# COMMUNITY SPORTS COMMITTEE 

## Report from the Territory-wide Physical Fitness Survey for the Community Advisory Committee

## Objective

This paper seeks to brief Members of the Community Sports Committee (CSC) on the research report for the Territory-wide Physical Fitness Survey for the Community (the Survey) and the proposed work plan for future promotion.

## Background

2. Under the steer of the Advisory Committee set up by the CSC, the Leisure and Cultural Services Department (LCSD) conducted two territory-wide Physical Fitness Tests for the Community to collect data on the physical fitness of Hong Kong people in 2005-06 and 2011-12. To enhance the public's understanding of the importance of exercise for health and foster a strong sporting culture in the community, the Home Affairs Bureau (HAB) (now known as the Culture, Sports and Tourism Bureau (CSTB)) proposed in 2018 that another territory-wide physical fitness test be carried out to collect the latest data on the physical fitness of the public for formulation of long-term goals and policies for promotion of Sport for All. Upon inclusion of the proposal in the Chief Executive's 2018 Policy Address, preparatory work for the Survey commenced in 2019 while the data collection and related work were carried out between July 2021 and December 2022. It was hoped that the Survey could achieve the following objectives:
(a) To enable members of the public participating in the Survey to have a general understanding of their own physical fitness conditions;
(b) To continue building up a database on the physical fitness of Hong Kong people and compare the data with those collected in 2011-12 in order to understand the changes in the physical fitness of the public over the past decade;
(c) To identify the relationship between the physical exercise pattern and physical fitness of Hong Kong people; and
(d) To identify priority areas for improvement to enhance the overall physical fitness of the public.

## Territory-wide Physical Fitness Survey for the Community

3. At the meeting held in October 2019, the CSC agreed to establish an Advisory

Committee to advise on the preparation for the Survey, implementation details, publicity and promotional strategies, community engagement and monitoring of data collection and report submission by the professional agents to be commissioned. The Advisory Committee was officially established in November 2019, the membership of which comprised two representatives from the CSC (as the Convenor and Vice-Convenor of the Advisory Committee), three representatives from professional organisations in related fields (namely those from the Sports Medicine and Sports Science Association of Hong Kong, China, the Hong Kong Jockey Club Sports Medicine and Health Sciences Centre and the Physical Fitness Association of Hong Kong, China (PFA)), as well as government representatives from the Department of Health (DH), the Education Bureau (EDB), the HAB (now known as the CSTB) and the LCSD. To seek wider views from academia on the implementation of the Survey, the Advisory Committee invited a number of academic professionals to provide opinions at its second and third meetings, during which they had in-depth discussions with Members on the survey methodology and expressed their views. The Advisory Committee then finalised various areas of work such as the research methodology, proposed tendering items, implementation strategies and publicity programmes in an orderly manner. Under the steer of the Advisory Committee, the LCSD undertook the implementation work.

