



Healthy childhood behaviors

CHILD HEALTH SNAPSHOT NO. 1

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H ealthy childhood behaviors are linked to wellbeing in the short term and throughout life.¹⁻³ Regular physical activity, such as running or playing on a playground, improves child bone health, cognition, and overall fitness, and reduces the risk of depression and obesity.^{4,5} The U.S. Department of Health and Human Services recommends at least one hour of physical activity daily for children; however, children in the U.S. continue to be less active than previous generations.^{5,6} In 2016, only 24% of children met this physical activity guideline.⁶ In addition, more than one in five U.S. children experience problems sleeping.¹² Inadequate sleep is associated with difficulties paying attention and increased risk of childhood and adult obesity, anxiety, and depression.⁷⁻¹⁰ Moreover, excessive screen time is associated with decreased physical activity and poor sleep, which in turn exacerbates poor health outcomes.¹ Children aged 8 to 10 years spend about six hours per day using television, computer, and other screens – three times the recommended amount.¹³

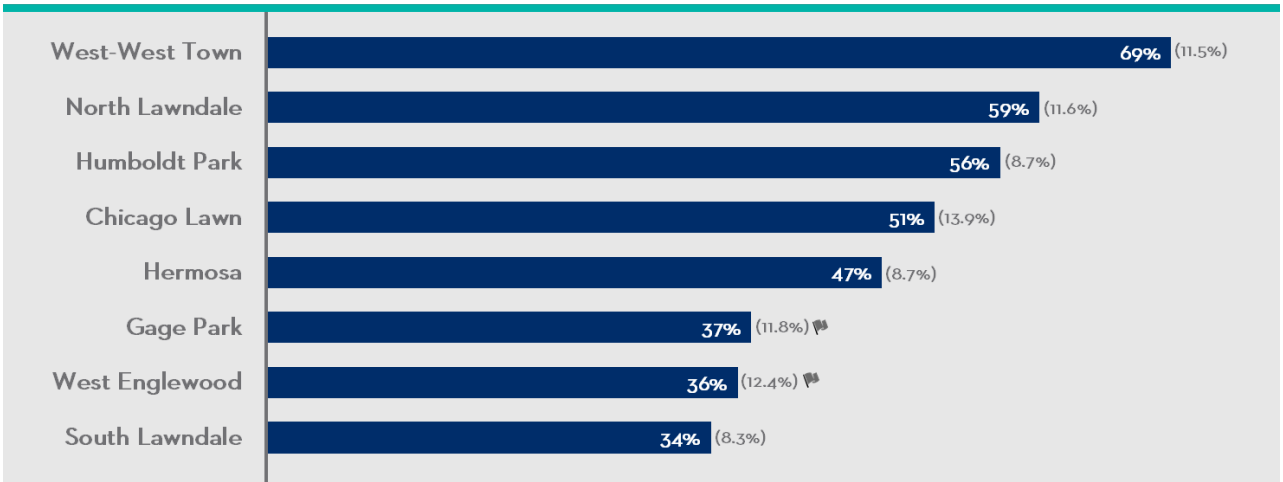
WHICH COMMUNITIES ARE MOST AFFECTED?

- Over 60% of children aged 2 to 12 years living in Gage Park, South Lawndale, and West Englewood did not meet the recommendation of at least one hour of physical activity everyday.
- In West-West Town, only 22% of children aged 6 to 12 years got the recommended amount of sleep per night – nine or more hours.

WHO IS MOST AFFECTED?

- Among Hispanic/Latinx children aged 2 to 12 years, only 43% met the recommendation of at least one hour of physical activity everyday.
- Although it is recommended that children under two years of age spend no time on screens, only 22% of children in this age group met the guideline.
- Only 15% of children aged 6 to 12 years met the recommendation for daily screen time (\leq 2 hours per day), whereas 29% of children aged 2 to 5 years met the guideline (\leq 1 hour per day).

FIGURE 1: Percent of children aged 2 to 12 years who had at least one hour of physical activity everyday in the past week by community area

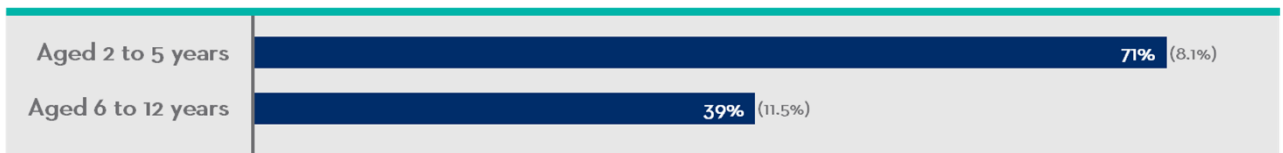


Sampled West Town community area west of Western Avenue only
 Sample size: 307, Rao-Scott Chi-Square p-value: 0.3456

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- The percent of children who met the recommended guideline of at least one hour of physical activity everyday in the past week ranged from 34% in South Lawndale to 69% in West-West Town.

