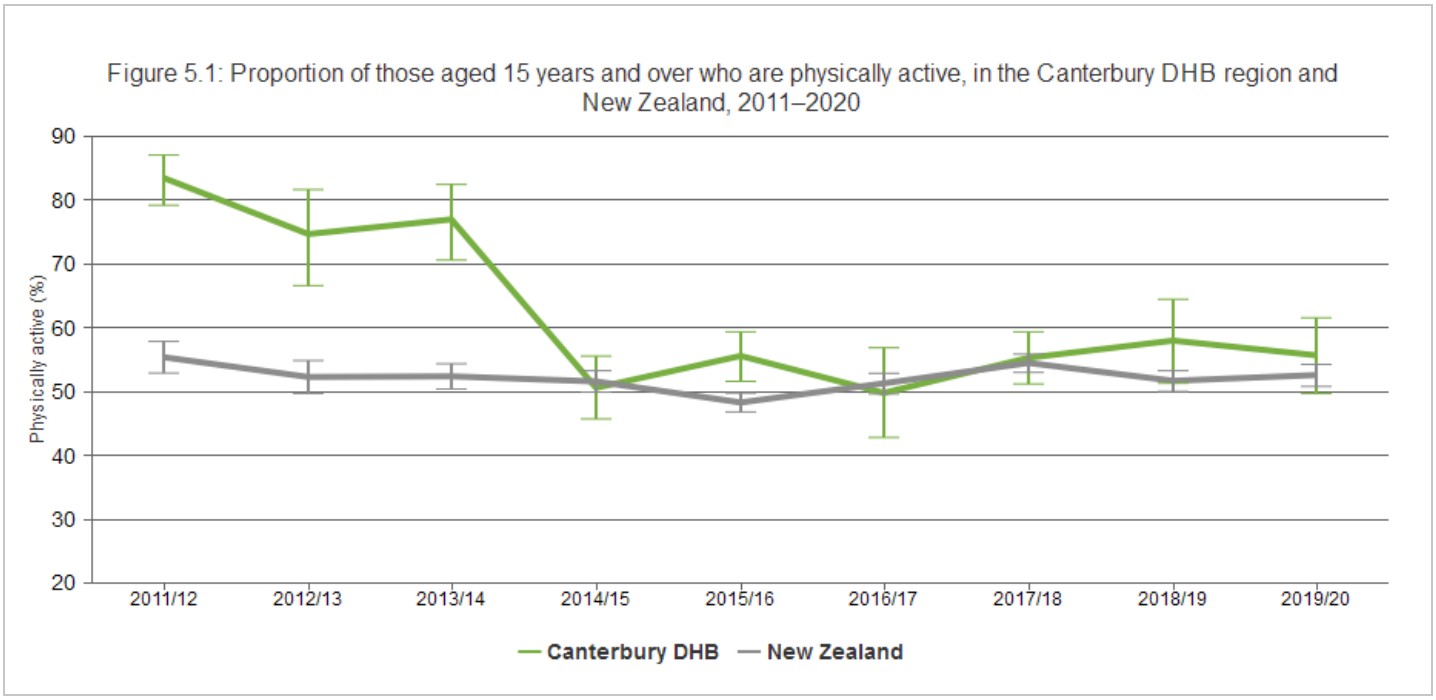
Health: Physical activity

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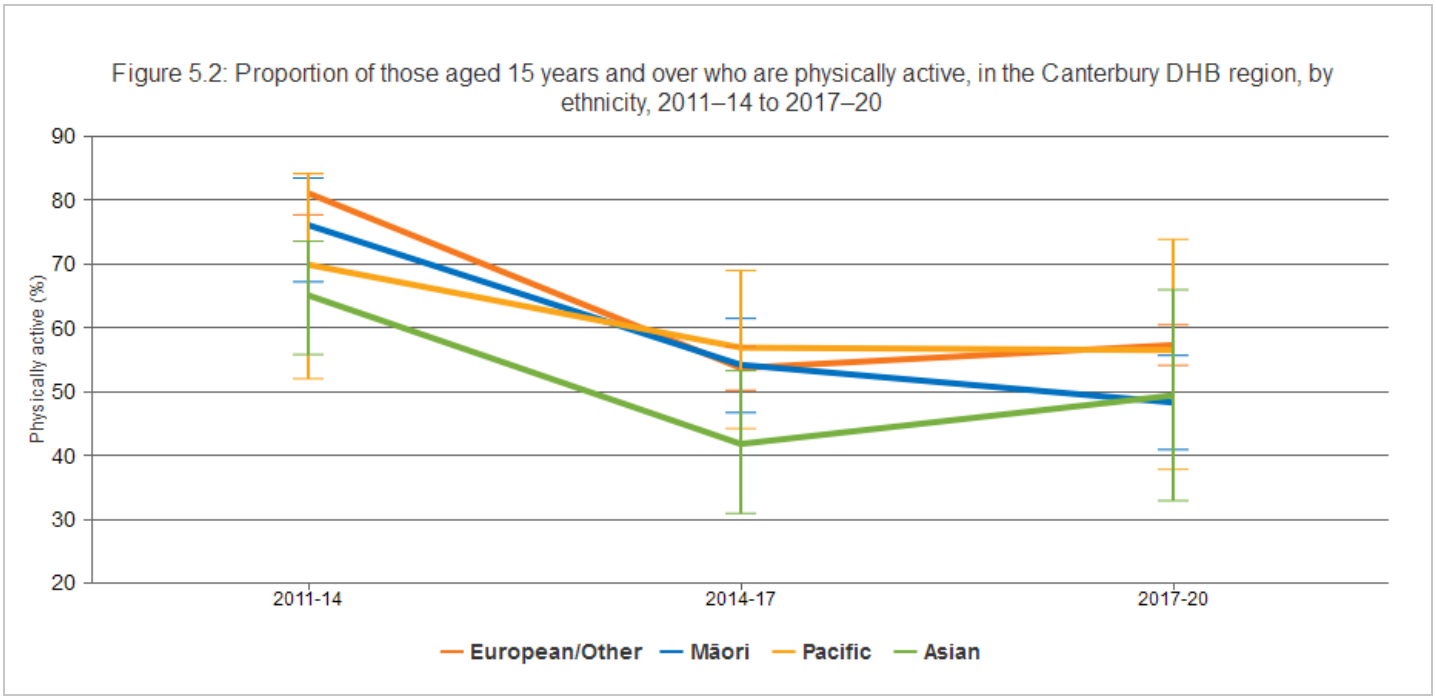
Regular physical activity is one of the most important things that people can do for their health. The benefits of physical activity include reduced risk of excessive weight gain in adults, reduced risk of cardiovascular disease, reduced risk of type 2 diabetes and metabolic syndrome, reduced risk of some cancers, maintaining/improving bone density and muscle function, preventing falls, improving mental health and mood, improved cognitive function, reduced risk of dementia, and improving/maintaining the capacity to carry out the activities of daily living [28]. Overall, physical activity can increase individuals' chances of living longer and increase the levels of individual and community wellbeing [28].

This indicator presents the proportion of those 15 years and over who report that they are physically active in the New Zealand Health Survey. Being physically active is defined as