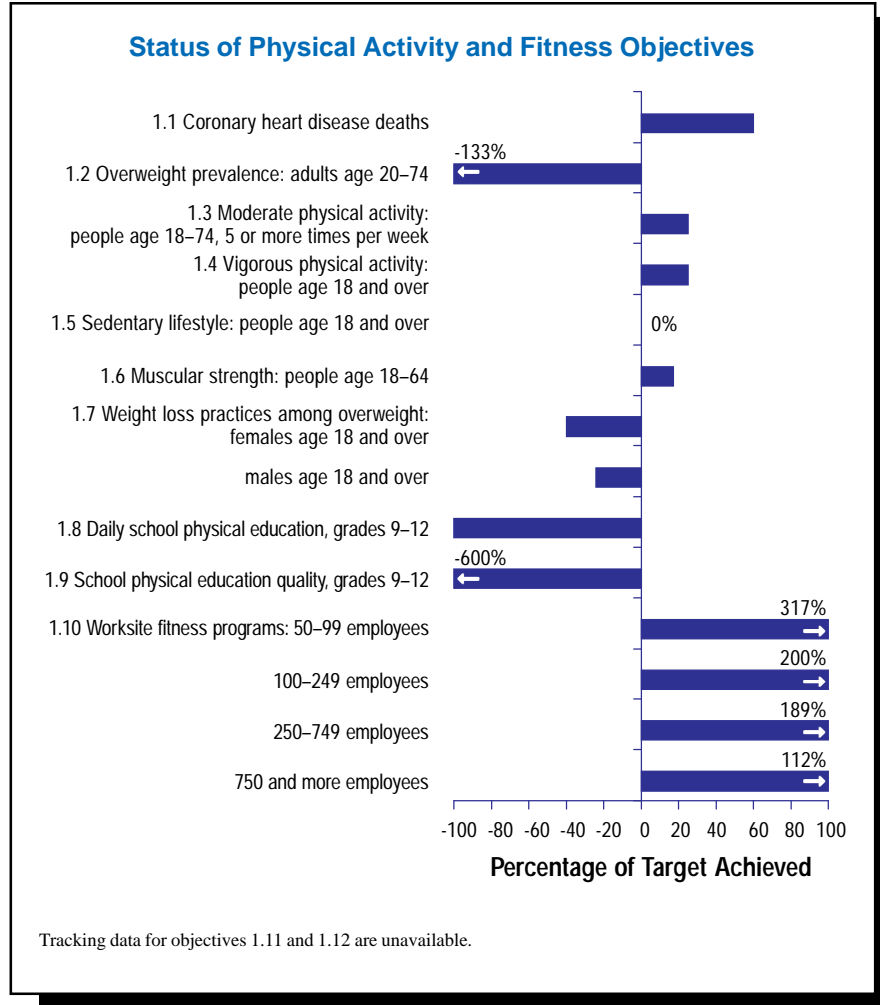


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Physical Activity and Fitness



Lead Agency: *President's Council on Physical Fitness and Sports*

PHYSICAL ACTIVITY AND FITNESS

As many as 250,000 deaths per year in the United States have been attributed to a lack of regular physical activity. Good epidemiologic evidence demonstrates that physical activity reduces the risk of many diseases, including heart disease, hypertension, cancer, osteoporosis, and diabetes mellitus. Physiologic evidence shows that physical activity improves many biological measures associated with health and psychological functioning. Regular physical activity and musculoskeletal fitness are important in the maintenance of healthy independent living as people grow older. Clearly, one of the most important public health challenges is moving our society from a sedentary one to a more physically active one.

Although evidence has been accumulating demonstrating the benefits of physical activity, several trends indicate a more sedentary lifestyle. In the “information age,” more and more individuals sit in front of computer screens during part or all of their work days. Schools and colleges, hard pressed for financial resources, devote fewer resources to physical activity instruction, playgrounds, or afterschool sports programs. Likewise, communities strapped for resources often have less to invest in parks and recreation facilities or in the staff required to maintain and operate them. Some people are afraid to exercise in their neighborhoods because they fear crime. And children and youth find watching television or playing video games easier than individual or group physical activity.

Public health, medical, and mental health professionals increasingly recognize the importance of physical activity and fitness. Recent consensus conferences have recommended improving adult and adolescent physical activity and have addressed the roles played by health professionals, public health agencies, schools, employers, community planners, and individuals and their families. These conferences noted unique issues in promoting physical activity among economically disadvantaged populations. These recommendations, coupled with attention to each of the objectives tracked in this midcourse review, should help us move toward a more healthy and vibrant Nation.

