Definition

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population.

- Physical activity includes specific time set aside for exercise as well as activity that is part of a person’s daily routine (lifestyle activity).
- Regular physical activity has been shown to reduce the risk of certain chronic diseases, including high blood pressure, stroke, coronary artery disease, type 2 diabetes, obesity, colon cancer, and osteoporosis.
- Physical activity recommendations include strategies to make physical activity the easy choice. This can be accomplished by creating opportunities for children, adults, and older adults to be active where they live, play, work and learn.
- Adults need 150 minutes of moderate aerobic activity or 75 minutes of intense aerobic activity per week, preferably spread throughout the week. Adults should also do strengthening activities two or more days per week.
- Children 6-17 years of age need 60 minutes of aerobic activity per day. This includes vigorous activity and strengthening activities three days per week each.
- Older adults need guided physical exercise to improve strength, prevent falls, improve cardiovascular performance, and restore resilience and social connection.
- The built environment and overall environment should promote and support people being active.

Importance of the Focus Area

Physical activity is important and yet most people don’t get enough. Recent developments such as reliance on cars for almost all transportation, significant decrease in walking and biking to schools, existence of suburban developments where shopping and parks are not within safe walking distances, busy lifestyles, and an increase in the time spent with computer and video gaming all have engineered activity out of the daily routine. In schools, physical education and
recess are often one of the first areas to experience reductions in assigned time, specially trained instructors, and funding.

There are some encouraging signs. Physical activity has become a key component of workplace programs where employers have recognized the value of regular engagement in wellness programs in reducing workplace absences due to illness and slowing or reducing the cost of health care (Strum, 2002). Land use planners for municipalities and counties who have become aware of the connection between the built environmental and health are more often considering health consequences when they plan for development. Despite these signs, physical activity levels in the population have not increased.

The current national recommendations for physical activity as established by the U.S. Department of Health and Human Services (2008) include:

**Children and Adolescents**
- One hour or more of physical activity every day.
- Most of the hour should be moderate or vigorous aerobic activity.
- Vigorous activity at least three days per week.
- Muscle strengthening or bone strengthening activity (weight lifting or resistance training) at least three days per week.

**Adults**
- 150 minutes per week of moderate activity or 75 minutes of vigorous activity or an equivalent combination of both.
- Additional health benefits, such as improved cardiovascular endurance, muscular fitness and weight loss, achieved by doubling the minimum time of moderate physical activity to 300 minutes or doubling vigorous activity to 150 minutes or an equivalent combination of both.
- Muscle strengthening activity at least two days per week.

**Older Adults or People with Disabilities**
- 150 minutes per week of moderate activity or 75 minutes of vigorous activity or equivalent combination of both.
- Muscle strengthening activity at least two days per week.
- For those with physical limitation, it is recommended to be active within one’s abilities.

The health benefits of physical activity have been studied extensively. Physical activity is a preventive factor for premature death; diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression; risk factors for disease, such as high blood pressure and high blood cholesterol; lack of functional capacity (the ability to engage in activities needed for daily living); mental illnesses, such as depression and reduced cognitive function; and injuries or sudden heart attacks.

Limited physical activity is closely linked to obesity (a major risk factor for cardiovascular disease, certain types of cancer, type 2 diabetes and other chronic diseases). Obesity is defined by the Centers for Disease Control and Prevention as “a body mass index (BMI) of 30 or greater. BMI is calculated from a person's weight and height and provides a reasonable indicator of body
fatness and weight categories that may lead to health problems.” U.S. and Wisconsin rates of obesity have risen steadily over the past 20 years, with a leveling off in recent years. Behavioral Risk Factor Surveillance System results for 2008 indicate that 26.7 percent of the U.S. population and 26.1 percent of the Wisconsin population were obese (Wisconsin Behavioral Risk Factor Surveillance System, [BRFSS], 2008).

For people to engage in physical activity, they need safe, accessible and affordable opportunities regardless of their location, race, ethnicity or socioeconomic status. Because of this, the following points need to be considered in decision-making:

- Safe, pleasant environments are needed to make it easy to be active in neighborhoods and the community.
- Physical activity programming needs to be culturally relevant for all races and ethnic groups in order to increase participation.
- Access to physical activity opportunities is crucial to increasing participation. Developing an infrastructure that increases opportunities for physical activity makes it easier to be active.
- Key stakeholder involvement and leadership are essential for disparate populations to increase their physical activity levels.
- Collaboration between existing agencies and key stakeholders in delivering culturally appropriate physical activity programming is also crucial.