undertaking at least 30 minutes of brisk walking or other moderate-intensity physical activity (or equivalent vigorous activity) for at least 10 minutes at a time, on at least five days per week (such as 150 minutes of moderate-intensity or equivalent physical activity per week) [29,30].



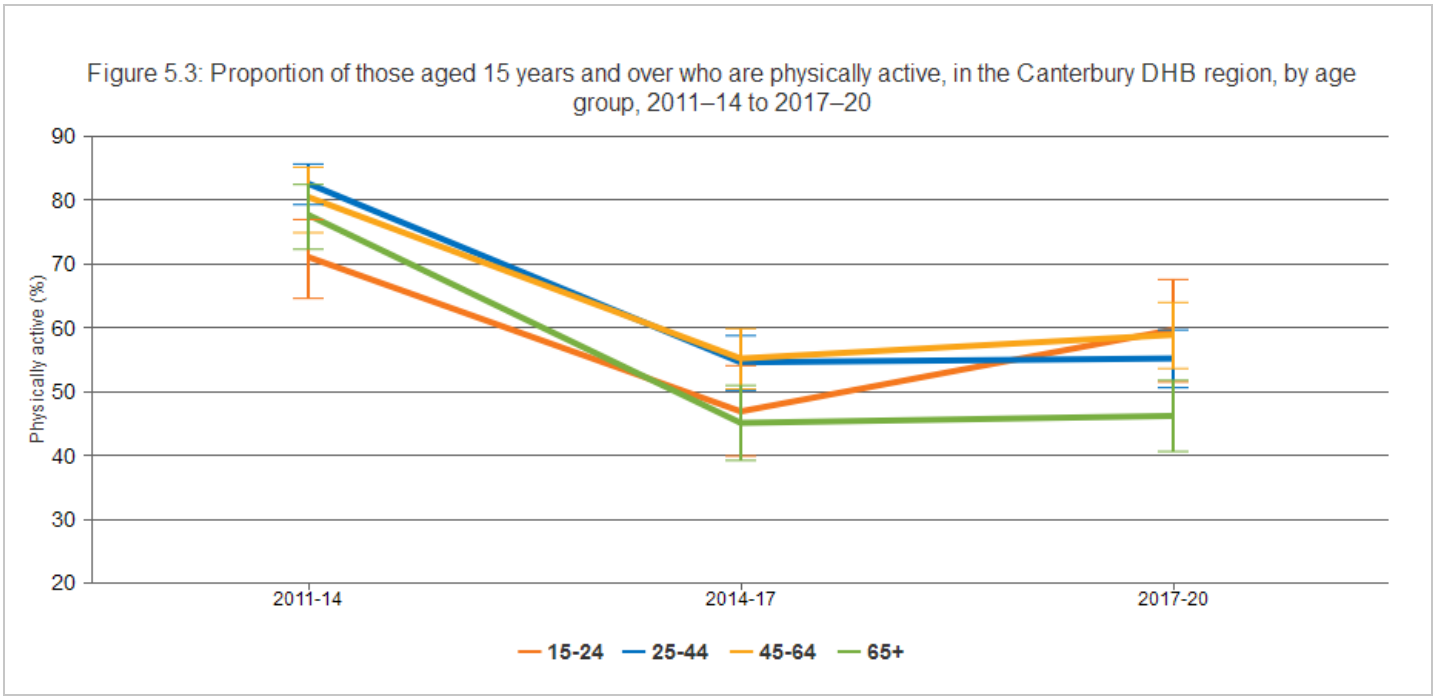
The figure shows that the proportion of respondents aged 15 years and over who indicated being physically active (at least 150 minutes of moderate-intensity or equivalent physical activity per week), was statistically similar in the Canterbury DHB region and New Zealand, over the period 2014/15 to 2019/20 (55.7% and 52.6% respectively, 2019/20). During the time period 2011/12–2014/15, the New Zealand Health Survey recorded notably higher levels of physical activity for respondents from the Canterbury DHB region, compared with respondents from across all of New Zealand. The reason for this picture is unclear, and the possibility of systematic error should be considered (for example sampling error or response bias).

