1. **Physical Activity & Fitness**

**Goal:**
Improve health, fitness, and quality of life through daily physical activity.
# 1. Physical Activity & Fitness

## Health Goal for the Year 2010: Improve health, fitness, and quality of life through daily physical activity.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska Data Source</th>
<th>U.S. Baseline</th>
<th>Alaska Baseline</th>
<th>Alaska Target for 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reduce the proportion of adults who are physically inactive (percent of people aged 18 years and older who report no leisure time activity in the past 30 days).</td>
<td>BRFSS</td>
<td>28% (1998)</td>
<td>24% (1998)</td>
</tr>
<tr>
<td>2</td>
<td>Increase the proportion of adults who engage in regular, preferably daily, moderate physical activity (percent of people aged 18 years and older who engage in physical activity five or more sessions per week for 30 or more minutes per session, regardless of intensity).</td>
<td>BRFSS</td>
<td>20% (1998)</td>
<td>25% (1998)</td>
</tr>
<tr>
<td>3</td>
<td>Increase the proportion of adults who engage in regular and vigorous physical activity (percent of people aged 18 years and older who engage in physical activity for 3 or more sessions per week, 20 minutes or more per session, at 50% or more capacity).</td>
<td>BRFSS</td>
<td>13% (1998)</td>
<td>18% (1998)</td>
</tr>
<tr>
<td>4</td>
<td>Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance (percent of people aged 18 years and older).</td>
<td>BRFSS (odd years beginning 2003)</td>
<td>19% (1997)</td>
<td>Developmental</td>
</tr>
<tr>
<td>5</td>
<td>Increase the proportion of adolescents who engage in vigorous physical activity (percent of high school students grades 9-12 who exercise or participate in sports activities for at least 20 minutes that cause sweating and heavy breathing on 3 or more of the past 7 days).</td>
<td>YRBS</td>
<td>65% (1999)</td>
<td>72% (1999)</td>
</tr>
<tr>
<td>6</td>
<td>Increase the proportion of adolescents who participate in daily school physical education (percent of high school students grade 9-12 who attended PE class daily).</td>
<td>YRBS</td>
<td>29% (1999)</td>
<td>22% (1999)</td>
</tr>
<tr>
<td>7</td>
<td>Increase the proportion of adolescents who are physically active during PE class (percent of high school students attending PE class who exercise more than 20 minutes per class).</td>
<td>YRBS</td>
<td>76% (1999)</td>
<td>89% (1999)</td>
</tr>
<tr>
<td>8a</td>
<td>Increase the proportion of trips to work by adults aged 18 years and over made by walking (trips of one mile or less).</td>
<td>NPTS DOT</td>
<td>17% (1995)</td>
<td>10.2% (1990)</td>
</tr>
<tr>
<td>8b</td>
<td>Increase the proportion of trips to work made by bicycling.</td>
<td>NPTS DOT</td>
<td>0.6% (1995)</td>
<td>0.65% (1990)</td>
</tr>
<tr>
<td>9</td>
<td>Increase the number of miles of walkways and bikeways.</td>
<td>DOT&amp;PF</td>
<td>N/A</td>
<td>Developmental</td>
</tr>
</tbody>
</table>

**BRFSS** - Alaska Behavioral Risk Factor Surveillance System All US BRFSS data are age-adjusted to the 2000 population; the Alaska BRFSS data have not been age adjusted, so direct comparisons are not advised. See Technical Notes.

**NHIS** - National Health Interview Survey

**YRBS** - Alaska Youth Risk Behavior Survey Alaska sample for 1999 did not include Anchorage. High school data for 1999 are weighted and representative of the state student population excluding Anchorage.

**DOT** - Department of Transportation

**DOT&PF** - Alaska Department of Transportation and Public Facilities

**PE** - Physical Education
Overview

In July 1996, the U.S. Department of Health and Human Services released the first Surgeon General’s report on physical activity and health.\(^1\)

Among the major findings:

- People who are usually inactive can improve their health and well-being by becoming even moderately active on a regular basis.
- Physical activity needs not be strenuous to achieve health benefits.
- Greater health benefits can be achieved by increasing the amount (duration, frequency or intensity) of physical activity.

