UC San Diego UC San Diego Previously Published Works

Title

Places where children are active: A longitudinal examination of children's physical activity

Permalink

https://escholarship.org/uc/item/5tm7c2nx

Authors

Perry, Cynthia K Ackert, Elizabeth Sallis, James F <u>et al.</u>

Publication Date

2016-12-01

DOI

10.1016/j.ypmed.2016.09.015

Peer reviewed



HHS Public Access

Author manuscript *Prev Med.* Author manuscript; available in PMC 2018 January 25.

Published in final edited form as:

Prev Med. 2016 December ; 93: 88-95. doi:10.1016/j.ypmed.2016.09.015.

Places where children are active: a longitudinal examination of children's physical activity

Cynthia K. Perry, PhD, FNP^{*,1,2}, Elizabeth Ackert, PhD^{3,4}, James F. Sallis, PhD⁵, Karen Glanz, PhD, MPH⁶, and Brian E. Saelens, PhD⁷

¹Oregon Health & Science University School of Nursing 3455 SW US Veterans Hospital Rd Portland, OR 97239 USA

²University of Washington Family & Child Nursing 1959 NE Pacific St Seattle, WA 98195 USA

³University of Washington Department of Sociology 211 Savery Hall, Box 353340, Seattle, WA 98195-3340

⁴University of Texas at Austin 305 E. 23rd Street, Stop G1800 Austin, TX 78712-1699

⁵University of California, San Diego, Department of Family Medicine & Public Health, 3900 Fifth Avenue, Suite 310, San Diego, CA 92103

⁶University of Pennsylvania Perelman School of Medicine and School of Nursing, 423 Guardian Drive, Philadelphia, PA 19104

⁷University of Washington Department of Pediatrics and Seattle Children's Hospital Research Institute, P.O. Box 5371, Seattle, WA 98145 USA

Abstract

Using two-year longitudinal data, we examined locations where children spent time and were active, whether location patterns were stable, and relationships between spending time in their home neighborhood and moderate to vigorous physical activity (MVPA). At two time points (2007–2009 and 2009–2011), children living in the metropolitans areas of either San Diego, CA or Seattle, WA wore an accelerometer, and parents recorded their child's locations for seven days. Across two years, global average proportion of time spent in each location was stable, but total time and proportion of time in each location spent in MVPA decreased significantly across all locations. Children spent the largest proportion of time in MVPA in their home neighborhood at both time points, although they spent little time in their home neighborhood.

^{*}Corresponding author: perryci@ohsu.edu; Phone: 503-494-3826.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Conflicts of Interest

The authors declare that there are no conflicts of interest; Dr. James Sallis would like to disclose a financial relationship with SPARK Programs of School Specialty Inc.

Keywords

Children; physical activity; exercise; built environment; neighborhood; correlates; prospective

Introduction

Regular physical activity (PA) provides multiple health benefits in youth, including reducing the risk of obesity, hypertension and diabetes (United States Department of Health and Human Services, 2008). For youth, 60 minutes of moderate to vigorous physical activity (MVPA) each day is recommended (Berkey et al., 2000; United States Department of Health and Human Services, 2008). Few US children achieve this level of PA and there is a marked decline in PA from early to late childhood (Chung et al., 2012; Troiano et al., 2008). Based upon device-based assessment (e.g. accelerometry) children's PA after age 5 declined by 4.2% annually, light activity decreased, and sedentary time increased with advancing age(Cooper et al., 2015). In the US by ages 12–13 only 4% of girls and 7% of boys met recommended levels (Cooper et al., 2015).

Opportunities for children's PA could exist in playgrounds, recreation facilities, their homes and yards, public areas by their homes, others' homes and yards, streets, open spaces, and schools (Grow et al., 2008; Jones et al., 2009; McGrath et al., 2015; Oreskovic et al., 2012; Rainham et al., 2012; Veitch et al., 2009). Some children engage in PA walking or biking to and from school (A. R. Cooper et al., 2010; Rainham et al., 2012). In a study combining accelerometer and GPS data, middle school-aged children obtained 41.6 % of their total MVPA in streets, 33.5% at home (including front and back yards), 10.8% at parks/ playgrounds, and 8.4% at school (Oreskovic et al., 2012). In another study, urban children obtained about 50% of total MVPA commuting, 20% at school, and 10% at home (Rainham et al., 2012). In baseline data from the Neighborhood Impact on Kids (NIK) study (on which the present longitudinal study is based), children aged 6 to 12 obtained 44.6% of daily MVPA at home (including front and back yards), 26.8% at school, 7.2% at other's homes, 4.9% at parks and other recreational facilities with remaining locations each less than 2% of MVPA (Kneeshaw-Price et al., 2013).

