



HEALTHY ANDHRA PRADESH -ACTIVITY PLAN REPORT for 2016 & 2017 & 2018

DEEP MARATHONS –HAPPY SUNDAYS

The organization responsible for developing this report is DEEP (Disease Eradication Through Education and Prevention) Trust, which is a not for profit organization. It is committed in ensuring the long-term success of its objectives of primary health care.

And, that DEEP along with the Govt. of Andhra Pradesh will come together to ensure that the efforts to promote physical activity in the citizens of Andhra Pradesh will be guided by a comprehensive, evidence-based strategic plan. This alliance will be governed by a Board of Directors composed of representatives of organizational partners and at-large experts on physical activity and public health.

ABOUT THE HAPAP

The HAPAP is a comprehensive set of, programs, and initiatives that aim to increase physical activity in all segments of the Andhra Pradesh irrespective of their age and socioeconomic barriers. It is the product of a private-public sector collaborative. Hundreds of organizations are working together to change our communities in ways that will enable every citizen to be sufficiently physically active. With the HAPAP, the Alliance aims to create a national culture that supports physically active lifestyles. Its ultimate purpose is to improve health, prevent disease and disability, and enhance quality of life.

HAPAP-VISION

The HAPAP has a vision: One day, all citizens will be physically active, and they will live, work, and play in environments that encourage and support regular physical activity.

The HAPAP is comprised of activities that will be organized in nine societal sectors:

Each sector presents strategies aimed at promoting physical activity. Each strategy outlines specific tactics that communities, organizations, agencies, and individuals can use to implement the strategy.

Recognizing that some strategies encompass multiple sectors, the HAPAP has several overarching priorities focusing on initiatives that aim to increase physical activity.

1. Business and Industry
2. Community Recreation, Fitness and Parks



3. Educational Institutions
4. Faith-based Settings
5. Healthcare
6. Mass Media
7. Public Health
8. Sport
9. Transportation, Land Use and Community Design

OBJECTIVE ON PHYSICAL ACTIVITY FOR CHILDREN, YOUTH AND ADULTS IN ANDHRA PRADESH

The objective is to increase the levels of physical activity and decrease sedentary behaviors in children, youth and adults, improve facilitators and reduce barriers for physical activity, and transform health outcomes related to physical activity .

The tracking of physical activity indicators over time is an important surveillance exercise that will allow for an assessment of population- level changes in behavior . The HAPAP will be a resource for health statistics in children, youth and adults in Andhra Pradesh . More importantly, the HAPAP is an advocacy tool that provides a level of accountability and call-to-action for adult decision makers regarding how we, as parents, teachers, health professionals, community leaders, and policy makers, can implement new initiatives, programs, and policies in support of healthy environments to improve the physical activity levels and health of our children and youth .

PHYSICAL ACTIVITY GUIDELINES

There is strong consensus among health professionals that physical activity plays a major role in promoting a person's health.

The World Health Organization and the U.S Department of Health and Human Services recommend that children and youth engage in a minimum of 60 minutes of moderate-to-vigorous physical activity daily, including vigorous-intensity activity on at least 3 days per week .

These 60 minutes should also include muscle- and bone- strengthening activities at least 3 days per week.

Moderate-to-vigorous physical activity includes activities that make you sweat or breathe hard, such as running, swimming, and bicycling . Muscle- strengthening activities include exercises that make your muscles work harder than during daily life,



such as doing push-ups, playing tug-of-war, or climbing monkey bars . Bone-strengthening exercises produce force on the bones to promote bone growth and strength, such as when your feet make contact with the ground when playing sports or running.

Sixty minutes of physical activity is a minimum recommendation, and further health benefits can be achieved with greater amounts of physical activity .

INDICATORS

1. OVERALL PHYSICAL ACTIVITY LEVELS
2. SEDENTARY BEHAVIORS
3. ACTIVE TRANSPORTATION
4. ORGANIZED SPORT PARTICIPATION
5. ACTIVE PLAY
6. HEALTH-RELATED FITNESS
7. FAMILY AND PEERS
8. SCHOOL
9. COMMUNITY AND BUILT ENVIRONMENT
10. GOVERNMENT STRATEGIES AND INVESTMENTS

The current physical activity guidelines in the U .S .and globally call for children and youth to participate in at least 60 minutes of moderate-to- vigorous physical activity daily . The majority of children and youth do not meet physical activity recommendations.

OVERALL PHYSICAL ACTIVITY

Self-reported data from -----reflecting the well-known discrepancies between self-reported and device-based assessments of physical activity .

The American Academy of Pediatrics and the National Heart, Lung, and Blood Institute has recommended that children should limit their screen time to no more than 2 hours each day .

SEDENTARY BEHAVIORS

Sedentary behaviors are those that are characterized by low levels of energy expenditure performed while awake and in a sitting or reclining posture . Essentially, many researchers equate sedentary behavior with sitting . Watching television,



playing video games, and using electronic devices (collectively called screen time) are common leisure time sedentary behaviors among children.

The American Academy of Pediatrics and the National Heart, Lung, and Blood Institute has recommended that children should limit their screen time to no more than 2 hours each day.

