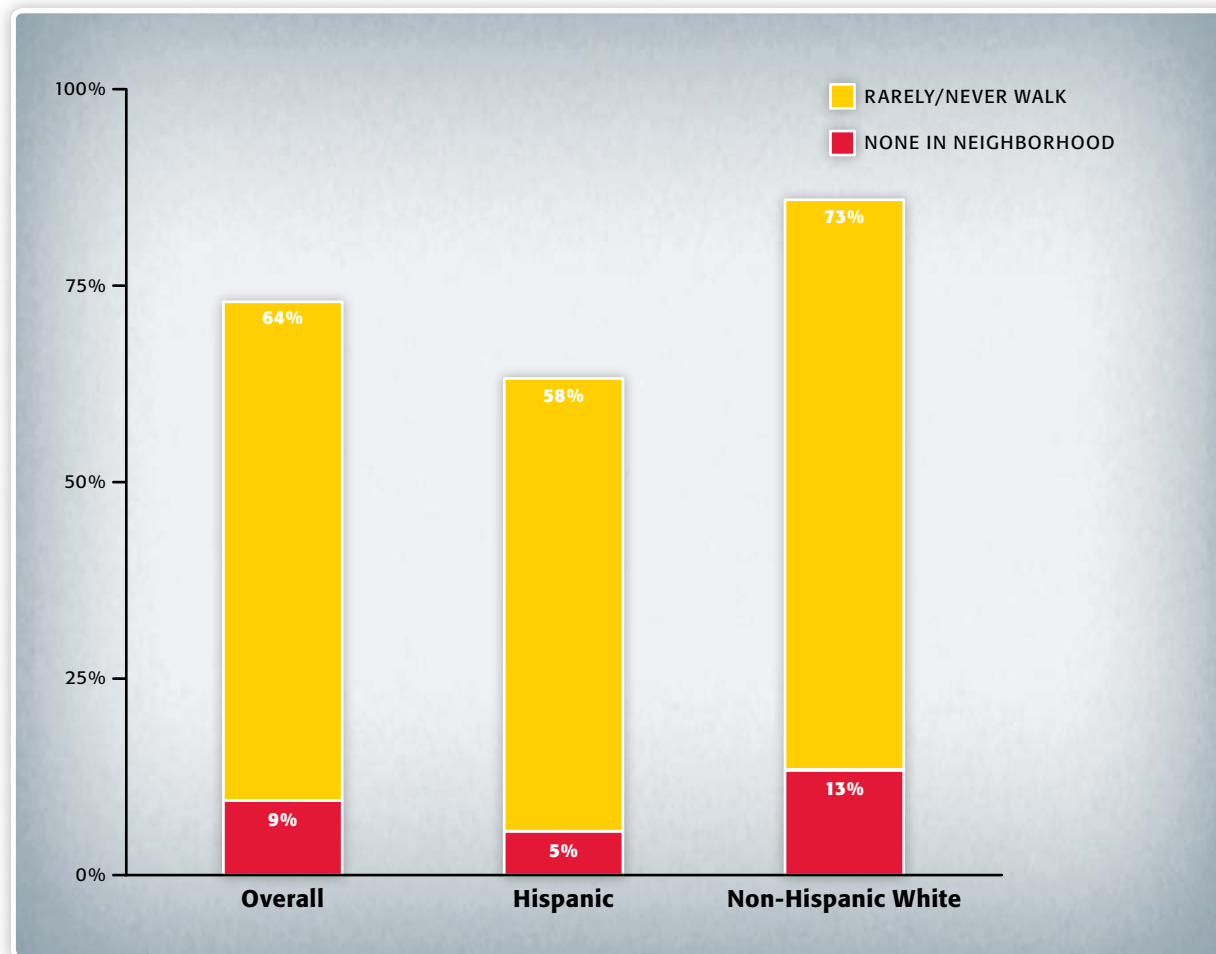
Percentage who say exercise facilities are free

- Overall, 56% of Vineland parents of children ages 3–18 report that there are free indoor or outdoor exercise facilities in their neighborhood.
- Hispanic children (65%) are more likely to live in neighborhoods with free exercise facilities, compared to non-Hispanic white children (48%).



Percentage reporting presence and use of walking destinations in neighborhood

- Though most Vineland children ages 3–18 live in neighborhoods that have places such as libraries, stores, or recreational facilities to walk to, 64% of them rarely or never walk to these places, and this varies little by gender (not shown).
- 73% of non-Hispanic white children rarely/never walk to these destinations, compared to 58% of Hispanic children.



NOTE: Includes walking alone or with someone else.

Key findings from physical activity environment section

- Nearly half of Vineland families live in neighborhoods without sidewalks, considerably more so for non-Hispanic white families (67%). When sidewalks are present, an additional 10% of families report that their children rarely or never use sidewalks to walk, run, bike, or play. Of those with sidewalks, about one-quarter feel that the sidewalks are in poor condition, and twice as many Hispanic families (31%) report this condition as non-Hispanic white families (14%).
- Four times as many parents of Hispanic children report that their neighborhoods are unsafe due to criminal activity (21%) compared to parents of non-Hispanic white children (5%).
- Over one-third of the parents report living in neighborhoods with no parks. In neighborhoods that have parks, 16% of parents feel that the parks are unsafe. 22% also report that their children do not use neighborhood parks for any type of physical activity.
- 39% of Vineland children ages 3–18 live in neighborhoods with no exercise facilities.
- In spite of living in neighborhoods that have walking destinations, 64% of children in Vineland do not walk to such places. Non-Hispanic white children are less likely to walk than their Hispanic counterparts.

Conclusions

Unhealthy diet and inadequate physical activity are widespread among Vineland children, calling for interventions that create environments and policies that help children improve their diets and level of physical activity. Most Vineland children do not meet the recommendations for vegetable consumption and physical activity. They are likely to eat more unhealthy foods (e.g., fast food, sugar-sweetened beverages and energy-dense sweet snacks), especially among older children, and less likely to eat healthy foods (e.g., fruits and vegetables as snacks), especially among boys and older children. They spend considerable time in sedentary activities (particularly boys and older children) and are not likely to walk or bike to school (particularly non-Hispanic white children). One in four children gets only two or fewer days of physical activity in school.

Parent perceptions of food and physical activity environments suggest that interventions are needed to create additional opportunities for healthy food and physical activity in the neighborhoods and also to address barriers related to existing options. The majority of parents shop at supermarkets or superstores. Over 40% of parents report limited availability of fresh produce and low-fat items, and cost remains a major barrier for purchasing these items. Lack of stores in neighborhoods and cost were the main reasons why 23% of the parents surveyed do not shop in their neighborhood. About half the neighborhoods have sidewalks and some have parks and exercise facilities, but a fair number of parents report that their children do not use these facilities to be active. Traffic and poor condition of sidewalks are reported by substantial numbers of parents as barriers to physical activity. Parents of Hispanic children and older children are more likely to report barriers such as crime in their neighborhoods or parks.

Effective interventions will require changes in the neighborhood environment by creating new opportunities, improving existing features, and addressing barriers associated with practicing healthy behaviors. Efforts are also needed to raise awareness about the issue of childhood obesity and associated behaviors among parents and caregivers.

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