Children have been found to be most active while outside in their neighborhood, defined as playing in the street, on sidewalks, or in other non-specific outdoor locations near one's home (AR Cooper et al., 2010; Jones et al., 2009; Oreskovic et al., 2012). One study found that children engaged in 62% of their PA when outdoors within their neighborhood (Jones et al., 2009). Looking at the proportion of time spent in MVPA when in the neighborhood, the baseline NIK study found children spent 42% of their neighborhood-based time engaged in MVPA. This was the highest proportion of active time compared to all other locations, although children spent less than 2% of their time outside in their neighborhood (Kneeshaw-Price et al., 2013). In one study, cross-sectional evidence of a positive association between time spent outdoors and MVPA persisted in longitudinal analyses only on weekends (Cleland et al., 2008), suggesting the outdoor locations where children spent time in MVPA changed differently on weekends versus weekdays over time.

girls and by 19% in boys (Cleland et al., 2010). Considering that children are more active outdoors, the decreased time spent outdoors could be contributing to children's low level of PA. Thus, the locations where children spend their time matters for their PA.

We examined two-year longitudinal data which allowed for assessment of location and MVPA-by-location patterns over time. We investigated where children spent their time, where they were active, the stability of places where they spent their time and activity levels in those locations over time, and relationships between time spent in the neighborhood and PA over time. To follow-up baseline findings of high MVPA levels while outside in the neighborhood, we were interested in ascertaining whether children who spent time outdoors in their home neighborhood at baseline would be more active two years later compared to children who were not active in their neighborhood at baseline.

Methods

Sample

Participants were part of the NIK study, which was an observational cohort study of children initially aged 6–12 that has been described in detail (Frank et al., 2012; Saelens et al., 2012). Briefly, the NIK study examined individual, family and neighborhood factors that explained PA, nutrition, and weight status. Households were randomly selected to differ on PA and nutrition environment within neighborhoods in San Diego County and Seattle/King County. Recruitment occurred via mail and phone contact. Families were eligible if children were ages 6–12 at baseline, lived with a parent/caregiver at least 5 days a week in the selected neighborhood, and were able to engage in MVPA. Data were collected at time 1 (T1) (Sept. 2007 – Jan. 2009) and two years later (T2) (Sept. 2009 – Feb. 2011). For the present analysis, at T1 682 children and at T2 602 children had both complete accelerometer and "place log" data. Demographic data were missing on 18 children resulting in a sample size for this study of 584 children with complete data from T1 and T2. Study was approved by the institutional review boards and informed consent was obtained.

Measures

Physical Activity—A GT1M Actigraph accelerometer was used to measure MVPA. Participants were instructed to wear the accelerometer for 7 days at each time point. If fewer than seven days were recorded, participants were asked to wear the meter for additional days. All recorded days were included. Thus, some cases have more than 7 valid days. Valid days were defined as at least 10 valid hours each day, with valid hours having no more than 20 minutes of consecutive zero counts. Most children (89%) wore the accelerometer in the same 1–2 months at T1 and T2 to control for seasonality. Accelerometer data were captured at 30-second epochs. MeterPlus 4.2 (www.meterplussoftware.com) categorized activity

counts into sedentary, light, moderate, and vigorous activity using calibration age-based thresholds specifically for youth (Freedson et al., 1997; Trost et al., 2002). Total MVPA was calculated by summing total minutes of MVPA (3 METS or above, with MET being multiples of resting energy expenditure) across all valid days. The proportion of total time spent in MVPA was estimated by dividing the total minutes in MVPA by the total minutes observed across all valid days.

Location—Parents were instructed to complete a daily "place log" of where their child was throughout each day that the child wore the accelerometer. Parents listed the name and address of each location where their child was, the time the child arrived at the location and child waking and bed time. Parents listed "neighborhood" if their child was in the area around their home (e.g. streets, sidewalks) but not in a specific address or place.

Twelve location types were created, using a systematic approach described in more detail previously (Kneeshaw-Price et al., 2013). The categories included home, own school, neighborhood (defined as playing in the street, on sidewalks, or in other non-specific outdoor locations within one's neighborhood), others' homes, others' school, public, outdoor parks and recreation facilities, public indoor recreation facilities, private recreation facilities, service locations (e.g., doctor's office), shopping, food eateries, and non-descript geographic locations. Logs from 150 days from unique participants were randomly selected, and two research team members categorized location types independently, with high interrater reliability (Kneeshaw-Price et al., 2013).

Linking Physical Activity and Location—Accelerometer data were linked with the location data by matching the date and time on the place logs with the day/time stamped accelerometer data. For example, if a parent reported a child woke at 7:00 AM, arrived at school at 9:00AM, came home at 3:15 PM, arrived at beauty shop at 4:00 PM, came home at 4:45 PM and went to bed at 8:45 PM, then four separate time frames were created and assigned a location type - 7:00AM to 8:59 AM (home), 9:00AM to 3:14 PM (school), 3:15 PM to 3:59 PM (home), 4:00 PM to 4:44 PM (service), and 4:45 PM to 8:45 PM (home). Then sedentary, light, moderate, vigorous and non-wear time were calculated within each timeframe of each location type and then aggregated. Total time in minutes and total minutes in MVPA at each location type were calculated. We calculated the percent of total time spent in each location type, and the percent of total time in each location type.

Demographics—At T1, parents completed a survey that included items on their race/ ethnicity, annual household income, and their child's age, race/ethnicity, and gender.

Data Analysis

Unless otherwise noted, analyses were conducted on the sample of 584 children who had complete demographic, accelerometer and place log data at T1 and T2. We used paired t-tests to examine whether the time children spent in each location, and the proportion of time in each location that children spent in MVPA, changed significantly from T1 to T2.

