

PowerUp

TREND Survey Results

November 2022

Overview

PowerUp is a community initiative that aims to make it easy, fun and popular for **kids and families to eat better and be physically active** so that kids grow up healthy and reach their full potential. Developed by HealthPartners, the program targets specific communities in Minnesota and Western Wisconsin, with recent expansion into other Minnesota counties.

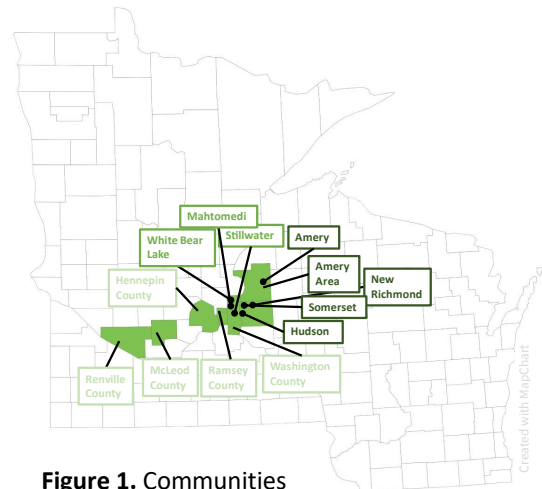


Figure 1. Communities surveyed in 2021. Darker text indicates higher PowerUp program exposure.

To support PowerUp strategy, we partnered with the HealthPartners Institute’s Center for Evaluation and Survey Research. We designed the TREND survey to understand **child and caregiver* behaviors** and **caregiver desires** related to **nutrition and physical activity**. We sent the 2021 TREND survey to adult HealthPartners patients and members with children 4-10 years old living in these specific communities. We offered the survey online, on paper, and over the phone. The 2021 survey was in the field November 2021-February 2022. While most schools were back in person at this time, COVID effects were still top of mind for many respondents. We previously administered this survey in the summers of 2014, 2016, and 2018; this report has some information about change in responses over time for communities we have surveyed before.

Key Takeaways from the 2021 survey



Just 1 out of every 3 children (33%) are meeting the fruit and vegetable goal of 5 per day, a significant decrease since 2018.



Over half (65%) of children are meeting the physical activity goal of 1 hour or more per day, a significant decrease since 2018.



Many caregivers (up to 30%) are not often setting limits on screen time or being physically active as a family. There is some opportunity for increased support for and awareness of the importance of these actions.



We saw some decreases in key measures in 2021 compared to previous years, but cannot say with certainty what caused those decreases. In open-ended questions, respondents suggested that COVID had an impact, but other factors like economics and the time of year we did the survey may also be contributing.

Children represented in the results

In 2021, 1,429 caregivers responded to the survey, for a 27.2% response rate. Respondents were asked to share demographic information about the child they were thinking about when answering the survey questions. The children represented in the survey results (via caregiver self-report) were more likely to be white and to have commercial insurance than non-respondents.



Average age
6.5 years old



51% male
child



75% white, non-
Hispanic child



23%
Medicaid

*Surveys were sent to the “parent or guardian” of a specific child, referred to throughout this document as a “caregiver”



Child fruit and vegetable consumption

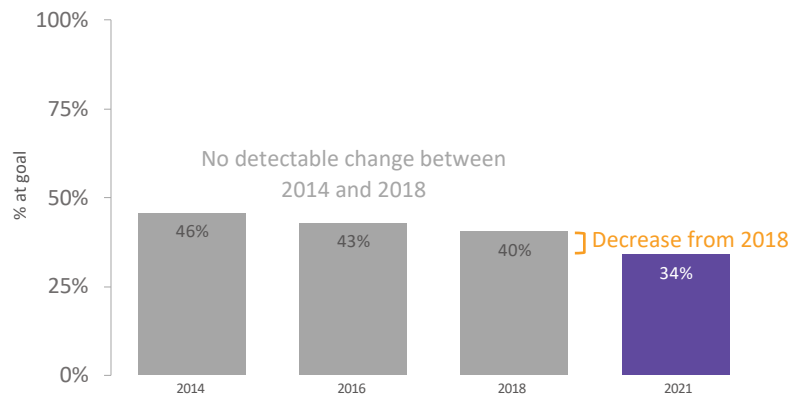
On average, caregivers in target communities in 2021 reported that their child ate **3.9 servings of fruits and vegetables yesterday**.

Between 2014 and 2018 there were no significant changes in fruit and vegetable consumption. But in 2021 we saw a **significant decrease in % at goal since 2018** when considering all communities together.

When asked how changes related to COVID-19 impacted family food and physical activity choices, many caregivers said that **COVID had a negative impact on their child's food choices**, saying that they were eating less produce because it was less available in stores, or because they went grocery shopping less often.

“Food choices especially vegetables and fruits are limited due to not going out often.”

Figure 2. In 2021, 34% of children in target communities met the goal of 5 servings of fruits and vegetables yesterday, significantly fewer than in 2018.



But other caregivers reported that their family's **food choices improved during COVID** because they were preparing more of their own food rather than eating out.

