# Physical Activity and Leisure Time Activity – Data Brief

2015 Vermont Behavioral Risk Factor Surveillance System (BRFSS)

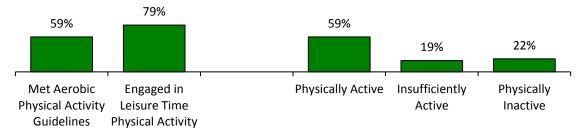
#### Background

Leisure time activity is defined as any physical activity engaged in not related to work. CDC aerobic physical activity guidelines for adults are 150 minutes of moderate-intensity activity or 75 minutes vigorous activity per week. While there are no guidelines for leisure time activity or amount of overall inactivity, research has shown that the total time spent sitting, or otherwise being physically inactive, has negative consequences for several chronic conditions regardless of whether physical activity guidelines are met.<sup>2</sup>

#### **Statewide Aerobic Physical Activity Rates**

In 2015, more than half of Vermont adults (59%) met the CDC aerobic physical activity guidelines. Almost eight in ten adult Vermonters (79%) engaged in leisure time physical activity. Combining physical activity guidelines and leisure time physical activity together results in three levels of physical activity: 1) physically active; those who met aerobic physical activity guidelines and engaged in leisure time physical activity, 2) insufficiently active; those who did not meet aerobic physical activity guidelines but engaged in leisure time physical activity, and 3) physically inactive; those who did not meet physical activity guidelines or engage in any leisure time physical activity. Almost six in ten adults were physically active (59%). Nineteen percent were insufficiently active and about a quarter of adults were physically inactive (22%).

#### Rate of Level of Physical Activity among Vermont Adults, BRFSS 2015

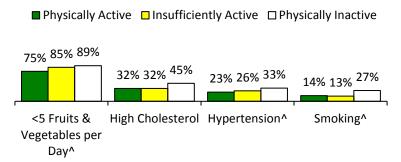


<sup>^</sup>All data are age-adjusted to the U.S. 2000 population.

#### **Health Implications of Physical Inactivity**

The rate of risk factors associated with chronic disease increased with decreasing levels of physical activity. Rates of smoking, high cholesterol, and hypertension were significantly higher among physically inactive adults when compared to those who were more active. Consuming fewer than 5 fruits and/or vegetables per day was significantly higher among insufficiently active and physically inactive than physically active adults.

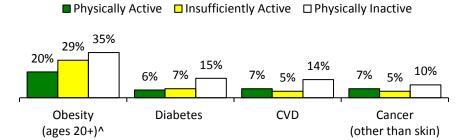
### Prevalence of Risk Factors for Chronic Disease by Activity Level, BRFSS 2015



<sup>^</sup>Data are age-adjusted to the U.S. 2000 population.



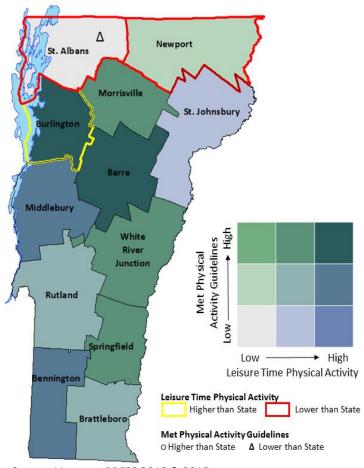
## Prevalence of Select Chronic Disease among Vermont Adults by Level of Physical Activity, BRFSS 2015



<sup>^</sup>Data are age-adjusted to the U.S. 2000 population.

Similar to rates of chronic disease risk factors, the prevalence of obesity, diabetes, cardiovascular disease (CVD), and cancer also showed a similar trend with activity level. Adults who were physically inactive were significantly more likely to have one of these chronic diseases than adults who were physically active or insufficiently active.

#### Physical Activity and Leisure Time Physical Activity by Health District



Source: Vermont BRFSS 2013 & 2015.

^All data are age-adjusted to the U.S. 2000 population.

While having high levels of either leisure time physical activity or meeting physical activity guidelines is good, the best protective health effects happen when both occur. In the map to the left, levels of meeting physical activity guidelines are shown on the green scale and leisure time physical activity on the blue scale. The **Burlington and Barre Health Districts** showed the best combination of both types of activity, with Burlington having significantly higher rates of leisure time physical activity than the state average. St. Albans had the lowest combined rates of both types of physical activity and was also significantly lower than the state average for both measures.

Meeting aerobic physical activity guidelines is important and provides specific health benefits and promoting light-intensity activity (such as walking, cleaning, or gardening) during leisure time is a way to reduce the negative health outcomes of no leisure time physical activity.<sup>2</sup>

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<sup>&</sup>lt;sup>2</sup> Hamilton MC, Healy GN, Dunstan DW, Zederic TW, Owen N. Too Little Exercise and Too Much Sitting: Inactivity Physiology and the Need for New Recommendations on Sedentary Behavior. *Curr Cardiovasc Risk Rep*, 2008;2(4):292-298.



<sup>&</sup>lt;sup>1</sup> U.S. Department of Health & Human Services, Office of Disease Prevention and Health Promotion. 2008. Physical Activity Guidelines for Americans (https://health.gov/paguidelines/guidelines/).