We used ordinary least squares (OLS) regression with robust standard errors to assess whether children who were active in the neighborhood at either T2 or T1 were more active at T2 than their counterparts who did not engage in MVPA in the neighborhood at T2 or T1 or did not spend time in the neighborhood at T2 or T1. In the OLS models, the two dependent variables measuring activity levels at T2 were total time spent in MVPA at T2 and average daily MVPA for valid days at T2. First, we compared activity levels at T2 between those children who spent any time in MVPA the neighborhood at T2 or T1 (categorical measure) versus those who did not engage in MVPA in the neighborhood or had no time in the neighborhood at T2 or T1. Second, we restricted the sample to only children who spent any time in the neighborhood at T2 (n=121) or T1 (n=140) and compared activity levels at T2 by the percentage of time in the neighborhood spent in MVPA at T2 or T1 (continuous measure).

Baseline OLS models first assessed the bivariate relationships between engagement in activity in the neighborhood at T2 or T1 and activity levels at T2, and neighborhood activity levels at T2 or T1 and activity levels at T2. Then, covariates that might account for the bivariate associations between neighborhood activity engagement and overall activity levels at T2 were added to the models. These covariates included baseline activity levels at T1, child age at T1, gender, race (non-white versus white), Hispanic (versus non-Hispanic), child BMI z-score at T1, household income at T1 (categorical), research site, and median income of the census block group in which the child lived.

Results

Among this study sample, 50.5% were girls. Less than half of the sample had household incomes greater than \$100,000 and 14% had household incomes under \$50,000. Sixty-eight percent were non-Hispanic white, 17% Hispanic and 15% non-Hispanic, non-white. The average valid days of accelerometer data at T2 was 7.5 and at T1 was 6.7. The average daily minutes of MVPA on valid days at T2 was 100 and at T1 was 147.

The proportion of time that children spent in the 12 location types remained fairly stable from T1 to T2, with a few exceptions (Table 1). Children spent significantly less time at school (-5.7%) and significantly more time at home (+4.0%), in public outdoor parks and recreational areas (+1.0%), and at indoor public recreational facilities (+0.3%).

Children's proportion of time in MVPA decreased significantly within all locations from T1 to T2 (Table 2). The decrease was over 10 percentage points in public outdoor parks and recreation spaces, public indoor recreation, and private recreation facilities, although these locations remained among those with the highest percentage of time spent in MVPA. The proportion of time spent in MVPA was highest in the neighborhood at both T1 and T2.

The amount of time spent in the neighborhood remained low at T2 (<1% of time). At T2 children who were active in the neighborhood had significantly higher overall MVPA (1.7% more total time in MVPA and 12.1 more daily MVPA minutes) relative to children who were not active in the neighborhood or whom did not spend any time in the neighborhood (Table 3, Models 1a and 2a). Being active in the neighborhood at T1 was not related to MVPA in

the neighborhood at T2 (Table 3, Models 3a and 4a). Among those who spent time in their neighborhood at either T1 or T2, overall MVPA at T2 was slightly higher as their percentage of total time spent in MVPA in the neighborhood increased (Table 4). Each percentage point increase of time in MVPA in the neighborhood at either T1 or T2 was associated with an increase in average daily MVPA at T2 of under one minute (Table 4).

In most cases, the inclusion of covariates in the OLS models attenuated the observed bivariate relationships between neighborhood activity and overall activity at T2. The covariates of activity levels at T1, gender, age, and site were all significantly related to overall activity at T2, and the inclusion of these covariates accounted for the relationships between neighborhood activity and overall activity at T2. One exception to this pattern was the relationship between percent of total time in the neighborhood in MVPA at T2 and activity levels at T2, which was small in magnitude but remained significant and positive with the addition of covariates (Table 4, Model 2b). An examination of the R-squared values across models shows that covariates such as age, gender, and site explain a higher proportion of the variance in activity levels at T2 than neighborhood activity measures alone.

Discussion

Using longitudinal data, this study examined changes in locations where children were active and whether the proportion of their time in MVPA within locations changed over 2 years among a large sample of children. There was no substantive change in the proportion of time that children spent in different types of locations over time, shifting no more than 6 percentage points from T1 to T2. However, total time and proportion of time spent in MVPA decreased significantly within every location type from T1 to T2. Notably, some of the largest decreases in the percent of time spent in MVPA occurred in places that appear to provide the greatest opportunities for PA, including indoor public recreation facilities, public outdoor parks and recreation areas, and private recreation facilities.

Over two years, children increased the proportion of their time spent in their own home, other's homes, public outdoor parks, and indoor public recreation facilities. However, in these four locations there was a greater decrease in the proportion of time spent in MVPA than in almost all of the other locations. Children spending more time in places where their time engaged in MVPA decreased substantially might in part explain the precipitous decline in overall PA observed in children in this and other studies (Cooper et al., 2015; Nader et al., 2008). This age related decline in PA has been observed in diverse animal species, and a neurobiological mechanism has been identified (Sallis, 2000). It is likely that a combination of biological, psychological, social, and environmental factors explains age related decline.