## Modes of Implementation

4. The Survey was mainly conducted in two parts: physical fitness assessments covering the five elements of physical fitness, namely body composition, cardiorespiratory endurance, flexibility, muscular strength/endurance and neuromuscular function, and a questionnaire survey on physical activities and lifestyles. Companies/organisations were invited to take part in the Survey. Participants were selected by random sampling of the working population with reference to the framework for economic groups provided by the Census and Statistics Department (C\&SD). Meanwhile, industrial and commercial organisations and federations were contacted proactively to drum up support from member companies and organisations to participate in the Survey, in the hope of boosting the success rate of sampling of working participants. On another front, non-working persons such as university students, housewives, the elderly or retirees were contacted through tertiary institutions, social welfare organisations and district organisations for sampling to participate in the Survey. Out of the participating companies/organisations, 8500 Hong Kong residents aged between 7 and 79 were selected by random sampling for data collation and analysis.
5. The development of the COVID-19 epidemic had an impact to a varying degree on the preparatory work of the Survey. Through open tender, the LCSD commissioned the Chinese University of Hong Kong (CUHK), the PFA and Dragon Creative Media Limited in March 2021 to provide services in the fields of consultancy, data collection, as well as information technology and support respectively. Such agents held four pilot tests with satisfactory results in May 2021 according to the work schedule, with a view to testing the newly introduced technologies such as an online
registration system, completion of questionnaires, record of physical fitness test results with the aid of tablet computers and an online system, on-the-spot printing of analyses of participants' physical fitness results. The subsequent data collection for the Survey commenced in July 2021, but was suspended between January and April 2022 due to the ongoing impact of the epidemic. The data collection was eventually concluded in early December 2022, with a total collection of 9326 samples, of which 8419 samples were appropriate for analysis.
6. Reporting findings of the Survey to Members at the meetings of the Advisory Committee on 27 March and 12 April 2023, the CUHK subsequently collected further relevant information for analysis based on the recommendations made by Members. The refined Executive Summary (at Annex) was approved by the Advisory Committee, and the way forward was also discussed at the meetings.

## Summary of Findings

7. The Survey was divided into six age groups ( 7 to 11,12 to 16,17 to 19,20 to 39 , 40 to 59 , and 60 to 79 ) with reference to the " 2021 Population Census" published by the C\&SD. Upon exclusion of infants and toddlers aged between 0 and 6 as well as the population aged 80 or above, the sample size required for each of the respective age groups in the Survey was calculated based on the local population proportion by means of proportional allocation. Key findings are summarised as follows:

## (a) Children (aged 7 to 11)

(i) Physical Fitness Performance

225 boys and 201 girls were covered in the analysis, with their average physical fitness performance being outlined as follows:

- Cardiovascular Endurance Test (15m Progressive Aerobic Cardiovascular Endurance Run (PACER)): 21.1 laps for boys and 18.1 laps for girls, an improvement against 2012 (16.5 laps for boys and 14.9 laps for girls).
- Muscular Strength Test (Handgrip Strength): 32.1 kg for boys and 26.5 kg for girls, an improvement for boys against 2012 ( 27.9 kg ). The performance for girls has, however, remained broadly unchanged over the years ( 26.8 kg in 2012).
- Muscular Strength/Endurance Test (1-min Sit-up): 16.4 reps for boys and 15.2 reps for girls, a deterioration as compared to 19.5 reps for boys and 18.7 reps for girls in 2012.
- Muscular Strength/Endurance Test (Standing Long Jump): 117.0 cm for boys and 111.1 cm for girls, a deterioration for boys as compared to 124.7 cm in 2012. The performance for girls has, however, remained broadly unchanged over the years ( 112.6 cm
in 2012).
- There were no substantive differences in other physical fitness parameters, such as flexibility of both genders.
(ii) Obesity and Body Composition
- $33.0 \%$ of children were regarded as being either overweight or obese according to the World Health Organization (WHO) Child Growth Standards ${ }^{1}$, while $18.2 \%$ of them were regarded as being either overweight or obese based on the Hong Kong Weight-for-Height Growth Chart ${ }^{2}$.
- Skinfold Thickness: The results for subcutaneous fat recorded in this Survey were 22.9 mm for boys and 22.6 mm for girls, an improvement against 2012 ( 25.3 mm for boys and 26.1 mm for girls).
(iii) Physical Activity Level

While $66.3 \%$ of children did not meet the WHO's recommended physical activity (PA) level, which means an average of at least 60 minutes per day of moderate-to-vigorous physical activity (MVPA) across the week, only $15.7 \%$ of them considered their PA levels as insufficient. The above showed that there was a significant gap between perceptions of their participation in PA and actual practices.
(iv) Favourite Sports and Significant Barriers to Participation in PA