Regular physical activity protects against heart disease, colon cancer, diabetes, depression and anxiety. People who exercise regularly outlive those who do not exercise. People with risk factors for heart disease such as obesity and high blood pressure may particularly benefit from physical activity. Regular physical activity maintains normal muscle strength, joint structure and joint function and is essential for normal skeletal development and attainment of optimal peak bone mass during childhood and adolescence. Even among persons in poor health, physical activity can improve their quality of life by enhancing psychological well-being and improving physical functioning.

The role of physical activity in preventing coronary heart disease is of particular importance, given that heart disease is the leading cause of death and disability in the United States and the second leading cause of death in Alaska. Physically inactive people are almost twice as likely to develop heart disease as persons who engage in regular physical activity. Regular physical activity is especially important for people who have joint or bone problems and has been shown to improve muscle function, cardiovascular function, and physical performance.\(^2\)

Public education efforts need to address the specific barriers that inhibit the adoption and maintenance of physical activity by different population groups. Older adults, for example, may need information about safe walking routes. Persons with foot problems need to learn about proper foot care and footwear in order to reach appropriate activity levels. People should recognize that starting out slowly with an activity that is enjoyable and gradually increasing the frequency and duration of the activity is key to beginning and maintaining physical activity. Along with public education efforts, public programs in a variety of settings (recreation centers, worksites, health care settings, and schools) need to be developed, evaluated, and shared. Many people prefer group activities in their communities.\(^2\)

Issues and Trends in Alaska

Life in Alaska once required daily physical activity. For most Alaskans, fishing, hunting, and berry-picking are now occasional diversions instead of integral parts of their life and livelihood. Motorized vehicles and boats have reduced the amount of time residents once spent walking, paddling, or mushing. Employment in retail, trade, government and service industries is now more widespread than in physically demanding work like logging, mining, and fishing. Like other Americans, Alaskans have replaced physical labor, sports, and community activities with hours of sedentary pursuits like watching television and working at computers.

Given the “Westernization” of Alaskan life and diet, the climate and environment become challenges to the goal of increasing the proportion of individuals of all ages who are physically active. Rural areas in particular may lack facilities, equipment, and experience in promoting activity. Climatic conditions (extreme cold, high rainfall, snow and ice, and limited daylight during winter months) contribute to the Alaskan sedentary lifestyle, and must be reckoned with in developing alternatives, as vigorous exercise associated with daily life becomes a memory for most residents.

Alaska is experiencing a dramatic increase in obesity. While the majority of Alaskans (52%) reported a healthy weight in 1991, that number decreased to 39 percent in 1999. Combined obesity and overweight percentages increased from 48 percent in 1991 to 61 percent in 1999. Alaska now ranks fifth in the nation for obesity.\(^3\)

Overweight and obesity have long been concerns for health professionals and the public alike. People who maintain a normal body weight and are physically active will live longer and enjoy a better quality of life. In Alaska over 50 percent of the population exercises on an irregular basis, or not at all (Figure 1-1).

Currently, about 30 percent of the Alaska adult population report that they engage in regular, preferably daily, moderate activity for a total of 20 or more minutes three or more times per week. Furthermore, only 18 percent report that they engage in regular and vigorous physical activity (physical activities that requires rhythmic con-
1. Physical Activity & Fitness

Adolescents in Alaska report more vigorous physical activity than is reported by their peers throughout the United States, as well as more time being active in their school physical education classes (Figure 1-2). However, a lower percentage of students report daily participation in their physical education classes in Alaska than in the United States.4

In high school one credit or one year of physical education is a high school graduation requirement. There are currently no state statutes covering physical education or outdoor recess time for elementary, middle school, or home school.