ACTIVE TRANSPORTATION

Active transportation to school is promoted by increasing route safety and accessibility, including stop signs, crosswalks, sidewalk improvement and crossing guards .

Relationships between walking/biking to recreation sites (i.e., swimming pool, public playground, parks, etc.) can be used of these sites for physical activity. Active transportation represents two opportunities for physical activity, both during the commute and while at the recreation site .

ORGANIZED SPORT PARTICIPATION

Organized youth sports have not been leveraged as a part of our sporting or health history in the Andhra Pradesh and other parts of the country.

Participation in the recently organized marathons and Happy Sundays represents a significant outlet for youth to be active. Marathons and Happy Sundays highlight the potential for youth sports to provide significant opportunities for physical activity.

ACTIVE PLAY

Children may be more active during free play when adults (parent, coach, etc.) are not directly leading activities when compared to organized events. A recent study conducted in Australia found that children of parents who allowed them to play outside independently (without adult supervision) had higher levels of light and total physical activity.

A systematic improvement can be demonstrated in the overall positive effect of outdoor time on physical activity, sedentary behavior and cardiorespiratory fitness in children .



HEALTH-RELATED FITNESS

Health-related fitness refers to those components of physical fitness that are affected by physical activity and relate to health status . The main components of health-related fitness are cardiorespiratory (aerobic capacity); muscular (strength and endurance); morphological (body composition); motor (speed, agility and coordination); and metabolic (blood pressure, glucose and lipid metabolism, etc .) . All of the health-related fitness components are responsive to regular physical activity, and interact to influence the health status of children and youth .

FAMILY AND PEERS

Physical activity is a behavior that has a strong social and cultural component – children and youth do not participate in physical activity in a “vacuum .” Parents and friends and society have an important role to play in promoting physical activity .

There is strong evidence for the clustering of physical activity behaviors among friends and within peer groups, suggesting the intervention might include targeting the physical activity of entire peer groups .

Parents, peers and members of the society can provide both instrumental and social support to encourage physical activity in children and youth .

Instrumental support includes enrolling children in youth sports, paying their physical activity registration fees, and driving them to participate in dance and sport .

Social support more broadly impacts physical activity through encouragement to be active and role- modelling healthy physical activity behaviors .

SCHOOL

Schools are a particularly salient setting for providing and promoting physical activity. They reach nearly all children, most of whom spend approximately half their waking day at school for about 12 years .

Sports Medicine suggests that schools provide at least 50% of children’s daily recommended 60 minutes of moderate-to-vigorous physical activity, with half of it coming from physical education .

Most schools do provide physical education, and it is the only physical activity program that individuals will likely be legally required to participate in over their entire lifespan.



Physical education, however, is only one possibility for physical activity at schools, and the adoption of a whole-of-school approach to increase school day physical activity has been recommended . Within whole-of-school approach many individuals work together in different structured and unstructured contexts (e .g ., physical education; recess; and before-, during-, and after-school sport, dance, exercise, and play opportunities) to provide and promote physical activity .

Physical education has many goals (e .g ., fitness, motor skill, cognitive, social, and emotional development), not all of which require physical activity engagement .

Guidelines for the conduct and content of physical education and their actual implementation varies by school as well as by individual school and teachers . Physical activity space, indoor and outdoor facilities, equipment and personnel resources (e .g ., the number and training of physical education teachers, coaches, and other physical activity providers) at schools vary tremendously, and they are often based on socioeconomic conditions and the presence of a physical activity advocate or champion.

COMMUNITY AND BUILT ENVIRONMENT

The community and built environment provides the context in which the citizens engage (or fail to engage) in active play, active transportation, or other physical activity behaviors .

There are many aspects of the community and built environment which could impact children's, youth's physical activity, and adult population activity such as the proximity to home and accessibility (e .g ., free versus fee- based) of safe indoor and outdoor recreation spaces, the pedestrian infrastructure between home, school, and other destinations, and the street network design and safety that enables or prevents playing in streets and other public spaces near where children live and go to school .

Although not likely sufficient to encourage all children and youth to be active, a safe community and built environment that promotes various types of physical activity is necessary for the achievement of population physical activity objectives .

GOVERNMENT STRATEGIES AND INVESTMENTS

The focus for schools is on chronic health conditions, nutrition, and physical education/physical activity. The strategies are aimed to provide physical literacy at an early stage in the schools and colleges.

But, the largely neglected population other than these two groups require an active



participation of various organizations to transform the health of the citizens of Andhra Pradesh.

Hence a Private Public Partnership is proposed herein to facilitate the promotion of physical activity for all the citizens of Andhra Pradesh irrespective of Age and Socioeconomic status.

DEEP Trust was conducting marathons in Vijayawada and Vizag and tirupathi every marathon participating the participants are;

S.NO	NAME OF THE EVNT	TOTAL PARTICIPANTS	PLACE AND YEAR
1	AMARAVATHI MARATHON	15000	VIJAYAWADA 2016 to 2019
2	VIZAG BAY MARATHON	8000	VIZAG-2016 to 2019
3	SEVEN HILLSMARATHON	5000	TIRUPATHI-2017

Seven hills Marathon



Amaravathi marathon



Vizag bay marathon