Review of Progress

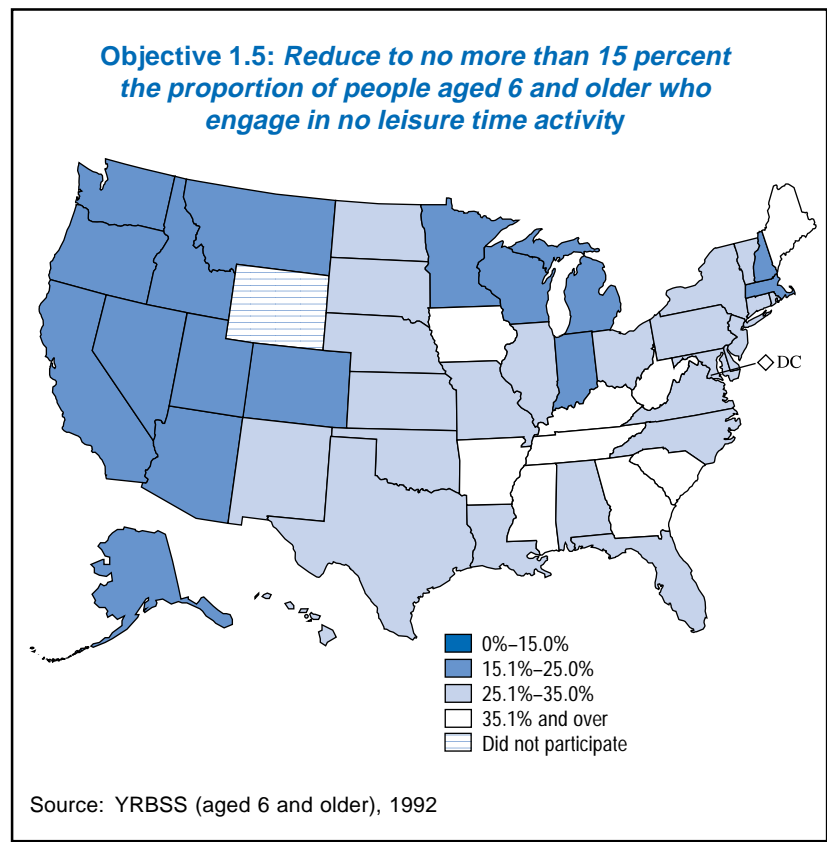
Among the objectives proceeding toward the year 2000 target is the coronary heart disease death rate, which has been declining steadily. Both objectives for increased moderate and vigorous physical activity among adults are showing progress. However, there has been no reduction in the percentage of adults who engage in no leisure-time physical activity. There is some improvement in the percentage of adults improving muscular strength as measured by weight-lifting. For a number of the physical activity objectives, there are no data available on children. The 1993 Youth Risk Behavior Surveillance System (YRBSS) data show that students in grades 9–12 are engaged in stretching (55 percent) and strengthening (52 percent) activities four or more times per week.

Two objectives moving in the wrong direction are the percentage of students engaged in daily school physical education and the proportion of school physical education time that students spend being physically active. These objectives are being measured for students in grades 9–12 because data have not been collected on children in elementary and junior high grades.

One in five teenagers and one in three adults are overweight. The data from 1988–91 indicate that in the United States obesity has increased among children, adolescents, and adults. Overweight is a particular concern for special population groups, including low-income and certain racial and ethnic populations. Despite improvements in the American diet, overweight prevalence has increased. Another objective moving away from the year 2000 target is the percentage of overweight adults who are engaging in weight-loss practices. For both males and females, the proportion adopting sound dietary practices combined with regular physical activity to attain an appropriate body weight has declined.

Worksite fitness programs have the potential to encourage employees to be physically active by providing information, incentives, and access to programs, equipment, and facilities. Worksites with 50 or more employees were surveyed in both 1985 and 1992 to assess the extent to which they offer activities to promote fitness. For two groups of employers (50–99 employees and 100–249 employees) the percentage with programs more than doubled. In larger employee groups, there were also impressive gains.

The 1992 Primary Care Providers Survey gives information on the extent to which providers inquire about exercise habits and formulate an exercise plan. Internists reported routinely inquiring about exercise habits of 40 percent of their patients and formulating an exercise plan for 25 percent; nurse practitioners reported routinely inquiring about exercise habits of 30 percent of their patients and formulating an exercise plan for 14 percent. Even lower levels were



Healthy People 2000 Midcourse Review and 1995 Revisions

evident among other groups of providers: among pediatricians, 16 percent for both; among obstetricians/gynecologists, 14 and 13 percent respectively; and among family practitioners, 19 and 18 percent, respectively.

No data are available to update the objective calling for an increase in community recreation facilities.

1995 Revisions

Objective 17.3 from the Diabetes and Chronic Disabling Conditions priority area, on performance of activities of daily living, has been added as a shared objective in the Physical Activity and Fitness priority area. This addition occurs because physical activity can help older adults maintain their ability to perform activities of daily living and can preserve independence.

Other revisions include the addition of special population targets for objectives to reduce overweight prevalence among Mexican-American men, to increase the adoption of weight-loss practices by overweight Hispanic males and females, to increase moderate physical activity for Hispanic adults, to increase vigorous physical activity for black and Hispanic adults, and to reduce the proportion of blacks, Hispanics, and American Indians/Alaska Natives who engage in no leisure-time physical activity.