Disparities in levels of physical activity exist among population groups. In general, persons with lower levels of education and income are less active in their leisure time. People with disabilities and certain health conditions are less likely to engage in moderate or vigorous physical activity than people without disabilities. Alaska Natives and Asian/Pacific Islanders are most likely to report inadequate leisure physical activity.3

Physical activity should be encouraged as part of a daily routine. Because the highest risk of death and disability is found among those who do no regular physical activity, engaging in any amount of physical activity is preferable to none. Physical activity among children and adolescents is important because of the related health benefits and because a physically active lifestyle adopted early in life may continue into adulthood.

People need safe, accessible places for riding bikes, walking, jogging and other forms of exercise. Although the State of Alaska has spent more funds per capita on bicycle and pedestrian facilities (sidewalks, urban trails, bike lanes) than any other state, and volunteer groups contribute many hours to trail clearing and planning, many places still lack safe trails. Bikeways, walkways and non-motorized recreational trails must be a priority during the next decade.

**Current Strategies and Resources**

Physical inactivity has been identified as a priority by Take Heart Alaska, the statewide cardiovascular disease prevention coalition. Recent activities include development of a physical activity promotion resource kit, development of television and radio public service announcements, a track focusing on physical activity at the annual public health conference, a statewide planning meeting, development of a statewide physical activity coalition, and development of a website.
The physical activity coalition, Alaskans Promoting Physical Activity, meets quarterly to coordinate efforts to promote increased physical activity among Alaskans. Current efforts include advocating for daily physical education, development of a web-based trails directory and a worksite-based physical activity resource guide, promoting National Employee Fitness Day, and further development of potential partnerships to promote active community environments. The coalition is also in the process of partnering with a television station to have an early morning weekly segment that focuses on promoting physical activity and fitness.

Alaska Community Schools provide programs at schools outside of normal school hours through the school districts. There are limited federal funds for school districts to hire coordinators and have organized school programs, and often the monies are directed at larger school districts. However, most school districts in Alaska do have some mechanism to allow for public access to physical activity facilities outside of normal school hours.

**Data Issues and Needs**

A new BRFSS module will begin in 2003 and will continue in odd years. Questions on enhancing and maintaining muscular strength and endurance will be included in that module.

The Alaska Department of Transportation and Public Facilities will begin to track the number of miles of walkways and bikeways in Alaska in the next 2-3 years. This will provide a baseline to determine if the walkways and bikeways for public access increase during the decade.

**Related Focus Areas**

A variety of objectives in other *Healthy Alaskans* chapters are linked to objectives in the *Physical Activity* chapter.

- Nutrition and Overweight
- Arthritis
- Heart Disease and Stroke
- Diabetes
- Respiratory Diseases
- Disability

Nutrition and physical activity objectives are closely related. Increasing physical activity will decrease overweight and obesity in adults and children, both indicators in Nutrition and Overweight. Increasing physical activity and fitness would decrease the future prevalence of osteoporosis, heart disease, and diabetes. Respiratory Diseases is also related to the Physical Activity chapter. Activity can improve the health of people who have asthma, chronic obstructive pulmonary disease, and other respiratory illness, as well as improving the status of people experiencing clinical or seasonal depression. Finally, disabilities can interfere with people being physically active. Physical activity can improve the health and well-being of people with disabilities.

**Endnotes**

1. Physical Activity & Fitness

References and Sources

Alaska
President’s Council on Physical Fitness & Sport  www.indiana.edu/~preschal/
Alaska Division of Parks and Outdoor Recreation  www.dnr.state.ak.us/parks/index.htm
Alaska Association of Health, Physical Education, Recreation, and Dance  www.akahperd.com/
Alaskans Promoting Physical Activity  www.chems.alaska.gov/takeheart/appa.htm

National
PE Central Heath and Physical Education  www.pecentral.org/index.html
National Bone Health Campaign  www.cdc.gov/powerfulbones/
American Hiking Society  www.americanhiking.org/events/ntd/index.html