A child's neighborhood at T2 remained the location with the highest percentage of total time spent in MVPA, with 34.9% of neighborhood minutes spent in MVPA. However, on average children spent less than 1% of their waking time in their home neighborhoods. Over the past few generations the amount of time children spend outdoors has declined (Gester, 1991; Karsten, 2005; Tandy, 1999). Mothers in the US reported their children spend less time outdoors in unstructured, free play and more time in structured adult supervised activities compared to when the parents were children (Clements, 2004). Additionally, outdoor MVPA

decreases with advancing age (Cleland et al., 2010; Pagels et al., 2014). One study found that during school hours second graders spent 113 minutes (78% in PA) outdoors, fifth graders 78 minutes (79% in PA) and eighth graders 22 minutes (73% in PA) (Pagels et al., 2014). Another found that boys (ages 5–6) spent 19% and girls (ages 5–6) spent 14% less time outdoors five years later (Cleland et al., 2010). Thus, although children are more active outdoors, they are spending less time outdoors engaged in free play as they get older.

We found a positive association between being more active in the neighborhood at T2 and overall daily activity levels at T2. A 20 percentage point increase in time engaged in neighborhood MVPA would translate into an overall increase of daily average MVPA of 14 minutes. Thus, being active in the neighborhood at T2 directly contributed to total MVPA. The importance of MVPA in the neighborhood is consistent with a recent study that found children allowed to spend time independently in their neighborhood had greater overall PA compared with children not allowed to do so (Stone and Faulkner, 2014). We found that children who were more active at T1, male, younger, and living in Seattle were more active in the neighborhood and had higher overall activity levels. These findings are consistent with other studies (Aarts et al., 2010; Cooper et al., 2015; Rodriquez et al., 2011) and suggest the importance of establishing a habit of being active from a young age, targeting promotional efforts to girls and older children as well as improving environmental characteristics. Thus, encouraging children to spend more time active in the neighborhood could be an important strategy to countering the age related decline in PA.

Children in this study were less likely to be outside in their neighborhood than almost any other place. This is an important health issue given that children were most active when outside in their neighborhood, and this activity contributed directly to total MVPA. Thus, increasing time outside in the neighborhood could be a powerful PA intervention. There is rapidly growing evidence that aspects of neighborhood built environments are related to time spent in the neighborhood and total PA. Neighborhood characteristics that have been associated with children's PA include traffic speed and volume, pedestrian safety structures, walking and biking facilities, and access to recreation facilities (Ding et al., 2011). In one study, children in neighborhoods with greater "greenness" (tree lined streets, forested parks, sport fields) spent more time in the neighborhood (51.6 versus 31.9 daily minutes) compared with children living in neighborhood built environments, such as improving crosswalks and landscaping/greenness, could increase the percent of time children spend in their neighborhoods, which could in turn translate into higher MVPA overall (US Preventive Services Task Force, 2015).

In addition to the neighborhood built environment, the family and social-cultural environment could be important influences on the time that children spend in outdoor play. Parental factors influencing children's outdoor play include safety concerns due to presence of negative social influences and traffic, attitudes towards active play, level of a child's independence, neighborhood social networks and parental rules (Remmers et al., 2014; Veitch et al., 2006; Xu et al., 2014). Prior studies have found that higher levels of perceived neighborhood social cohesion were associated with children spending more time in outdoor play (Aarts et al., 2010; Kimbro et al., 2011) and social cohesion, collective socialization,

more neighborhood social ties and neighborhood exchange were positively associated with children's PA (Franzini et al., 2009). Thus, changing parental perceptions and creating the social context in neighborhoods that builds connection among neighbors and supports children being outdoors and active appears necessary, in addition to built environment enhancements, to support children's PA.

The strength of this study was the two-year longitudinal design that allowed assessment of changes over time in PA and location types in children. However, limitations included reliance on the use of parent-report logs rather than the likely more precise GPS to ascertain a child's location. Thus, there are unknown inaccuracies in the location by time data. Collapsing travel time between locations into the last location would ascribe active or sedentary travel to that location rather than accounted for as travel, increasing the time spent in some locations. This could potentially have increased or decreased the portion of time in that location engaged in MVPA. Although children wore the accelerometer in the same month at each time point to control for seasonality, the weather might have been different, reducing the ability to compare across time points. In examining changes in activity levels in the neighborhood from T1 to T2, we recorded the value for the percent of time in the neighborhood spent in MVPA as zero if a child did not spend time in the neighborhood at T1 and/or T2. Given the limited number of children who spent time in the neighborhood at both T1 and T2 (n=49), this strategy provided some insight into changes in associations between background characteristics and children's activity patterns in the neighborhood from T1 to T2. However, this strategy conflates a lack of spending time in the neighborhood with inactivity in the neighborhood. Finally, the study sample was limited to two urban areas along the West Coast of the U.S., and findings cannot necessarily be generalized to rural areas or other parts of the U.S or globally.

