

BARRIERS TO PHYSICAL FITNESS (A PROVEN PATHWAY TO BETTER HEALTH)

May 2015

With spring finally upon us, and the cold weather a thing of the past, it does not seem the least bit coincidental that the Department of Health and Human Services has designated the month of May *National Physical Fitness and Sports Month*. In recognition of this designation the Community Health Data Base (CHDB) would like to share some of our most interesting findings as they relate to physical fitness – or more specifically – *barriers* to physical fitness. It should come as no surprise that physical fitness and regular exercise contribute to better health outcomes; the Department of Health and Human Services has cited a lower risk for heart disease, type two diabetes, and some types of cancer as but a few of the many potential benefits of staying active. They also point out that among *older* adults, ‘physical activity can lower the risk of falls and improve cognitive functioning’.

It is one thing to demonstrate that physical fitness contributes to better health, but equally important is an awareness of the factors that bear upon whether individuals are able to take part in the activities necessary to maintaining fitness. This is why we at the Community Health Data Base would like to draw readers’ attention to some of the barriers that currently exist to routine physical activity. It is also worth noting that an operative term here is *currently*; this article is the first to make use of data collected through our most recent 2014/2015 Southeastern Pennsylvania Household Health Survey! As a result, the findings below are reflective of the most up-to-date information available on these topics.

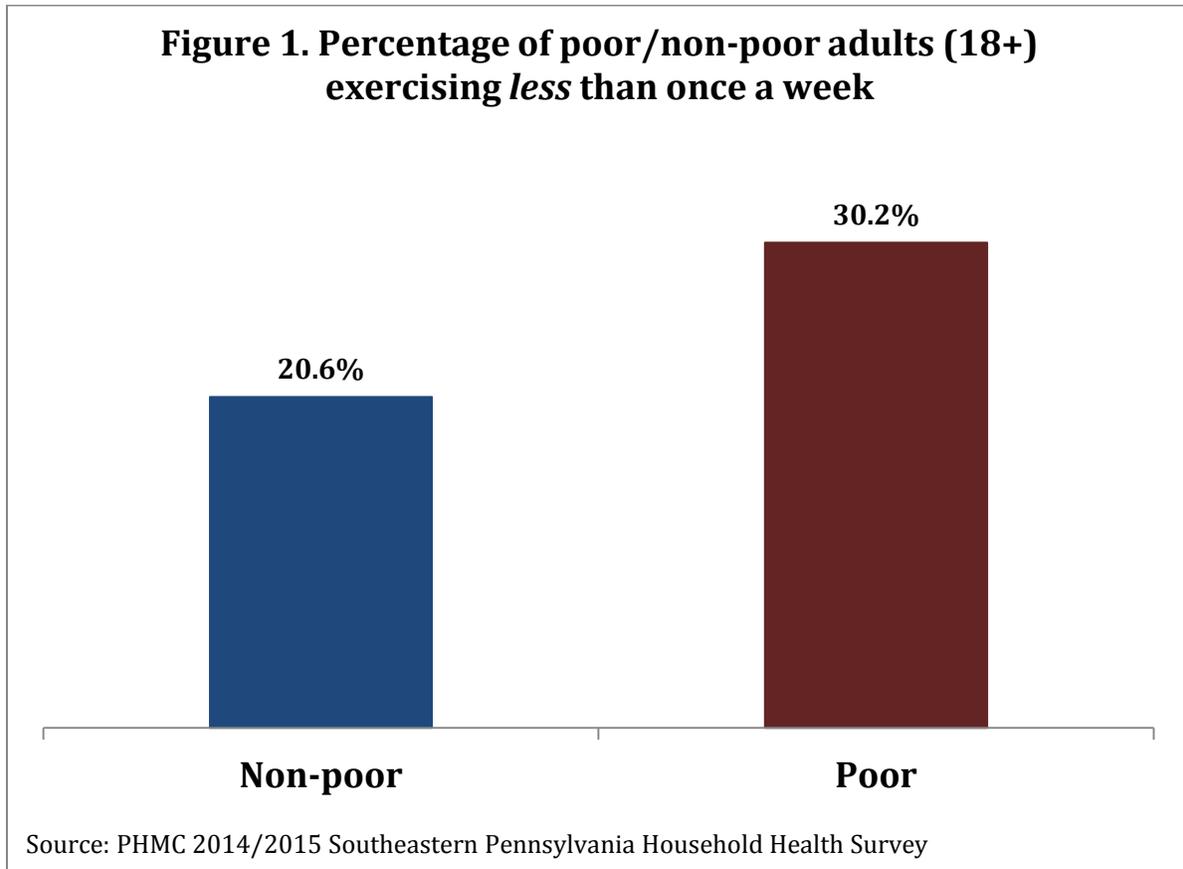
The following two examples do well to illustrate how certain seemingly unrelated factors can have an effect on an individual’s propensity to stay active and maintain fitness.

Example One: Socio-Economic Status

In the 2014/2015 Household Health Survey, respondents were asked: “Thinking about the past month, how many times per week did you participate in any physical activities for exercise that lasted for at least one-half hour, such as walking, basketball, dancing, rollerblading or gardening?” A couple of these activities may not strike readers as being ‘exercise’ in the traditional sense, but staying active does not necessarily have to involve going to the gym, going on a run, riding one’s bike or playing sports. While those activities are certainly included in our definition of exercise, it is also important to account for the other forms of physical exertion that contribute to an individual’s physical fitness.

