



Data Points

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Physical activity has far-reaching effects on long-term disease and overall health. It is associated with lower mortality for adults of all ages; decreased risk of coronary heart disease, colon cancer, and type 2 diabetes; more controlled blood pressure; healthier weight; improved mood; reduced depression and anxiety; and generally enhanced health-related quality of life.¹ During 2000, physical inactivity was estimated to cost Californians \$13.3 billion.² Recommended levels of physical activity vary, but federal guidelines call for at least 30 minutes a day of moderate-intensity physical activity most days of the week.³

In 2004, the California Department of Health Services' Cancer Prevention and Nutrition Section placed questions on the California Women's Health Survey (CWHS) asking 4,372 women how many days in a usual week and for how much time they do moderate or vigorous activity such as brisk walking, bicycling, vacuuming, gardening, or other activities that cause an increase in breathing or heart rate. Women reporting physical activity of at least 30 minutes five or more times per week were classified as meeting the physical activity recommendation. Women were next asked an open-ended question about their major barrier to getting more exercise. Demographic data, a six-item food insecurity scale, and use of federal food assistance programs were also collected. Self-reported height and weight were used to calculate Body Mass Index (BMI), a measure that identifies obesity. The National Heart, Lung, and Blood Institute defines obesity as a BMI greater than or equal to 30, overweight as a BMI greater than or equal to 25 but less than 30, and "underweight" as a BMI less than 18.5.⁴

In 2004, 39.7 percent of California women reported meeting the physical activity guideline,

with no differences by educational level or poverty-related factors. Physical activity varied significantly by race/ethnicity, age group, and BMI.⁵

- White women were most likely to meet recommendations, at 44.1 percent, followed by Hispanic women at 37.4 percent, Black/African American women at 34.5 percent, and Asian/Other women at 29.6 percent (see graph).
- Women who had children younger than age 18 in the household were less likely to meet the activity recommendations (37.8 percent) than women who had no children in the household (51.7 percent). Women of child-bearing age (aged 18 to 44) were less likely to meet activity recommendations than women aged 45 and above, 38.2 percent vs. 41.8 percent, respectively.
- At 31.7 percent, obese women were significantly less likely to achieve recommended physical activity levels than were underweight (37.8 percent), healthy weight (44.0 percent), and overweight (39.3 percent) women.
- In unprompted responses, nearly half of all women (47.5 percent) reported not enough time/too busy or too tired as their main barrier to not being more physically active. The only other reasons reported by more than 10.0 percent of the women were medical conditions (16.4 percent), laziness/no reason (12.4 percent), and already getting enough exercise (12.3 percent). Only four women reported safety concerns as their primary issue.

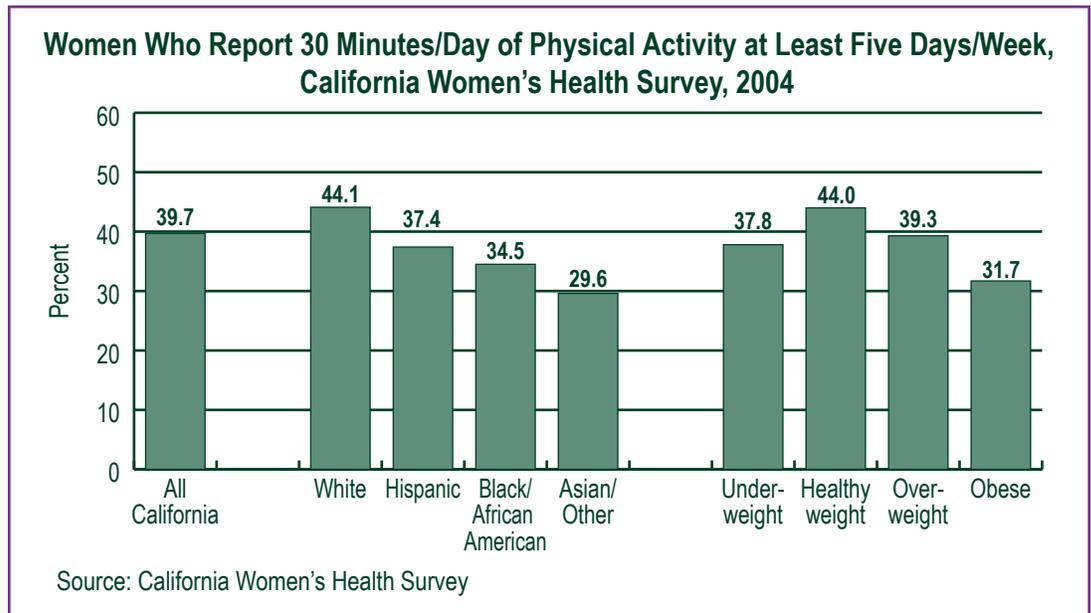
Achievement of Recommended Levels of Physical Activity Among California Women, 2004

California Department of Health Services
Cancer Prevention and Nutrition Section

Public Health Message:
Adequate physical activity can substantially reduce the burden of chronic disease and increase healthy years lived. However, for many women it is an elusive goal. Public health efforts are needed to help women better identify and incorporate times and places in their lives for physical activity.

Achievement of Recommended Levels of Physical Activity Among California Women, 2004

California Department of Health Services
Cancer Prevention and Nutrition Section



- Women of healthy weight status were twice as likely (17.5 percent) as other women (8.2 percent) to report already exercising enough, half as likely to cite health conditions (10.4 percent compared with 21.9 percent), and more likely to report having not enough time/too busy or too tired as their major barrier (51.0 percent and 43.7 percent, respectively).
- 1 U.S. Department of Health and Human Services. 1996. Physical Activity and Health: A Report of the Surgeon General. Centers for Disease Control and Prevention. Available at: www.cdc.gov/nccdphp/sgr/pdf/sgrfull.pdf.
 - 2 Chenoweth D. 2005. The Economic Costs of Physical Inactivity, Obesity, and Overweight in California Adults during the Year 2000: A Technical Analysis. California Department of Health Services, Cancer Prevention and Nutrition Section and Epidemiology and Health Promotion Section.
 - 3 U.S. Department of Health and Human Services and U.S. Department of Agriculture, Dietary Guidelines for Americans, 2005, 6th Edition, Washington DC; U.S. Government Printing Office, January 2005.
 - 4 National Institutes of Health. 1998. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: the Evidence Report. NIH Publication No. 98-4083. National Institutes of Health: Washington DC.
 - 5 $p < 0.05$, chi-square test.

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