FIGURE 2: Percent of children aged 2 to 12 years who had at least one hour of physical activity everyday in the past week by age group



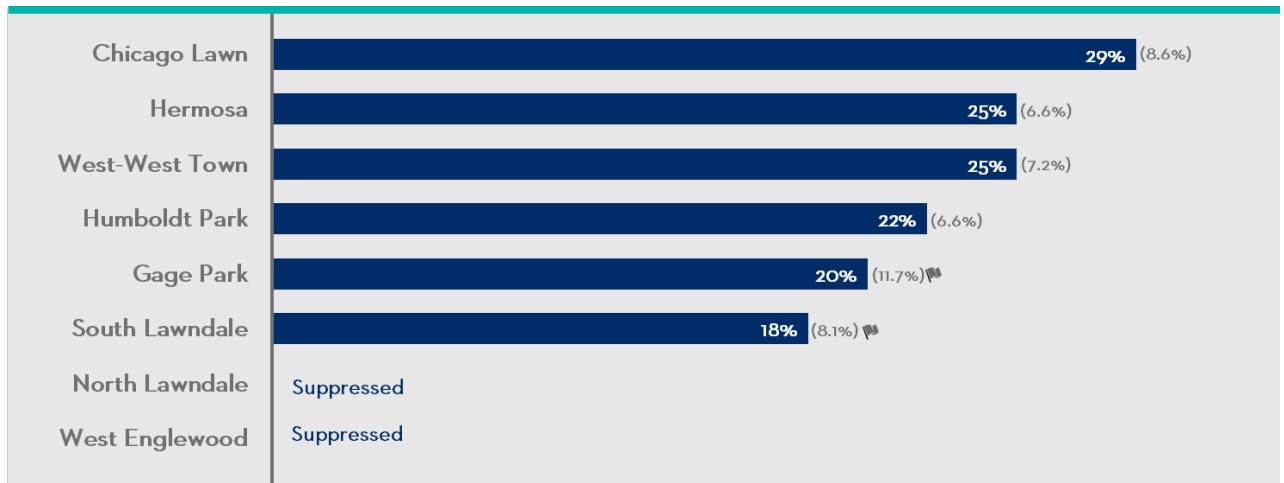
Sample size: 305, Rao-Scott Chi-Square p-value: <0.001

PREVALENCE (STANDARD ERROR)

- Children aged 2 to 5 years were more likely to meet the recommended guideline of at least one hour of physical activity per day (71%) than children aged 6 to 12 years (39%). This difference was statistically significant.

Meeting the recommended physical activity guideline indicates that the child engaged in at least 60 minutes of physical activity everyday in the past week. Physical activity was defined as any activity that increased the child's heart rate and made him/her breathe hard some of the time. This measure was only assessed for children aged 2 to 12 years.

FIGURE 3: Percent of children aged 12 years and under who met daily recommendations for screen time by community area

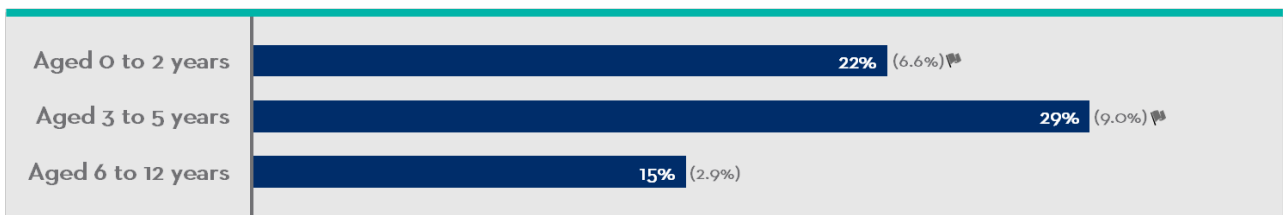


Sampled West Town community area west of Western Avenue only
 Sample size: 367, Rao-Scott Chi-Square p-value: 0.2322

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- The percent of children who met recommended guidelines for daily screen time ranged from 18% in South Lawndale to 29% in Chicago Lawn.

FIGURE 4: Percent of children aged 12 years and under who met daily recommendations for screen time by age group



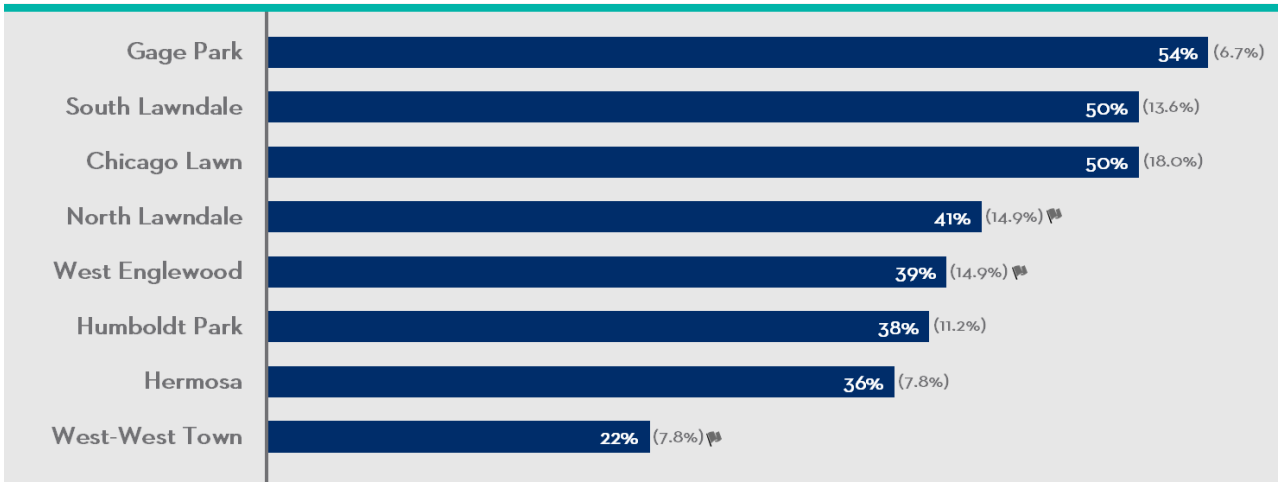
Sample size: 390, Rao-Scott Chi-Square p-value: 0.2007

