

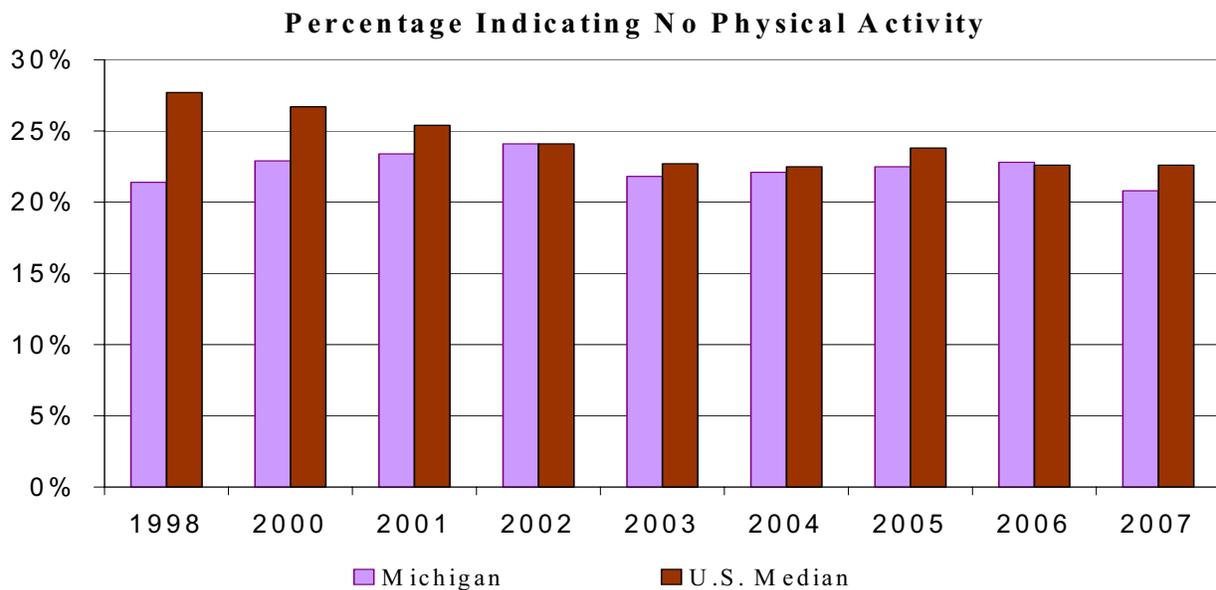


## Topic: Risky Health Behaviors

### 1. Physical Inactivity

Physical inactivity is a major contributor to serious medical conditions such as osteoporosis, obesity and diabetes. Adult physical activity is monitored through the Behavioral Risk Factor Survey (BRFS) with the variables: (1) any leisure time physical activity, (2) moderate leisure time physical activity, (3) strenuous leisure time physical activity, and (4) physical activity at work. Inadequate physical activity trends have been influenced by changes in our society and culture, such as increased time driving due to urban sprawl; increases in time spent watching television, using a computer, and video games; neighborhoods where it is unsafe or infeasible to walk, due to crime, lack of sidewalks, etc. Public health interventions should target both the individual and the policies and environments that make it easier for the individual to engage in healthier behaviors while overturning restrictive policies.

#### *How are we doing?*



Over the past 10 years, physical inactivity in Michigan has remained stable from 1998 to 2007. In 2007, an estimated 20.8% of Michigan adults indicated no physical activity.

#### *How does Michigan compare with the U.S.?*

In 2007, an estimated 20.8% of Michigan adults indicated they had performed no leisure time physical activity in the past month compared to 23.0% of U.S. adults. At 49.3%, Michigan ranks as the 21st worst state in the U.S., including the District of Columbia, for inadequate physical activity. Inadequate physical activity is defined as not engaging in 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week.

#### *How are different populations affected?*

In 2007, Hispanics (33.4%) had the lowest prevalence of inadequate physical activity followed by Whites (48.1%) and Blacks (59.0%). There are also differences within education and household income. The



amount of inadequate physical activity increases with less education, from a college graduate (46.3%) to less than high school (51.1%), and lower household income, \$75,000+ (43.8%) to < \$20,000 (56.6%).

### ***What is the Department of Community Health doing to improve this indicator?***

The Michigan Department of Community Health (MDCH) works with communities and organizations to help them make it easier for people to be active. Michigan's state-wide campaign to promote healthy lifestyle messages to the general public, *Michigan Steps Up*, provides resources for evidence-based physical activity strategies and can be found at [www.michiganstepsup.org](http://www.michiganstepsup.org).

Local health departments receive funds and technical assistance to enhance the physical environment and implement policies to make walking and biking more convenient and safe through the *Building Healthy Communities* project. Building Healthy Communities has increased the number of parks, trails, walking paths, non-motorized and complete streets plans; as well as, lighting, signage and other enhancements to parks and trails to increase the safety to support physical activity.

Through *Safe Routes to School*, MDCH works with local health departments and elementary schools specifically on increasing the accessibility and use of safe walking and biking routes for students to get to and from school. The Safe Routes to School changes the policies and physical environment, as well as, educates and promotes walking and biking to and from school and other population destinations to increase the physical activity levels of youth.

MDCH and the National Kidney Foundation of Michigan (NKFM) have partnered with Head Start programs in Detroit to pilot a project that facilitates change in the physical environment and policies of preschool centers to incorporate more physical activity in the lives of children ages two through five. NKFM also offer programs in African-American hair salons and barber shops by educating salon stylists and barbers to deliver health messages to clients on nutrition, physical activity and chronic disease prevention.

Through *Healthy Kids, Healthy Michigan*, executive-level decision-makers from government, public and private sectors, school districts, health care and non-profit organizations work together to support state-wide and local physical activity policies to reduce childhood obesity in Michigan. Specifically, Healthy Kids, Healthy Michigan is elevating the Complete Streets concept and number of community plans throughout Michigan. It is increasing the number of sidewalks, bike lanes and trails that assist in connecting the community so residents can walk and bike to work, school and their daily destinations.

MDCH also provides funding for churches to create church health teams that support active lifestyles in their congregations through a partnership with the Institute for Black Family Development, the Michigan Faith-based Health Association, and the Michigan Public Health Institute. Professional statewide conferences such as *Designing Healthy Livable Communities* and *Eat Smart + Play Hard = Smart Student Conferences* provide new tools, best practices and evidence-based strategies for implementation throughout Michigan. *Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)* is a project that provides free health education and physical education curricula, training and resources to low-income Michigan schools. SPLASH is a collaboration between MDCH, MSU Extension, MDE and the Michigan Nutrition Network.