**Wisconsin Data Highlights**

**Table 1. Percent of people who are obese (Body Mass Index >30)**

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2007</th>
<th>2010 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese Adults Ages 19 years and older</td>
<td>20%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Obese Teens Ages 15-18</td>
<td>10%</td>
<td>13%</td>
<td>NA</td>
</tr>
</tbody>
</table>

(Source: Wisconsin Behavioral Risk Factor Surveillance System [BRFSS], Wisconsin Department of Health Services; Wisconsin Youth Risk Behavior Survey [YRBS], Wisconsin Department of Public Instruction.)

- Levels of physical activity trends in Wisconsin have shown a slight increase since 2001. The proportion of residents meeting the minimum physical activity recommendations rose from 52 percent (2001) to 55 percent (2007). Nearly half the population of Wisconsin does not meet the recommendations for physical activity (BRFSS, 2008).

- In 2008, 61 percent of people with high annual incomes ($50,000 or more) were physically active, compared to 43 percent of people with low incomes (less than $15,000) (BRFSS).

- In 2008, a higher percentage of people with higher annual income ($50,000 or more) were more physically fit (61 percent) than people with income (less than $15,000) (43 percent) (BRFSS, 2008).
• In 2008, 59 percent of people with a higher level of education (college degree) were physically active compared to 50 percent of people with a lower level of education (less than a high school diploma) (BRFSS, 2008).

**Objective 1**
**By 2020, increase physical activity for all through changes in facilities, community design, and policies.**

**Objective 1 Indicator**
- Proportion of high school students who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (Youth Risk Behavior Survey).
- Proportion of adults who meet federal physical activity guidelines for aerobic physical activity and muscle-strengthening (National Health Interview Survey).

**Objective 1 Rationale**
Physical exercise contributes positively to both physical and mental health. The 2008 *Physical Activity Guidelines for Americans* suggests that “[p]hysical activity gives people a chance to have fun, be with friends and family, enjoy the outdoors, improve their personal appearance, and improve their fitness so that they can participate in more intensive physical activity or sporting events” (U.S. Department of Health and Human Services).

**Objective 2**
**By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity.**

**Objective 2 Indicators**
- Percent of children less than 18 years old living in a neighborhood with a nearby park or recreation center and sidewalks (National Survey of Children’s Health). (Indicator to be developed.)
- Percent of Wisconsin communities with satisfactory scores as measured by the Wisconsin Assessment of the Social and Built Environment. (Indicator to be developed.)

**Objective 2 Rationale**
The location and environment in which people live affect their level of physical activity, especially as these elements relate to a person’s daily routine. Well-planned neighborhoods and workplaces can encourage people to engage in physical activities that are healthful. For example, bike paths that make it safer for children to bike to school; parks and shopping areas that do not require crossing major thoroughfares.

**Objective 3**
**By 2020, every Wisconsin community will provide safe, affordable and culturally appropriate environments to promote increased physical activity for individuals among**
populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

**Objective 3 Indicator**
Inventory of environments by community (including parks, facilities, workplace programs) (Survey of the Health of Wisconsin (SHOW). (Indicator to be developed.)

**Objective 3 Rationale**
The location and environment in which people live affect their level of physical activity, especially as these elements relate to a person’s daily routine. Studies have shown that neighborhoods with lower social, economic and education status have poorer environments for physical activity. Well-planned neighborhoods and workplaces can encourage people to engage in physical activities that are healthful. For example, bike paths that make it safer for children to bike to school; parks and shopping areas that do not require crossing major thoroughfares.

**Potential evidence- or science-based actions to move the focus area objectives forward over the decade**

- Establish minimum physical education requirements and standards for schools.
- Provide comprehensive, center-based early childhood development programs (Head Start)
- Increase access to fitness or community centers or athletic facilities
- Offer grants/funding for mixed-use development
- Increase green space/parks, especially those accessible by foot/bike
- Provide extracurricular sports/after-school activities for schoolchildren
- Create neighborhood watch/safety walks to create safe communities
- Develop recreational sports leagues for adults
- Promote community recreational activities
- Provide workplace incentives for physical activity
- Reduce health insurance premiums for members of fitness clubs/YMCAs
- Provide subsidized public transportation

**References**

Centers for Disease Control and Prevention, Recommended Community Strategies and Measurements to Prevent Obesity in the United States, *MMWR Recommendations and Reports*, July 24, 2009. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm)