- The top 5 favourite sports for boys were:
ball games (67.8\%), swimming (49.5\%), cycling (48.1\%), distance running ( $36.0 \%$ ) and track and field (29.9\%)
- The top 5 favourite sports for girls were: swimming (53.8\%), rope skipping (46.2\%), cycling (43.1\%), dancing (42.1\%) and ball games (32.8\%)
- The three most significant barriers to their participation in PA were: inclement weather (60.4\%), heavy homework assignments (40.8\%), as well as physical and mental fatigue (34.7\%)

[^0](v) Further Analysis

- As far as children were concerned, the more frequent they engaged in an average of 60 minutes per day of MVPA across the week, the better their cardiovascular endurance ( $r=0.264$ ).
- The higher the overall body fat (boys: $r=-0.234$; girls: $r=-0.153$ ) and subcutaneous fat (boys: $r=-0.273$; girls: $r=-0.172$ ), the worse the cardiovascular endurance.
- A positive correlation was noted between cardiovascular endurance and muscular fitness (i.e. muscular strength and endurance as well as explosive power) (boys: $r=0.529-0.586$; girls: $r=0.534-0.609$ ).
- Parents' PA levels would leave an impact on their children's participation in PA. Compared to those with physically inactive fathers, the children, be they boys or girls, whose fathers participated in PA three times or more a week would increase their level of MVPA across the week by 121 minutes. Compared to those with physically inactive mothers, the children, be they boys or girls, whose mothers participated in PA three times or more a week would increase their level of MVPA across the week by 95 minutes.


## (b) Adolescents (aged 12 to 16)

(i) Physical Fitness Performance

Datum regarding 180 men and 170 women were covered in the analysis, with their average physical fitness performance being outlined as follows:

- Cardiovascular Endurance Test (15m PACER): 46.7 laps for boys and 27.1 laps for girls, an improvement against 2012 (38.1 laps for boys and 21.8 laps for girls).
- Flexibility Test (Sit-and-reach): 23.1 cm for boys and 31.1 cm for girls, a slight improvement against 2012 ( 22.6 cm for boys and 29.9 cm for girls).
- Muscular Strength Test (Push-up): 11.2 reps for boys and 9.5 reps for girls, an improvement against 2012 ( 9.5 reps for boys and 6.2 reps for girls).
- Muscular Strength/Endurance Test (Standing Long Jump): 167.7 cm for boys and 131.9 cm for girls, a deterioration for boys against 2012 ( 169.4 cm ). The performance for girls has, however, remained broadly unchanged over the years $(131.3 \mathrm{~cm}$
in 2012).
- There were no substantive differences in other parameters.
(ii) Obesity and Body Composition
- $\quad 27.7 \%$ of adolescents were regarded as being either overweight or obese according to the WHO Child Growth Standards, while $23.2 \%$ of them were regarded as being either overweight or obese based on the Hong Kong Weight-for-Height Growth Chart.
- Skinfold Thickness: The results for subcutaneous fat recorded in this Survey were 27.3 mm for boys and 33.9 mm for girls, a deterioration against 2012 ( 21.88 mm for boys and 28.95 mm for girls), indicating there have been an increase in weight over the years.
(iii) Physical Activity Level
- $50.7 \%$ of adolescents failed to meet the WHO's recommended PA level (i.e. an average of at least 60 minutes per day of MVPA across the week), a bit worse than the failure level for children (66.3\%).
- $34.4 \%$ of adolescents considered their PA levels as insufficient. The above showed that there was a significant gap between perceptions of their participation in PA and actual practices.
(iv) Favourite Sports and Significant Barriers to Participation in PA
- The top 5 favourite sports for boys were: ball games ( $72.2 \%$ ), swimming ( $21.7 \%$ ), track and field ( $12.2 \%$ ), distance running ( $11.7 \%$ ) and rope skipping ( $7.8 \%$ )
- The top 5 favourite sports for girls were:
ball games ( $50.6 \%$ ), swimming ( $34.7 \%$ ), dancing ( $26.5 \%$ ), skating/roller skating (25.9\%) and rope skipping (17.1\%)
- The four most significant barriers to participation in PA for adolescents were:
carrying out exercise causing muscles to feel sore ( $45.0 \%$ ), lack of time (42.0\%), inclement weather (41.4\%) and tiredness (41.1\%)
(v) Further Analysis
- The findings for adolescents were comparable to those for
children. As far as adolescents were concerned, the more frequent they engage in an average of 60 minutes or more per day of MVPA across the week, the better their cardiovascular endurance (boys: $r=0.300$; girls: $r=0.367$ ).
- The higher the body fat ( $r=-0.466$ ) and subcutaneous fat ( $r=-0.539$ ), the worse the cardiovascular endurance.
- A positive correlation was noted between cardiovascular endurance and muscular fitness (i.e. muscular strength and endurance as well as explosive power) ( $r=0.444-0.584$ ).
- Compared to their peers with daily screen time of no more than 2 hours, girls with daily screen time of more than 2 hours would have a higher level of body fat ( $\mathrm{p}=0.026$ ), while boys under the same conditions would have poorer cardiovascular endurance ( $\mathrm{p}=0.035$ ).
(c) Adults (aged 17 to 79)
(i) Physical Fitness Performance

