



UCLA CENTER FOR HEALTH POLICY RESEARCH

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NEARLY ONE MILLION CALIFORNIA ADOLESCENTS BELOW RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Healthier kids do better in school and are at lower risk for obesity and for complications and death from chronic conditions such as type 2 diabetes, coronary heart disease, hypertension, colon cancer and osteoporosis.

Los Angeles, CA —Despite the well-documented benefits of regular physical activity, many California teens do not get regular physical activity or get no activity at all. Teenage girls, teens from low-income families, teens with no access to safe parks or open spaces, teens whose schools do not require physical education, and Latino, Asian, and African American teens are particularly at risk according to researchers at the UCLA Center for Health Policy Research.

The new policy brief, entitled *California Adolescents Increasingly Inactive*, is based on data from the 2003 California Health Interview Survey and examines the extent to which adolescents in the state are getting adequate levels of physical activity and how the profile has changed since 2001, based on data from CHIS 2001. "Regular physical activity" refers to teens engaging in moderate- to vigorous-intensity physical activity on most days of the week, "insufficient activity" refers to teens not meeting requirements for regular physical activity, and "inactivity" refers to teens getting very little or no vigorous or moderate physical activity.

The study was funded by a grant to the UCLA Center for Health Policy Research from The California Endowment. It is available on the Center's website at www.healthpolicy.ucla.edu under "What's New".

"Due to dramatically increased rates of childhood obesity, it is essential we combat this pandemic now. California's families, schools, communities and industries must work together to change environments to promote physical activity," said Robert K. Ross, M.D., president and CEO of The California Endowment.

The 957,000 teens getting insufficient activity, including 424,000 boys and 533,000 girls, are at greater risk for many serious chronic medical conditions. "The ultimate cost to society in terms of social security, Medicare, general health care, surgeries and hospitalizations later in life for these inactive kids is potentially enormous. It makes sense to invest in safe parks, playgrounds

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and school physical education programs now rather than to pay later for health problems that could have been prevented” says Susan H. Babey, research scientist at the UCLA Center for Health Policy Research and lead author of the study.

Among the brief’s specific findings –

- Inactivity among teenage girls nearly doubled between 2001 and 2003.
- One out of every four adolescents, 825,000, have no safe park or open space near their home. Physical inactivity is higher among teens with no access to a safe open space than among those who live near a safe open space.
- One out of every seven teens, nearly 480,000 reported that their school does not require physical education (PE). Physical inactivity is nearly twice as high among teens whose schools do not require PE as among those whose schools do require it.
- Latino, Asian and African American teens report lower rates of regular physical activity than white teens.
- Among Asian groups, Chinese teens are the most active, Vietnamese the least active with Filipino teens slightly more active than Vietnamese.
- Inactivity is nearly twice as high among teens in families with incomes below 200% of the federal poverty level (that is, below \$37,620 for a family of four in 2003)
- Nearly 1.3 million boys (74.6%) participate in regular physical activity compared with only 1.1 million girls (66.5%).

“Providing safe places for teenagers to exercise is critical but just as important is to find ways to make ongoing physical activity interesting for our young people. They need the opportunity to build good exercise habits over time and that can only happen if they enjoy and are stimulated by what they are doing,” says Allison L. Diamant, physician and assistant professor in the Division of General Internal Medicine and Health Services Research at the UCLA School of Medicine. “Gone are the days of sending kids out to the track for a few laps and thinking that will do the job of getting, and keeping, them healthy.”

Recommendations contained in the new study suggest that efforts to increase physical activity among adolescents should focus on assuring increased opportunities at school and more safe opportunities out of school. The researchers recommend that PE should be provided and required in all California public schools from K-12 and that regulatory enforcement of requirements must be supported. They also suggest that PE should include activities that emphasize skills needed to establish a lifetime of physical activity and that investing in state and community resources in creating safe and accessible environments, namely parks and playgrounds, is important to making regular physical activity a life-long pattern.

Gender and racial and ethnic disparities should be addressed by developing programs and activities that are inclusive of gender and cultural preferences.

CHIS is a collaboration of the UCLA Center for Health Policy Research, the California

Department of Health Services, and the Public Health Institute. Funding for CHIS 2003 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, the California Office of Patient Advocate, Kaiser Permanente, L.A. Care Health Plan, and the Alameda County Health Care Agency.

The UCLA Center for Health Policy Research, established in 1994, is one of the nation's leading health policy research centers and the premier source of health policy information for California. It is based in the UCLA School of Public Health and is affiliated with the UCLA School of Public Affairs.

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