Conclusions

Children did not markedly change the proportion of time spent in different types of locations over a two-year period, but the proportion of time being active decreased within all locations, particularly in some settings in which children are more likely to be active. Time spent in the neighborhood had the highest percent of MVPA time of any location type, and children who did any activity in the neighborhood at T2 engaged in 12.1 more minutes of total MVPA. However, children spent very little time outside their homes in their neighborhood. Thus, one avenue to increasing MVPA and reducing the decline in MVPA as children become older is to reduce their time inside the home and increase time outside in the neighborhood.

Acknowledgments

The following funding supported this work. Suzanne E. Van Hooser Endowed Nursing Research Fund, University of Washington School of Nursing (awarded to Perry, CK). Research reported in this publication was also supported by the National Institute of Environmental Health Sciences of the National Institutes of Health (award number R01ES014240). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

- Aarts MJ, Wendel-Vos W, van Oers HA, van de Goor IA, Schuit AJ. Environmental determinants of outdoor play in children: a large-scale cross-sectional study. Am J Prev Med. 2010; 39:212–9. [PubMed: 20709252]
- Almanza E, Jerrett M, Dunton G, Seto E, Pentz MA. A study of community design, greenness, and physical activity in children using satellite, GPS and accelerometer data. Health Place. 2012; 18:46– 54. [PubMed: 22243906]
- Berkey C, Rockett H, Field A, Gillman M, Frazier A, Camargo C, Colditz G. Activity, dietary intake, weight change in a longitudinal study of preadolescent and adolescent boys and girls. Pediatrics. 2000; 105:E56. [PubMed: 10742377]
- Chung AE, Skinner AC, Steiner MJ, Perrin EM. Physical activity and BMI in a nationally representative sample of children and adolescents. Clin Pediatr (Phila). 2012; 51:122–9. [PubMed: 22315503]
- Cleland V, Crawford D, Baur LA, Hume C, Timperio A, Salmon J. A prospective examination of children's time spent outdoors, objectively measured physical activity and overweight. Int J Obes (Lond). 2008; 32:1685–93. [PubMed: 18852701]
- Cleland V, Timperio A, Salmon J, Hume C, Baur LA, Crawford D. Predictors of time spent outdoors among children: 5-year longitudinal findings. J Epidemiol Community Health. 2010; 64:400–6. [PubMed: 19778909]
- Clements R. An Investigation of the Status of Outdoor Play. Contemporary Issues in Early Childhood. 2004; 5:68–80.
- Cooper A, Page A, Wheeler B, Hillsdon M, Griew P, Jago R. Patterns of GPS measured time outdoors after school and objective physical activity in English children: the PEACH project. International Journal of Behavioral Nutrition and Physical Activity. 2010; 7
- Cooper AR, Goodman A, Page AS, Sherar LB, Esliger DW, van Sluijs EM, Andersen LB, Anderssen S, Cardon G, et al. Objectively measured physical activity and sedentary time in youth: the International children's accelerometry database (ICAD). Int J Behav Nutr Phys Act. 2015; 12:113. [PubMed: 26377803]
- Cooper AR, Page AS, Wheeler BW, Griew P, Davis L, Hillsdon M, Jago R. Mapping the walk to school using accelerometry combined with a global positioning system. Am J Prev Med. 2010; 38:178–83. [PubMed: 20117574]
- Ding D, Sallis JF, Kerr J, Lee S, Rosenberg DE. Neighborhood environment and physical activity among youth a review. Am J Prev Med. 2011; 41:442–55. [PubMed: 21961474]
- Frank LD, Saelens BE, Chapman J, Sallis JF, Kerr J, Glanz K, Couch SC, Learnihan V, Zhou C, et al. Objective assessment of obesogenic environments in youth: geographic information system methods and spatial findings from the Neighborhood Impact on Kids study. American Journal of Preventive Medicine. 2012; 42:e47–55. [PubMed: 22516503]
- Franzini L, Elliott M, P C, Schuster M, Gilland M, Grunbaum J. Influences of physical and social neighborhood environments on children's physical activity and obesity. American Journal of Public Health. 2009; 99:271–78. [PubMed: 19059864]
- Freedson P, Sirard J, Debold E, Pate R, Dowda M, Trost S, Sallis J. Calibration of the computer science and applications, inc. (CSA) accelerometer. Medicine & Science in Sports & Exercise. 1997; 29S:45.
- Gester S. Urban children's access to their neighborhoods: Changes over three generations. Environment and Health. 1991; 123:70–85.
- Grow HM, Saelens BE, Kerr J, Durant NH, Norman GJ, Sallis JF. Where are youth active? Roles of proximity, active transport, and built environment. Med Sci Sports Exerc. 2008; 40:2071–9. [PubMed: 18981942]
- Jones AP, Coombes EG, Griffin SJ, van Sluijs EM. Environmental supportiveness for physical activity in English schoolchildren: a study using Global Positioning Systems. Int J Behav Nutr Phys Act. 2009; 6:42. [PubMed: 19615073]
- Karsten L. It all used to be better? Different generations on continuity and change in urban children's daily use of space. Children's Geographies. 2005; 3:275–90.