Datum regarding 2970 men and 4673 women were covered in the analysis, with their average physical fitness performance being outlined as follows:

- Cardiovascular Endurance Test (3-min Step Test (Recovery Heart Rate)) for men aged 20 to 39: 117.18 beats per minute (bpm), an improvement against 2012 ( 122.13 bpm ).
- Muscular Strength/Endurance Test (Handgrip Strength, Vertical Jump and 1-min Sit-up) for men aged 20 to $39: 82.17 \mathrm{~kg}, 46.62$ cm and 27.57 reps respectively, all an improvement against 2012.
- Flexibility Test (Sit-and-reach) for women aged 20 to 59: 7.21 cm and 9.42 cm for those aged 20 to 39 and 40 to 59 respectively, all a significant improvement against 2012 (2.81 cm and 3.22 cm for those aged 20 to 39 and 40 to 59 respectively).
- Muscular Strength Test (Handgrip Strength) for women aged 20 to $59: 51.61 \mathrm{~kg}$ and 50.24 kg for those aged 20 to 39 and 40 to 59 respectively, all a significant improvement against 2012 ( 45.56 kg and 43.46 kg for those aged 20 to 39 and 40 to 59 respectively).
- Participants of this Survey performed better in terms of cardiovascular endurance, muscular strength and endurance, as well as explosive power as compared to those in the 2012 Survey. Participants in this Survey had, however, poorer balancing skills as compared to those in the 2012 Survey.
(ii) Obesity and Central Obesity
- Under the WHO Body Mass Index (BMI) classification for Asian adults ${ }^{3}$, about $30 \%$ of male participants and $20 \%$ of female participants were classified as being obese.
- Based on the criteria regarding the waist circumference $(\geq 90$ cm for men and $\geq 80 \mathrm{~cm}$ for women), $26.5 \%$ of male participants and $34.3 \%$ of female participants were found with central obesity.
- A higher prevalence of central obesity was seen in specific age and gender groups: women aged 70 to 79 (57.2\%); women aged 60 to $69(44.3 \%)$; men aged 70 to $79(38.3 \%)$; and women aged 40 to 59 (31\%).
(iii) Hypertension
- Based on the definition of hypertension (i.e. systolic blood pressure $\geq 140$ and diastolic blood pressure $\geq 90$ ), $31.0 \%$ of male participants and $22.7 \%$ of female participants were found to suffer hypertension.
- A higher prevalence of hypertension was seen in specific age and gender groups: women aged 70 to 79 (43.8\%); men aged 70 to 79 ( $43.1 \%$ ); men aged 60 to 69 ( $40.3 \%$ ); and men aged 40 to 59 ( $34.2 \%$ ).
(iv) Physical Activity Level
- $53.8 \%$ of adults ( $49.3 \%$ of men and $56.8 \%$ of women) failed to meet the WHO's recommended PA level (i.e. 150 minutes of MVPA per week).
- A higher failure rate to meet the WHO's recommended PA level was detected in specific age and gender groups: women aged 20 to 39 ( $67.8 \%$ ); women aged 40 to 59 ( $60.6 \%$ ); women aged 17 to 19 ( $59.6 \%$ ); and men aged 40 to 59 ( $61.0 \%$ ).
(v) Favourite Sports and Significant Barriers to Participation in PA
- For $66.7 \%$ of men and $50.9 \%$ of women aged 17 to 19 , their favourite sport was ball games.
- For $46 \%$ of men aged 20 to 39 , their favoruite sport was