Looking at the responses to this question it became apparent that socio-economic status was correlated in no small way with the amount of physical activity individuals were engaged in on a regular basis. A clear disparity exists

between the poor and non-poor, defined by those below and above the federal poverty threshold, respectively. In Figure 1, the data indicate that 30.2 percent of those *below* the poverty line are exercising (as it is defined above) less than once a week. This is in stark contrast to the exercise regimens of those *above* the poverty line, where only 20.6 percent of individuals are exercising, on average, less than once a week.



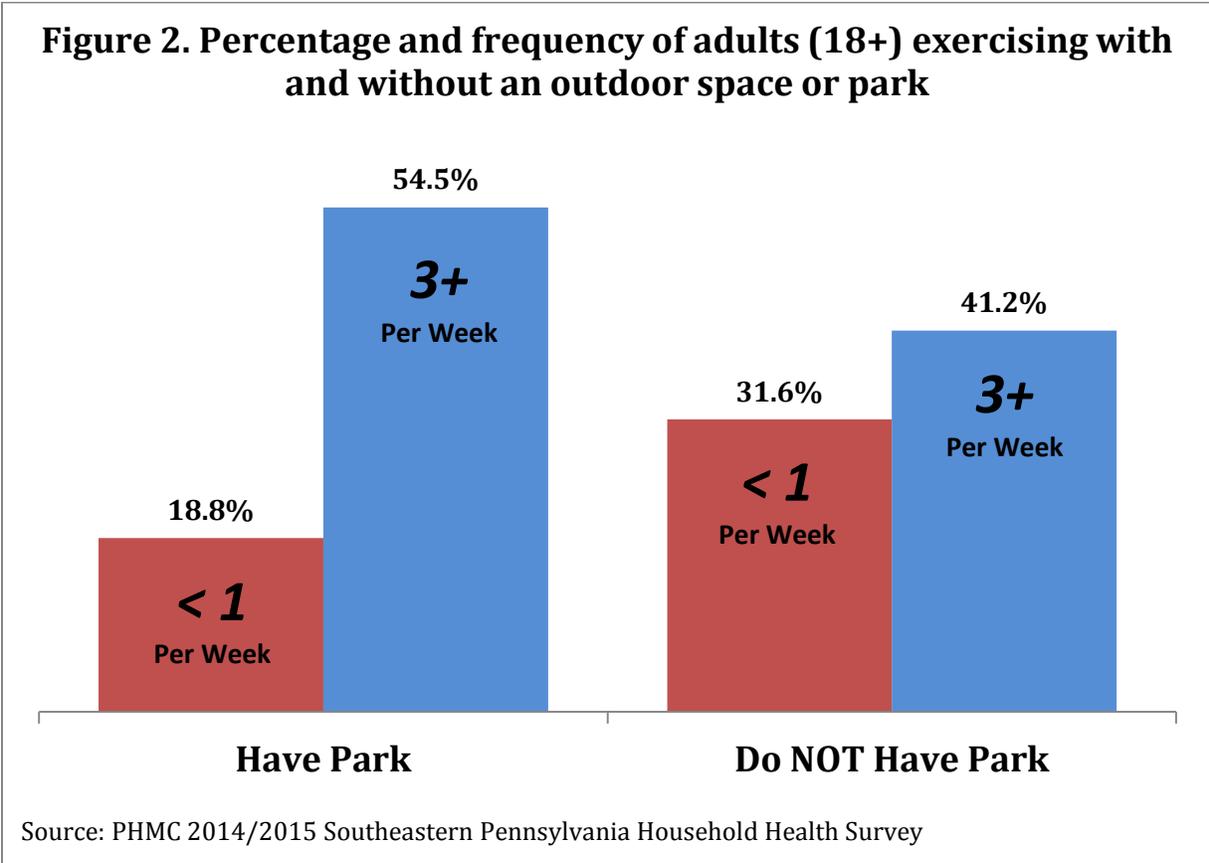
There are likely a variety of factors that contribute to, and could possibly explain, the above finding. While every individual is different, and each has his or her own reason(s) for not exercising, there are always externalities that have, on a macro level, a clear impact on such patterns.

Accordingly, it seemed only logical to look at the issue from a different angle: *environmental barriers*.

Example Two: Nearby Parks and Outdoor Spaces

In the 2014/2015 Southeastern Pennsylvania Household Health Survey, respondents were also asked: “Is there a park or other outdoor space in your neighborhood that you’re comfortable visiting during the day?” It seems terribly obvious that engaging in the sorts of activities listed earlier is largely contingent upon actually having a place to comfortably do so. One could only assume that an individual would be far less likely to go for a walk or spend time in a community garden if there were no accessible outdoor spaces in their neighborhoods, or, for that matter, none which they felt comfortable visiting. Our findings only serve to strengthen this assumption.

In Figure 2, it is demonstrated that among those who have a park or outdoor space in their neighborhood that they are comfortable visiting, 54.5 percent exercise three or more times per week, and only 18.8 percent exercise less than once a week. This is significant when compared to those who do *not* have a park or outdoor space in their neighborhood that they are comfortable visiting; only 41.2% of these individuals reported exercising three or more times a week, while an alarming 31.6 percent reported exercising less than once a week.



So much of public health is about identifying the underlying causes of poor health outcomes and unhealthy behaviors. The most crucial part of that process, though, after spreading awareness, is developing and building support for creative solutions that are supported by data and the facts. If all individuals had parks or other outdoor spaces that they were comfortable visiting throughout the day, would that have a domino effect, leading to higher levels of participation in outdoor physical activities, thereby improving health outcomes for otherwise unhealthy neighborhoods?

For information regarding PHMC’s Community Health Data Base and the 2014/2015 Southeastern Pennsylvania Household Health Survey, or to learn more about these and other barriers to physical fitness, please contact CHDB Project Assistant Kyle B. Loder (215.985.2525 – kloder@phmc.org).