- Kimbro RT, Brooks-Gunn J, McLanahan S. Young children in urban areas: links among neighborhood characteristics, weight status, outdoor play, and television watching. Soc Sci Med. 2011; 72:668– 76. [PubMed: 21324574]
- Kneeshaw-Price S, Saelens B, Sallis J, Glanz K, Frank L, Kerr J, Hannon P, Grembowski D, Chan K, et al. Children's objective physical activity by location: Cross-sectional findings. Pediatric Exercise Science. 2013; 25:468–86. [PubMed: 23877357]
- McGrath LJ, Hopkins WG, Hinckson EA. Associations of Objectively Measured Built-Environment Attributes with Youth Moderate-Vigorous Physical Activity: A Systematic Review and Meta-Analysis. Sports Med. 2015
- Nader P, Bradley R, Houts R, McRitchie S, O'Brien M. Moderate-to-vigorous physical activity from ages 9 to 15 years. JAMA. 2008; 300:295–305. [PubMed: 18632544]
- Oreskovic NM, Blossom J, Field AE, Chiang SR, Winickoff JP, Kleinman RE. Combining global positioning system and accelerometer data to determine the locations of physical activity in children. Geospatial health. 2012; 6:263–72. [PubMed: 22639128]
- Pagels P, Raustorp A, De Leon AP, Martensson F, Kylin M, Boldemann C. A repeated measurement study investigating the impact of school outdoor environment upon physical activity across ages and seasons in Swedish second, fifth and eighth graders. BMC Public Health. 2014; 14:803. [PubMed: 25099142]
- Rainham DG, Bates CJ, Blanchard CM, Dummer TJ, Kirk SF, Shearer CL. Spatial classification of youth physical activity patterns. American Journal of Preventive Medicine. 2012; 42:e87–96. [PubMed: 22516507]
- Remmers T, Broeren SM, Renders CM, Hirasing RA, van Grieken A, Raat H. A longitudinal study of children's outside play using family environment and perceived physical environment as predictors. Int J Behav Nutr Phys Act. 2014; 11:76. [PubMed: 24934086]
- Rodriquez D, Cho G, Evenson K, Conway T, Cohen D, Ghosh-Dastidar B, Pickrel J, Veblen-Mortenson S, Lytle L. Out and about: Association of the built environment with physical activity behaviors of adolescent females. Health & Place epub ahead of print. 2011
- Saelens BE, Sallis JF, Frank LD, Couch SC, Zhou C, Colburn T, Cain KL, Chapman J, Glanz K. Obesogenic neighborhood environments, child and parent obesity: the Neighborhood Impact on Kids study. American Journal of Preventive Medicine. 2012; 42:e57–64. [PubMed: 22516504]
- Sallis JF. Age-related decline in physical activity: a synthesis of human and animal studies. Med Sci Sports Exerc. 2000; 32:1598–600. [PubMed: 10994911]
- Stone MR, Faulkner GE. Outdoor play in children: associations with objectively-measured physical activity, sedentary behavior and weight status. Prev Med. 2014; 65:122–7. [PubMed: 24836417]
- Tandy C. Children's Diminishing Play Space: a Study of Intergenerational Change in Children's Use of their Neighbourhoods. Australian Geographical Studies. 1999; 37:154–64.
- Troiano R, Berrigan D, Dodd K, Masse L, Tilert T, McDowell M. Physical activity in the United States measured by accelerometer. Medicine & Science in Sports & Exercise. 2008; 40:181–88. [PubMed: 18091006]
- Trost S, Pate R, Sallis J, Freedson P, Taylor W, Dowda M, Sirard J. Age and gender differences in objectively measured physical activity in youth. Medicine & Science in Sports & Exercise. 2002; 34:350–55. [PubMed: 11828247]
- United States Department of Health and Human Services. Physical Activity Guidelines for Americans. U.S. Department of Health and Human Services; Washington, DC: 2008.
- US Preventive Services Task Force. The guide to community preventive services. In: Prevention, C.f.D.C.a., editor. The community guide. 2015.
- Veitch J, Bagley S, Ball K, Salmon J. Where do children usually play? A qualitative study of parents' perceptions of influences on children's active free-play. Health Place. 2006; 12:383–93. [PubMed: 16814197]
- Veitch J, Salmon J, Ball K. The validity and reliability of an instrument to assess children's outdoor play in various locations. J Sci Med Sport. 2009; 12:579–82. [PubMed: 19027361]
- Xu H, Wen LM, Rissel C. Associations of maternal influences with outdoor play and screen time of two-year-olds: Findings from the Healthy Beginnings Trial. J Paediatr Child Health. 2014; 50:680–6. [PubMed: 24893682]

Highlights

- Total mins. and proportion of time in MVPA decreased across all locations over time
- Over time, children spent more time at home but less time at home engaged in MVPA
- Children spent the highest proportion of time in MVPA in their home neighborhoods
- Neighborhood activity at time 2 was associated with 12.1 more MVPA min/day