[^1]running/jogging.

- For $59.63 \%$ of women aged 20 to 79 and $59.03 \%$ of men aged 40 to 79 , their favourite sport was walking.
- For adult males aged 17 to 59 , a half stated that the most significant barriers to their participation in PA included lack of time $(56.27 \%)$ and tiredness $(53.77 \%)$. For adult females aged 17 to 59 , laziness ( $54.07 \%$ ), lack of time ( $53.13 \%$ ) and tiredness ( $51.27 \%$ ) were reported to be the most significant barriers to their participation in PA. For $39.68 \%$ of the elderly aged 60 to 79 , inclement weather was reported to be the most significant barrier to their participation in PA.
(vi) Further Analysis
- Lack of PA was associated with poorer body composition, cardiovascular endurance, flexibility and muscular endurance.
- One's employment status had also a bearing to his/her PA level, which meant that the non-working population had a higher PA level than the working population ( $\mathrm{p}<0.001$ ). As a matter of fact, $54.5 \%$ of non-working persons could achieve the standard PA level as recommended by the WHO, while only $34.6 \%$ of working persons managed to meet such a goal.
- Women with better education had lower BMIs, waist circumferences and resting systolic blood pressure, thereby enjoying better physical fitness with lower blood pressure. Meanwhile, men with better education had a lower body fat reading. A positive correlation was also noted between education level and a range of indicators such as muscle masses for both genders, resting heart rates for women, as well as core and lower limbs muscular endurance. The above indicated it was generally true that, among the public, the higher the education level, the better their physical fitness.


## Recommendations

8. We made the following recommendations based on the above findings from the Survey:

## (a) Raising the physical activity level among children and adolescents

- The findings showed that a higher percentage of both children and adolescents had not met the physical activity level recommended by the WHO, suggesting the need for more extracurricular physical activities for children. It is recommended that the stakeholders concerned should
organise physical activities based on their favourite sports, such as ball games (the most popular sport among adolescents), swimming (the second most popular sport among adolescents), and skating/roller-skating (the third most popular sport among adolescents). Parents should also be encouraged to participate in sports with children during leisure time.
- It is recommended that the relevant government departments and stakeholders should encourage students to participate in at least one sport after school, while making good use of the existing sports facilities including basketball courts, badminton courts or fitness rooms to allow students to exercise during lunch hour or their free time out of class. In addition, students should also be educated on the concept of the physical activity level recommended by the WHO.
- It is considered feasible that children can be encouraged to participate in physical activities by promoting award programmes, such as the sportACT Award Scheme organised by the LCSD, among them.


## (b) Increasing awareness of physical activity levels

- Findings from the Survey showed that there was a significant gap between the actual physical activity levels among children and their perceived ones. It is recommended that relevant stakeholders should work together to promote the WHO's recommendations regarding physical activity to children and parents, while educating parents and teachers on the importance of evaluating and monitoring children's daily physical activity levels.
- Findings from the Survey revealed that over half of the citizens in Hong Kong were still highly deficient in levels of physical activity. Therefore, it is recommended the Government should continue promoting the physical activity level recommended by the WHO, while encouraging members of the public to accumulate 150 or above minutes of moderate or vigorous physical activities per week. For those having reached this benchmark, they can work towards the goal of attaining even higher levels of physical activity in a gradual approach.


