

## Policy Agenda – 2015-17

The National Coalition for Promoting Physical Activity is a diverse blend of association, health organizations, and private corporations advocating for policies that encourage Americans of all ages to be physically active. Through policy change, we want to transform communities, workplaces, schools, and other environments where people spend a majority of their time into places that make people want to be more physically active. If it is not a policy issue we are leading or working on directly, we want to communicate and amplify the work of others. Join our coalition to support this important mission of increasing physical activity for all Americans. If you would like to be added to our e-mail list, participate on one of our committees, join our regular update calls, sign our CEO Pledge (<http://ncppa.org/ceo-pledge%E2%84%A0-0>), or get involved with our work in some other way, please contact Ayanna McKnight at [NCPPA@heart.org](mailto:NCPPA@heart.org).

### STEERING COMMITTEE MEMBER ORGANIZATIONS

American College of Sports Medicine  
American Council on Exercise  
American Heart Association  
International Health, Racquet, &  
Sports Club Association  
MEND Foundation  
National Academy of Sports  
Medicine  
National Athletic Trainers Association  
National Council on Strength and  
Fitness  
NIRSA – Leaders in Collegiate  
Recreation  
SHAPE America  
SPRI Products, Inc

# Policy Agenda

## Schools/Early Child Care/Colleges and Universities

- Increase the quality and quantity of physical education in schools
- Retain physical education within the definition of special education. Ensure that adapted physical education services are delivered to students by a state certified/licensed teacher endorsed to teach adapted physical education.
- Designate physical education and health education as core academic subjects
- Maintain funding for a robust Physical Education for Progress (PEP) grant program
- Increase the quantity of other physical activity opportunities during the school day such as:
  - Recess
  - Classroom breaks/activity between classes
  - Physical activity integrated into the curriculum
- Support opportunities to reach college/university students with:
  - Expanded physical activity opportunities through intramural, fitness, outdoor and club sports
  - A campus built environment that encourages physical activity
  - Education about the links between physical activity and increased learning capacity, good mental health and overall wellbeing.
- Promote robust physical activity policies in early education and childcare
- Improve implementation and evaluation of local school wellness policies
- Promote physical activity standards in before and after school programs

## Communities

- Promote shared use of school facilities and other opportunities for recreational spaces
- Provide safe opportunities for kids and families to participate in age-appropriate sports, recreations, and physical activity programs
- Change zoning laws to favor/require mixed use development that places destinations within walking distance of homes
- Increase the number of parks and other outdoor venues that create access to nature
- Target funding for physical activity environments, policy implementation, and programs for priority populations, including low-income communities, communities of color, and areas with high rates of chronic disease and/or shorter lifespans
- Target technical assistance and support for grant preparation for physical activity-related grants to low-resource communities

## Workplaces

- Support active design of workplaces and policies to promote a culture of health and provide physical activity opportunities before, during, and after the work day
- Support and promote healthy meeting/conference guidelines

- Support comprehensive worksite wellness programs and preserve access to health care with financial incentives tied to health care plans
- Support tax reform efforts that would allow employers to offer non-taxable fitness benefits

### **Active Transportation/Street Level Design**

- Support Complete Streets and street level design policies that facilitate walking, biking, and active means of transport
- Maintain funding for and support local control of Transportation Alternatives Program
- Integrate healthy design elements into building construction
- Increase funding for and implementation of Safe Routes to School

### **Health Care Delivery**

- Provide tax incentives and reimbursement policies that cover health/fitness counseling; create linkages between health care providers and community resources for physical activity and physical fitness promotion
- Support exercise prescriptions in health care delivery
- Increase professional education and medical school training to health care providers to increase their knowledge around physical activity/physical fitness and increase their willingness to make exercise prescriptions
- Integrate quality measure on physical activity/physical fitness into electronic health records

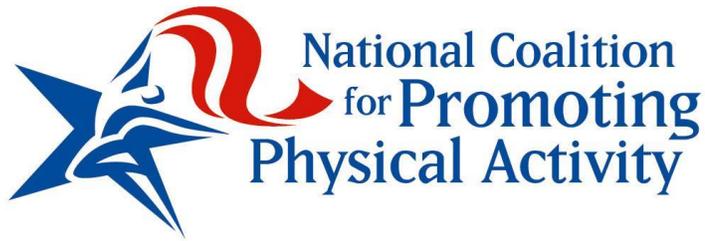
### **Athlete Safety**

- While the benefits of physical activity are far greater than the risks, recognize there are ways to provide safer environments, especially for youth athletes
- Increase the number of schools that have a comprehensive athletic health care program and health care team
- Ensure safe practice and play facilities that are regularly inspected and cleaned
- Promote having a plan for selection, fit and maintenance of athletic equipment
- Support the adoption of injury and illness prevention strategies
- Ensure that every student athlete has a pre-participation examination including risk assessment for cardiovascular disease and concussion testing when appropriate
- Support the training of coaches and athletic officials in CPR and the use of automated external defibrillators (AEDs)
- Ensure that student athletes do not return to physical activity after a concussion or heat stroke without medical clearance
- Promote the adoption of venue-specific Emergency Action Plans (EAPs), coordinated by the athletic health care team and routinely rehearsed with local emergency personnel