Author Manuscript

Table 1

Percent of Total Time Spent at Each Location Type, Time 1 and Time 2

	L	Time 1	L	Time 2		Difference (T2–T1)	(T2-T1)	
Location	Mean	Std. Error	Mean	Std. Error	Mean	Std. Error	+	p-value ^a
Home	47.4	0.60	51.5	0.63	4.0	0.72	5.60	<0.001
School	29.1	0.70	23.4	0.70	-5.7	0.88	-6.46	< 0.001
Neighborhood	0.8	0.11	0.7	0.10	-0.1	0.12	-0.72	0.471
Others' Homes	6.3	0.29	7.1	0.39	0.8	0.42	1.95	0.052
Other Schools	1.6	0.16	1.3	0.12	-0.3	0.19	-1.62	0.106
Public Outdoor Parks and Rec.	2.7	0.17	3.7	0.23	1.0	0.26	3.89	< 0.001
Indoor Public Rec. Facilities	0.7	0.12	1.0	0.13	0.3	0.13	2.37	0.018
Private Rec. Facilities	1.4	0.12	1.4	0.13	0.0	0.2	0.02	0.981
Non-Food Service Locations	6.0	0.30	5.7	0.32	-0.3	0.40	-0.83	0.408
Non-Descript Geographical Locations	0.2	0.08	0.2	0.05	-0.1	0.08	-0.86	0.392
Shopping	2.3	0.11	2.2	0.11	-0.2	0.15	-1.04	0.298
Food Eateries	1.3	0.08	1.5	0.08	0.2	0.10	1.72	0.085

Prev Med. Author manuscript; available in PMC 2018 January 25.

²Paired t-test. Non-parametric Wilcoxian matched-pairs signed-ranks test and sign test of matched pairs were also estimated and yielded similar results.

Author Manuscript

0
nd Time
and Time
Ξ
Time
n MVPA, Ti
2
ii
ion Type Engaged
်စ္ခ
Typ
cat
Ę.
in Eac
in
ïme
Ē
Tota
of
Percent of Total Time in Each Lo

		•	таппт					~ ~	
Location ^a	=	Mean	Std. Error	Mean	Std. Error	Mean	Std. Error	+	p-value ^b
Home	581	18.3	0.3	9.6	0.2	-8.7	0.2	-0.24	<0.001
School	391	18.1	0.4	12.8	0.3	-5.2	0.4	-0.37	<0.001
Neighborhood	49	43.5	3.2	34.9	3.3	-8.6	3.6	-3.65	0.023
Others' Homes	346	22.4	0.7	14.0	0.6	-8.4	0.7	-0.75	<0.001
Other Schools	87	33.7	2.2	27.4	2.1	-6.3	2.4	-2.39	0.010
Public Outdoor Parks and Rec.	229	40.5	1.3	28.4	1.2	-12.1	1.5	-1.54	<0.001
Indoor Public Rec. Facilities	41	34.3	2.5	21.0	2.6	-13.3	2.7	-2.70	<0.001
Private Rec. Facilities	79	33.9	1.8	23.4	1.9	-10.5	2.1	-2.12	<0.001
Non-Food Service Locations	398	17.0	0.6	11.6	0.5	-5.4	0.6	-0.63	<0.001
Shopping	301	19.6	0.6	14.4	0.5	-5.2	0.7	-0.75	<0.001
Food Eateries	223	13.7	0.8	8.9	0.6	-4.8	0.9	-0.92	<0.001

b Paired t-test. Non-parametric Wilcoxian matched-pairs signed-ranks test and sign test of matched pairs were also estimated and yielded similar results.

Table 3

Differences in Physical Activity at Time 2 Among Children By Engagement in Activities in the Neighborhood at Time 2 and Time 1, OLS Regression Models

ime at T2 in		MVPA (mins.), Valio ays at T2
Model 1b	Model 2a	Model 2b
0.2 (0.4)	12.1 ^{**} (4.5)	0.7 (3.1)
0.4 *** (0.0)		
		0.4^{***} (0.0)
-0.8^{***} (0.1)		-7.1^{***} (1.0)
$-1.1^{***}_{(0.3)}$		-10.1^{***} (2.5)
-0.0 (0.3)		0.5 (2.8)
0.1 (0.4)		1.2 (3.9)
-0.2 (0.1)		-1.3 (1.2)
-0.4 (0.7)		-3.9 (6.5)
-0.6 (0.7)		-4.8 (6.3)
-0.0 (0.7)		0.7 (6.1)
1.1 *** (0.3)		9.4 ^{***} (2.7)
0.0 [*] (0.0)		0.0 [*] (0.0)
10.1 **** (1.8)	97.9 **** (2.0)	95.8 ^{***} (14.7)
571 0.6392	571 0.0129	571 0.6040
0.0	571	571 571 5392 0.0129

		VPA	Days at T2	
Variables	Model 3a	Model 3b	Model 4a	Model 4b
Neighborhood Engagement				
Spent time in the neighborhood in MVPA at T1	-0.3 (0.5)	-0.3 (0.3)	-3.5 (4.1)	-2.7 (2.7)