## (c) Promoting Standards for Physical Fitness

- Citizens should be equipped with sufficient knowledge to determine their own physical fitness level in terms of cardiorespiratory endurance, muscle strength, muscle endurance, level of flexibility and neuromuscular function. It is recommended that members of the public should be enlightened on the standards and importance of physical fitness by means of the Internet, mobile applications, and social media. Stakeholders should all work together to improve citizens' physical fitness by offering more sports and
fitness training programmes, as well as organising or promoting interesting sports activities such as virtual fitness programmes, with mobile applications and fitness workshops being introduced in tandem.
(d) Removing barriers to raise interests in participating in sports activities
- To overcome the significant barriers to children's participation in physical activities, it is recommended, in terms of strategies, that parents and children should be provided with information regarding those physical activities that can be done at home; the importance of quality homework should be emphasised rather than its quantity; and publicity should be made on the importance of getting enough sleep (i.e. $\geq 9$ hours).
- To address the significant barriers to adolescents' participation in physical activities, it is recommended that young people should be educated on some basic post-workout recovery techniques including proper cool-down exercises, stretching and getting adequate sleep; and quality of schoolwork should be emphasised rather than its quantity. It is also recommended that adolescents and parents alike should be encouraged to do physical activities at home together through such channels as relevant government websites, mobile applications and social media.
- Besides, given lack of time being a common barrier among adults to their participation in physical activities, it is recommended that government departments should work together with relevant NSAs to organise physical activities that are not subject to time constraints, such as online or video training courses.
(e) Conducting physical fitness assessments
- It is crucially important to monitor continuously the physical fitness of citizens, including their body composition, cardiorespiratory endurance, muscule strength/endurance, level of flexibility and neuromuscular function. It is recommended that relevant government department should share information on the standards for physical fitness on their websites or through mobile applications.
- Government departments and various stakeholders should also conduct physical fitness assessments for adults on a district basis, in a bid to enlighten them on changes in physical fitness over time. Specific recommendations are as follows:
- Setting up physical fitness self-assessment stations at recreation and sports facilities, with user-friendly testing equipment (e.g. electronic blood pressure monitors, height and weight scales with body mass index charts, bioelectrical impedance analysis to measure body fat
percentage, hand grip strength, and sit-and-reach tests) to allow citizens to conduct tests on their own;
- Organising regular physical fitness assessment workshops hosted by professional assessors;
- Providing free physical fitness consultation services at recreation and sports facilities or during sports fun days, through booked or virtual consultation by professionally trained coaches of various NSAs, in the hope of improving the physical fitness of citizens.


## (f) Providing more opportunities for families to participate in sports as a unit

- Parents' involvement has an important bearing on their children's participation in physical activities. It is recommended that government departments, non-governmental organisations or social service providers should organise more family-friendly activities during weekends and holidays.
- It is recommended that government departments and relevant NSAs should organise physical fitness assessment days for families to participate in as a unit. It is also desirable that citizens can have access to physical fitness indicator charts on the websites of relevant government departments, thereby facilitating evaluation and view of their own and family members' physical fitness.
(g) Organising and promoting targeted physical activities
- Findings from the Survey revealed that participants performed worse in muscle strength, in particular muscle endurance for children and muscle strength for adolescent boys, as compared to those in the 2012 Survey. It is recommend that children should step up their training in muscle endurance. It is also recommended that adolescents should engage in such muscle strength training as box jumping, rope jumping and long jumps to enhance physical fitness.
- Adult participants were found to perform worse in balancing skills as compared to those in the 2012 Survey. Therefore, it is recommended that activities designed to improve balance should be organised for adults in this generation.
- As compared to the data in 2012, a higher prevalence of subcutaneous fat was seen among adolescents, while a higher percentage of both central obesity and hypertension were noted in the elderly age group. It is recommended that government departments and NSAs should launch various sports programmes specifically addressing the risks of obesity and hypertension.
- Findings from the Survey revealed that most of those lacking exercise, regardless of age and gender, were interested in sports activities such as walking, running, yoga or stretching. It is recommended that relevant NSAs, community centres, the LCSD or other government departments should organise more sports programmes or workshops based on such preferences, including, inter alia, walking programmes (such as the LCSD's Fitness Walking or QualiWalk), body and mind relaxation classes and running programmes.