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- Children aged 6 to 12 years were the least likely of all age groups to meet recommended guidelines for daily screen time, although differences between age groups were not statistically significant.

Meeting recommended screen time guidelines indicates that on average, children under two years of age spent no time; children aged 2 to 5 years spent one hour or less; and children aged 6 to 12 years spent two hours or less per day watching a screen. This was assessed over the past month. Screen time includes the use of videogames, television or videos, and/or computers for non-academic purposes.

FIGURE 5: Percent of children aged 6 to 12 years who slept the recommended nine or more hours of sleep per night by community area

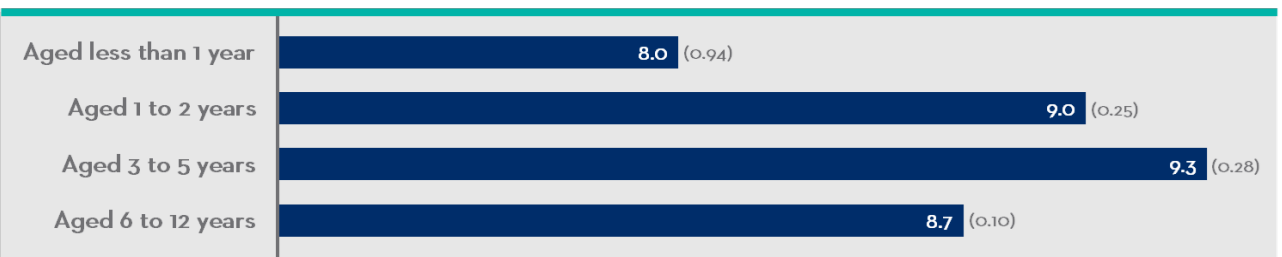


Sampled West Town community area west of Western Avenue only
 Sample size: 193, Rao-Scott Chi-Square p-value: 0.7944

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- The percent of children who met the recommended guideline of nine or more hours of sleep per night ranged from 22% in West-West Town to 54% in Gage Park.

FIGURE 6: Average hours of sleep per night by age group



Sample size: 389, Adjusted Wald Test p-value: 0.1739

AVERAGE (STANDARD ERROR)

- Average hours of sleep per night ranged from 8.0 among children under one year of age to 9.3 among children aged 3 to 5 years.

Meeting the recommended sleep guideline indicates that the child sleeps nine or more hours most nights. This measure was only assessed for children aged 6 to 12 years.

ABOUT THE SURVEY

Sinai Urban Health Institute (SUHI) is a unique, nationally-recognized research center on the west side of Chicago. Our mission is to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation, and collaboration. SUHI is a proud member of Sinai Health System. For more information about SUHI, visit www.SUHChicago.org.

SUHI designed and conducted Sinai Community Health Survey 2.0 in partnership with our Community Advisory Committee and the University of Illinois at Chicago Survey Research Laboratory (SRL). SRL administered surveys face-to-face in both English and Spanish to randomly selected households from each of the ten surveyed communities. If children aged 0 to 12 years lived in the household, interviewers randomly selected one child and interviewed the child's parent or legal guardian ("primary caregiver") about the child's health. Data collection took place between March 2015 and September 2016 with a final sample size of 394 children aged 0 to 12 years.

Survey results are representative at the community area level for all communities with the exception of West Town, which was sampled west of Western Avenue only. Due to limited sample size, children from Norwood Park and Lower West Side were excluded from community area analyses and children identified as Non-Hispanic White or Non-Hispanic Other were excluded from race/ethnicity analyses. More information about Sinai Survey is available at www.SinaiSurvey.org.

METHODS

We used weights to compute statistical estimates to ensure: (1) the estimates accounted for the differential probability of the selection of respondents; and (2) the distribution of child cases in each community area aligns with the distribution of children aged 0 to 12 years in the community area according to the 2010 Census. The Rao-Scott Chi-Square test and Adjusted Wald Test were used to test for statistical differences by community area, racial/ethnic group, sex, and age group. Findings were suppressed when the number of observations was less than five and flagged when the Relative Standard Error (RSE) was >30%, indicating that the values should be interpreted with caution.¹⁵

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