### **Advocate for Regular Revision and Update of the Physical Activity Guidelines for Americans (PAGs)**

- Work to have a Congressional mandate to update the PAGs every ten years with a five year, mid-course review
- Support regular update and revision of the PAGs by the Department of Health and Human Services in the interim without a federal mandate

- Help assure there is a coordinated dissemination and communication strategy to assure that all Americans know about the PAGs and how to incorporate them into their daily lives



## **Why We Do What We Do**

Being physically active is one of the most important health behaviors for maintaining health and quality of life. Regular physical activity and improved cardiorespiratory fitness are associated with delayed cardiovascular disease and stroke mortality, a lower risk of high blood pressure, diabetes, obesity, and some cancers.<sup>1,2,3</sup> The *2008 Physical Activity Guidelines for Americans*<sup>4</sup> recommends that children engage in at least 60 minutes of moderate-vigorous physical activity each day to include aerobic, muscle, and bone strengthening exercises. Adults should engage in 150 minutes/week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity that includes muscle-strengthening activity two or more days a week. Developing policies that promote regular physical activity and physical fitness is a worthy investment to improve quality of life, community development and infrastructure, the learning environment in schools, family recreation, job productivity, global competitiveness, military recruitment and retention and national security.<sup>5</sup>

According to the World Health Organization, rising levels of physical inactivity have led to adverse health consequences and are the fourth leading risk factor for global mortality.<sup>6</sup> Physical inactivity is now a global health burden, the principle cause for 21-25 percent of breast and colon cancer burden, 27 percent of diabetes burden, and 30 percent of ischemic heart disease burden.<sup>7</sup> The global reach of physical inactivity makes it a pandemic, with significant health, economic, environmental, and social consequences.<sup>8</sup> Physical fitness can have a positive impact on cognitive ability, avoiding tobacco use, and reducing insomnia, depression, and anxiety.<sup>4</sup> Approximately 44 percent of the decline in U.S. age-adjusted coronary heart disease death rates achieved in previous decades can be attributed to reductions in risk factors including lower total blood cholesterol, systolic blood pressure, smoking prevalence, and physical inactivity.<sup>9</sup>

### ***Health Care Delivery***

Although cardiorespiratory fitness is an important marker of both functional ability and cardiovascular health, it is currently the only major risk factor that is not routinely and regularly assessed in either the general or specialized clinical setting.<sup>10</sup> People who are sitting throughout their day have roughly twice the risk of having heart attacks, heart surgeries, strokes, or other cardiovascular events compared to those who sit less, independent of physical activity level.<sup>11</sup>

Systematic reviews show that most interventions to increase physical activity are cost-effective, and are often on par with pharmaceutical interventions, especially if they involve brief exercise advice on prescription with multiple means of delivery using current technologies.<sup>12,13,14</sup>

### ***Schools***

In a systematic review of physical education programs that increased the amount of time that students were physically active, students' aerobic and physical fitness increased.<sup>15,16</sup> Another systematic analysis showed that

mandated physical education policy in schools may have the greatest physical-activity-related energy expenditure for school and community-based policies.<sup>17</sup>

Compliance with state physical education laws or regulations in states with requirements for the time in physical education is critical for seeing improvement in student fitness.<sup>18</sup> The benefits of modifying the school physical education curricula are present across diverse racial, ethnic, and socioeconomic groups, among boys and girls, elementary- and high-school students, and in urban and rural settings.<sup>19</sup> A six-month exercise program among obese children and adolescents reduced body mass index, diabetes risk factors, and low-degree inflammation, and demonstrated that regular exercise can restore blood vessel function and improve cardiovascular risk factors.<sup>20</sup>

Evidence from the Early Childhood Longitudinal Study showed that physical education programs do have an impact on improving risk factors in young overweight girls.<sup>21</sup>

Physically fit children have higher scholastic achievement, better classroom behavior, greater ability to focus, and less absenteeism than their unfit counterparts.<sup>22,23, 24,25,26,27,28</sup> Several large-scale studies found improvements in students' academic performance and cognitive ability with increased time spent in physical education.<sup>29</sup> Currently, Only 3.8 percent of elementary, 7.9 percent of middle, and 2.1 percent of high schools provide daily physical education or its equivalent for the entire school year. Only 13 percent of children ages 5 to 14 walk or bike to and from school, representing a dramatic decline from 1969, when nearly half of all children walked to school.<sup>30</sup>