Group differences

Respondents who live in an **urban/suburban area*** were 3.1 times more likely to respond that **family food choices were less healthy during COVID** without prompting than respondents who live in rural areas. There were also differences by race, with respondents who identify their child as **Black/African American** 4.4 times more likely to say that their food choices were less healthy during COVID without prompting than respondents who identify their child as white. Recognizing differences like these can help guide expanded partnerships and outreach to ensure equitable access to information about nutrition and physical activity as well as community and care resources for our entire community.

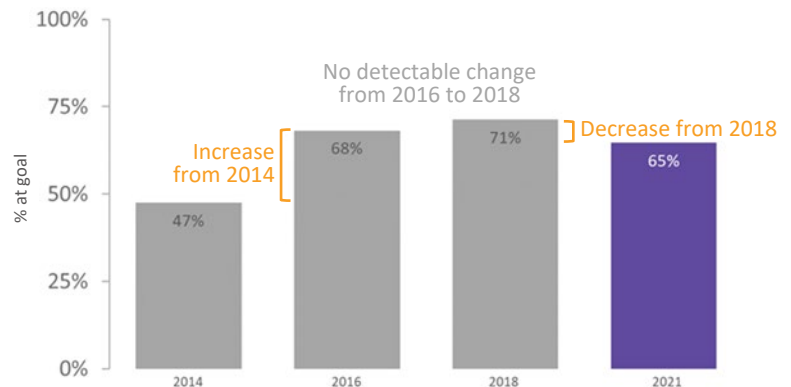


Child physical activity

Between 2014 and 2018, we were seeing significant increases in physical activity from 2014-2016, sustained in 2018. In 2021 we saw a **significant decrease in percent at goal since 2018** for all target communities combined.

Many caregivers said that their **child's physical activity decreased due to COVID**, primarily because school sports stopped and/or indoor activity opportunities were closed. Other families, however, reported positive COVID impacts including spending more time outdoors walking, hiking, or biking.

Figure 3. In 2021, 65% of children in target communities met the physical activity goal (1 hour per day), significantly fewer than in 2018.



*Urban/suburban areas include Hennepin, Ramsey, and Washington Counties, Hudson, Mahtomedi, Stillwater, and White Bear Lake. Rural areas include McLeod and Renville Counties, Amery, Amery area, New Richmond, and Somerset.

Group differences

Respondents who live in an urban/suburban area were 4.3 times more likely to respond that physical activity was reduced during COVID without prompting than respondents who live in rural areas. Additionally, respondents who identify their child as Black/African American were 4 times more likely to respond that physical activity was reduced during COVID than those who identify their child as white.

“We are limited for taking the children to indoor playgrounds or anything alike because of fear of spread.”



Caregiver behaviors and beliefs

We asked caregivers **how often they do** certain things (like find ways to be physically active as a family or offer fruits and vegetables at meals and snacks) for their children. We then asked **how much more of those things they would like to do**. Their responses are shown in the following graphs.

Figure 4. Over **25% of caregivers** don't often set limits on screen time or find ways to be physically active.

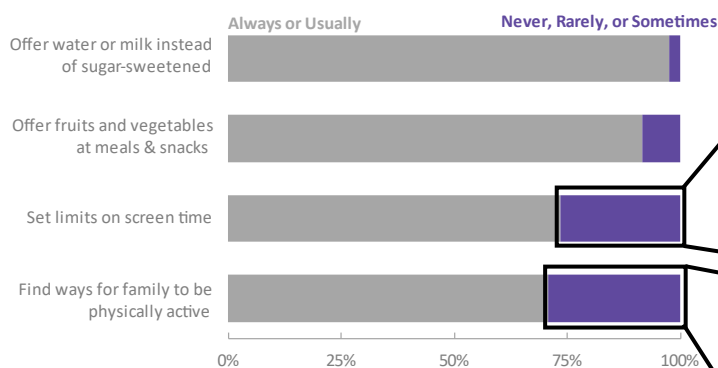


Figure 4a. 22% of all caregivers **do not currently** set more limits on screen time **and want to**.



Programmatic support could be directed at the group of caregivers who don't often do these things but want to do more of them. Their responses suggest barriers to taking action. Understanding their barriers and then providing resources to help them overcome those barriers could nudge more into action.



Figure 3b. 28% of all caregivers **do not currently** find more ways for their family to be physically active **and want to**.

What's Next?

The survey results point to a few key next steps for the PowerUp initiative:



Continue seeking information. Continue fielding the TREND survey to understand community nutrition and physical activity behaviors and beliefs, identify opportunities, and evaluate progress over time. Future surveys can show whether COVID had a lasting or short-term impact on behaviors and beliefs and help PowerUp respond accordingly.



Understand differences. Dive deeper into the data to understand differences, including differences by caregivers' readiness to change. Use these findings to tailor messages and resources for those the program isn't effectively reaching yet.



Recognize success. Celebrate the measures that have improved while also pushing for improvement in the measures that haven't been changing, both overall and among specific communities.