Breakdown by ethnicity



The figure shows the proportion of Māori, Pacific, Asian, and European/Other respondents, aged 15 years and over in the Canterbury DHB region, who indicated being physically active (at least 150 minutes of moderate-intensity or equivalent physical activity per week) for the period 2011–14 to 2017–20. There were no statistically significant differences in the proportion of respondents who indicated being physically active across the different ethnic groups, over the time series shown (Māori, 48.3%; Pacific, 56.5%; Asian, 49.4%; European/Other, 57.3%, for 2017–20).

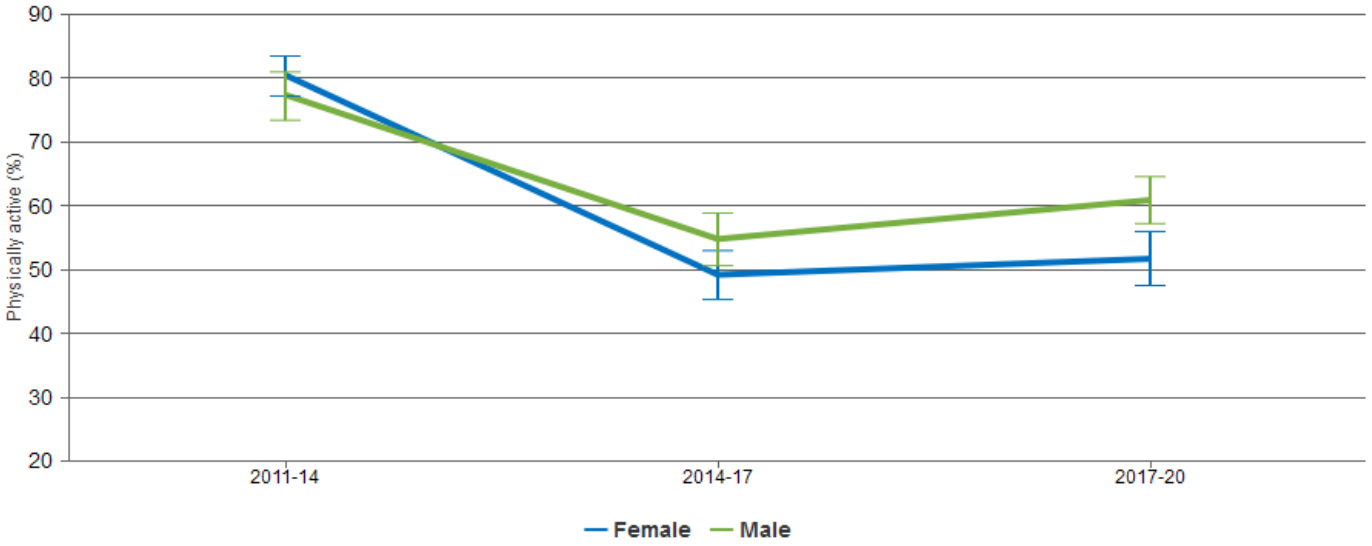
Breakdown by age



The figure shows a pattern of higher proportions of respondents being physically active (at least 150 minutes of moderate-intensity or equivalent physical activity per week) for the three younger age groups (15-24 years, 59.7%; 25-44 years, 55.2%; and 45–64 years, 58.9%, 2017–20) compared with the oldest age group (65+ years, 46.2%, 2014–17). However, the differences are not statistically significant in 2017-20.