### ***Communities***

Community-based programs focused on improving lifestyle behaviors, including increasing physical activity, have demonstrated the potential to create a return on investment of \$5.60 for every dollar spent within five years.<sup>31</sup> Several studies have found that the way communities are designed and developed can have an effect on physical activity opportunities and obesity rates. Safe sidewalks, green spaces, parks, and ready access to public transportation can lower the risk for developing diabetes and other chronic disease as compared with those communities that do not have these resources.<sup>32</sup>

Cities and communities across the U.S. are exploring ways to become vibrant and attractive places to live. One option is to convert vacant lots or brown fields to spur economic development. Community gardens and walking/biking trails have a positive impact on surrounding residential properties, by increasing rates of home ownership and spurring economic redevelopment.<sup>33</sup> Other studies have found that building bike/pedestrian trails reduces health care costs associated with physical inactivity. For every dollar invested in building these trails, nearly \$3 in medical cost savings may be achieved.<sup>34</sup> Additionally, linking different parts of the community with trails and walkways opens the opportunity for community integration, more efficient land use, lower traffic congestion, and better quality of life. People who have parks or recreational facilities nearby and live in communities with well-connected streets exercise much more than those who do not have easy access.<sup>35,36</sup>

Unfortunately, lower-income communities, especially in predominantly Latino or African-American neighborhoods, often have fewer resources to support active lifestyles and places to play and exercise.<sup>37</sup> Programs targeted to low-income and racially and ethnically diverse populations can increase active commuting and are associated with higher overall levels of moderate to vigorous physical activity throughout the day.<sup>38</sup>

Community-based physical activity interventions are cost-effective, reducing new cases of many chronic diseases and improving quality of life.<sup>39</sup>

### ***Recreational Spaces***

Youth who had recreation or open space facilities close to home were two to three times more likely to take a walk over a two-day period than were youth who had no parks nearby.<sup>40</sup> One study that examined total park area within a community found the percentage of total park area within neighborhoods was a significant predictor of increased physical activity levels among children. For each one percent increase in park area, there was a 1.4 percent increase in physical activity levels.<sup>41</sup> For every 0.004 sq mile increase in green space (about two football fields) within a 1.0-mile radius there was a one percent increase in moderate-vigorous physical activity among adults.<sup>42</sup>

Nearly 45 percent of teens who live in a park service area engaged in at least 60 minutes of physical activity on five or more days each week compared to just more than one-third of teens (34.7 percent) who live outside of a park service area.<sup>43</sup> The percentage of teens who get no physical activity at all is higher among those with no access to a safe park than among those who have access to a safe park (10.3 percent versus 6.4 percent).<sup>44</sup> Individuals who lived in census-block groups with physical activity facilities were 32 percent less likely to be overweight and 26 percent more likely to be highly active than those who lived in block groups with no physical activity facilities.<sup>45</sup> Parks with streetlights and floodlights were also associated with an increase of moderate/vigorous physical activity. Facilities like mini parks, natural resource areas, walking paths, and running tracks increase physical activity in communities.<sup>46</sup>

### ***Workplaces***

With more than 130 million Americans employed across the United States, health promotion in the workplace is a cornerstone for reaching adults and promoting prevention efforts and disease management. Modifiable risk factors that portend a higher likelihood of initial chronic disease development, or subsequent events if a diagnosis has been established, have been known for several decades: excess body weight, hyperglycemia and diabetes, physical inactivity/low cardiorespiratory fitness, high blood pressure, tobacco use, and poor diet. Improved identification and management of these risk factors is essential to altering future healthcare projections of worsening health coupled with higher costs. An estimated 25 percent to 30 percent of companies' medical costs per year are spent on employees with diabetes, high blood pressure, obesity, and other major risk factors for chronic disease.<sup>1</sup> Health care delivery must move beyond the clinical environment by partnering with employers, schools, community-based organizations, and public health agencies, in order to reach large segments of the population and address the problems that contribute to poor health.<sup>1, 2</sup> Employees and their families share the financial burden through higher contributions to insurance, higher co-pays and deductibles, reduction or elimination of coverage, and trade-offs of insurance benefits against wage or salary increases. When comprehensive worksite wellness programs are successful, their influence extends beyond the individual workers to immediate family members who are often exposed to their favorable lifestyle changes.

### **Conclusion**

Each of these settings provide important opportunities for policy interventions to promote physical activity for ALL Americans. The National Coalition for Promoting Physical Activity and its partner organizations are devoted to working with the media, policy makers, and grassroots advocates to make progress on our policy agenda, this important roadmap for creating a physically active population and developing active environments where people spend so much of their time. Come join us.

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