		al Time at T2 in VPA	Average Daily MVPA (mins.), Va Days at T2	
	Model 3a	Model 3b	Model 4a	Model 4b
(Ref. Did not spend time in the neighborhood in MVPA or Did not spend time in the neighborhood at T1)				
Covariates				
T1 percent of total time in MVPA		0.4 *** (0.0)		
T1 average daily MVPA, valid days (mins.)				0.4 *** (0.0)
T1 child age		-0.8^{***} (0.1)		-7.0^{***} (1.0)
Female (ref. Male)		$-1.1^{***}_{(0.3)}$		-10.0^{***} (2.5)
Non-white race (ref. White)		-0.1 (0.3)		0.2 (2.8)
Hispanic (ref. Non-Hispanic)		0.2 (0.4)		1.5 (3.9)
T1 child BMI (z-score)		-0.2 (0.1)		-1.3 (1.2)
T1 household income: \$30k–59k (Ref. <30k)		-0.4 (0.7)		-3.5 (6.5)
T1 household income: \$60–89k (Ref. <30k)		-0.5 (0.7)		-4.3 (6.3)
T1 household income: \$90k + (Ref. <30k)		0.1 (0.7)		1.3 (6.2)
Seattle (Ref. San Diego)		1.2 ^{***} (0.3)		9.6 ^{***} (2.6)
Block group median household income		0.0* (0.0)		0.0* (0.0)
Constant	12.1 **** (0.3)	9.8 ^{***} (1.8)	101.3 *** (2.1)	93.4 *** (15.0)
Observations R-squared	571 0.0007	571 0.6394	571 0.0012	571 0.6046

Robust standard errors in parentheses

*** p<0.001,

** p<0.01,

* p<0.05,

⁺p<0.10

Author Manuscript

Table 4

Physical Activity in the Neighborhood at Time 1 and Time 2 as Predictors of Overall Activity Levels at Time 2, OLS Regression Models

	Percent of Total Time at T2 in MVPA		Average Daily MVPA (mins.), Val Days at T2	
Variables	Model 1a	Model 1b	Model 2a	Model 2b
Neighborhood Activity Levels				
Percent of total time in neighborhood spent in MVPA at T2	0.1 ^{***} (0.0)	0.0* (0.0)	0.7 *** (0.2)	0.2^+ (0.1)
Covariates				
T1 percent of total time in MVPA		0.4^{***} (0.1)		
T1 average daily MVPA, valid days (mins.)				0.4^{***} (0.1)
T1 child age		-0.6 [*] (0.3)		-5.4 * (2.4)
Female (ref. Male)		-1.1^+ (0.6)		-11.5 [*] (5.8)
Non-white race (ref. White)		0.3 (1.0)		-3.2 (7.5)
Hispanic (ref. Non-Hispanic)		1.6 (1.2)		11.7 (8.6)
T1 child BMI (z-score)		-0.6 (0.4)		-5.8 (3.6)
T1 household income: \$30k-59k (Ref. <30k)		-4.7 * (1.8)		-41.9 ** (15.6)
T1 household income: \$60–89k (Ref. <30k)		-2.0 (1.8)		-20.8 (14.3)
T1 household income: \$90k + (Ref. <30k)		-2.3 (1.5)		-18.6 (12.8)
Seattle (Ref. San Diego)		0.8 (0.9)		7.6 (7.7)
Block group median household income		0.0^+ (0.0)		0.0 (0.0)
Constant	10.6 ^{***} (0.8)	8.8^+ (4.9)	88.0 ^{***} (6.9)	91.7 [*] (36.3)
Observations	121	121	121	121
R-squared	0.1069	0.6503	0.104	0.6149
	Percent of Total Time at T2 in MVPA		Average Daily MVPA (mins.), Days at T2	
Variables	Model 3a	Model 3b	Model 4a	Model 4b

VariablesModel 3aModel 3bModel 4aModel 4bNeighborhood Activity LevelsPercent of total time in neighborhood spent in MVPA at
T1 0.1^{***} 0.0
(0.0) 0.5^{***} 0.2
(0.1)(0.1)

		al Time at T2 in VPA	Average Daily MVPA (mins.), Va Days at T2	
Variables	Model 3a	Model 3b	Model 4a	Model 4b
Covariates				
T1 percent of total time in MVPA		0.4 *** (0.1)		
T1 average daily MVPA, valid days (mins.)				0.5 *** (0.1)
T1 child age		-0.5^{*} (0.2)		-4.1^{*} (1.9)
Female (ref. Male)		-1.2 [*] (0.6)		-9.6 [*] (4.6)
Non-white race (ref. White)		0.2 (1.1)		0.8 (8.2)
Hispanic (ref. Non-Hispanic)		0.8 (1.1)		4.0 (7.8)
T1 child BMI (z-score)		-0.5 ⁺ (0.3)		-4.0 ⁺ (2.4)
T1 household income: \$30k–59k (Ref. <30k)		3.5 (2.8)		37.3 (31.7)
T1 household income: \$60–89k (Ref. <30k)		4.4 (2.8)		44.6 (31.6)
T1 household income: \$90k ⁺ (Ref. <30k)		4.2 (2.8)		44.5 (31.5)
Seattle (Ref. San Diego)		1.1 ⁺ (0.6)		9.1 ⁺ (4.8)
Block group median household income		0.0 (0.0)		0.0 (0.0)
Constant	9.2 ^{***} (0.8)	2.7 (4.5)	75.4 *** (6.5)	13.9 (42.2)
Observations	140	140	140	140
R-squared	0.0804	0.6773	0.091	0.6646

Robust standard errors in parentheses

*** p<0.001

** p<0.01

* p<0.05

⁺p<0.10

Author Manuscript