## The Way Forward

9. The Survey provides the latest physical fitness data of the general population in Hong Kong, which can be used as a reference by government departments and stakeholders to promote relevant sports and to formulate targeted policies in the future. By publishing findings from the Survey, the general public can also gain a better understanding of their own current physical fitness level and the importance of regular participation in sports and physical activities. It is recommended that measures should be taken in an ongoing manner in the following aspects:
(a) Key findings from the Survey and recommendations should be made public through various media channels, such as press releases, social media, interviews, websites and featured programmes, to raise the citizens' awareness of the current physical fitness level.
(b) The recommendations of the Survey should be deliberated, alongside staff from relevant government departments, such as the LCSD, the DH and the EDB, as well as community stakeholders, to formulate targeted policies to help improve the physical fitness among citizens, including provision of appropriate recreation and sports facilities and programmes for use and participation by citizens; as well as bringing more opportunities for citizens to engage in physical activities.
(c) Citizens should be educated on the "Physical Activity Guidelines", under which children and adolescents should engage in moderate to high-intensity physical activities for a weekly average of at least 60 minutes per day, while adults should engage in moderate or higher-intensity physical activities for an accumulated total of at least 150 minutes per week, through promotional channels, such as dedicated webpages, video productions, and revolving exhibitions. Those having met such targets can increase their physical activity level in a gradual manner, with the aim of achieving an ever high goal and eventually establishing the good habit of regular exercise.
(d) Big data should be explored to develop simple and self-administered physical fitness assessment tools, where physical fitness standards for varying age groups are adopted to allow citizens to monitor the changes in their physical fitness at any time. Alternatively, mobile applications should be developed to allow citizens to record their daily physical activity levels, thereby enhancing the database.
(e) Physical fitness data should be collected regularly from citizens to evaluate the changes in their physical fitness in a persistent manner. It is recommended that such a territory-wide physical fitness survey should continue to be conducted every five years, and longitudinal studies should be conducted as well, with a view to shedding light on the relationship between habits on physical activity and physical fitness.

## Advice Sought

10. Views are sought from Members on the above findings, recommendations and promotion work plan.

## Secretariat of the Territory-wide Physical Fitness Survey for the Community Advisory Committee <br> April 2023


[^0]:    1 World Health Organization (WHO) Child Growth Standards:
    Overweightness refers to BMI for age and gender greater than 1 standard deviation above the WHO Growth Reference average, while obesity means the same being greater than 2 standard deviations above the WHO Growth Reference average.
    ${ }^{2}$ Hong Kong Weight-for-Height Growth Chart:
    Overweightness/obesity is defined as a weight exceeding $120 \%$ of median value in the Hong Kong Weight-for-Height Growth Chart.

[^1]:    3 The Body Mass Index (BMI) classification recommended by the WHO for Asian adults are as follows:
    underweight: $\mathrm{BMI}<18.5$; normal range: $18.5 \leq \mathrm{BMI}<23$;
    overweight: $23 \leq \mathrm{BMI}<25$; obese: $\mathrm{BMI} \geq 25$
    Body Mass Index $(\mathrm{BMI})=$ Weight $($ kilograms $) /$ Height $(\text { metre })^{2}$