Breakdown by gender

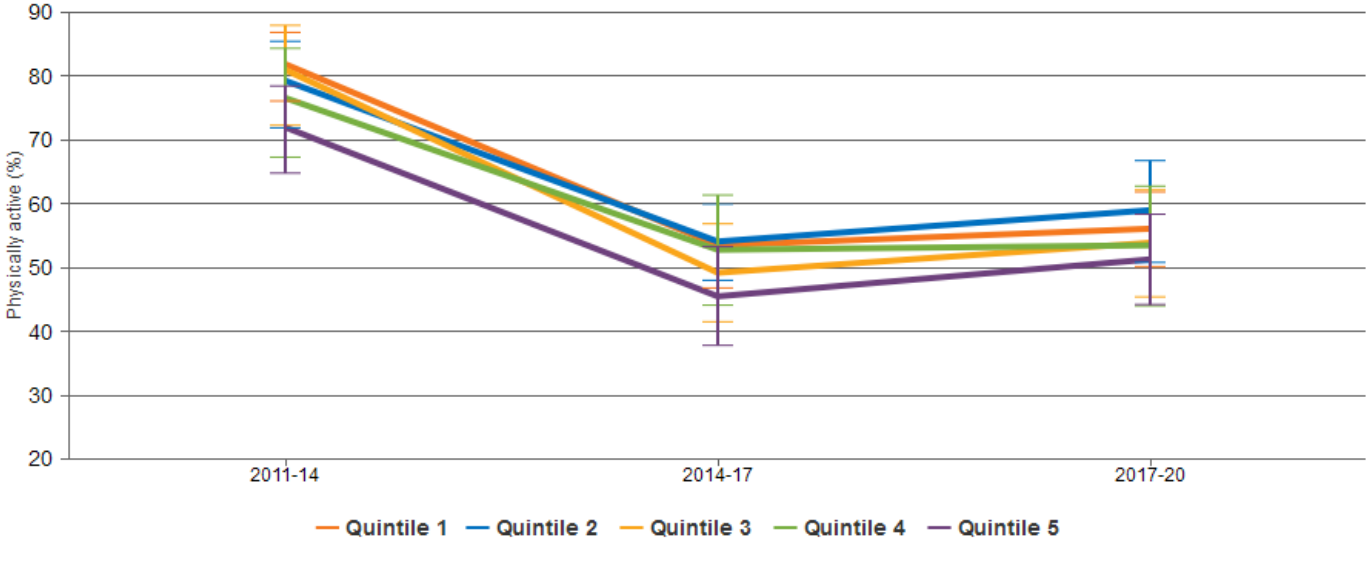
Figure 5.4: Proportion of those aged 15 years and over who are physically active, in the Canterbury DHB region, by gender, 2011–14 to 2017–20



The figure shows that similar proportions of female and male respondents aged 15 years and over in the Canterbury DHB region indicated being physically active (at least 150 minutes of moderate-intensity or equivalent physical activity per week), for the periods 2011–14 and 2014–17. However, for 2017–20, the proportion of females who were physically active (51.7%) was statistically significantly less than that for males (60.9%).

Breakdown by deprivation

Figure 5.5: Proportion of those aged 15 years and over who are physically active, in the Canterbury DHB region, by neighbourhood deprivation, 2011–14 to 2017–20



The figure shows the proportion of respondents aged 15 years and over in the Canterbury DHB region, who indicated being physically active (at least 150 minutes of moderate-intensity or equivalent physical activity per week), for the period 2011–14 to 2017–20, by level of neighbourhood deprivation. The differences in the proportions of respondents who reported being physically active, from neighbourhoods that have the least deprived NZDep18 scores compared with the most deprived NZDep18 scores, are not statistically significant (for 2017–20, Quintile 1, 56.1%; Quintile 2, 59.0%; Quintile 3, 53.9%; Quintile 4, 53.5%; Quintile 5, 51.3%).

Data Sources

Source: Ministry of Health.
Survey/data set: New Zealand Health Survey to 2020. Access publicly available data from the Ministry of Health website https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/_w_c2718a23/#!/explore-indicators
Source data frequency: Survey conducted continuously with data reported annually. Regional results (pooled data) released every 3 years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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