

# The Critical Need for Public Health Leadership and Capacity to Improve Health through Physical Activity: Recommendations from the Physical Activity Collaborative

## Purpose Statement

We call on public health officials to provide strong leadership in promoting physical activity in response to the public health consequences of inadequate physical activity. Public health agencies at the local, state, and national levels should foster and support the capacity and development of staff specializing in public health approaches to physical activity.

## Importance

Regular physical activity is essential for health and quality of life. In 1996, the landmark Surgeon General's report *Physical Activity and Health* documented that moderate amounts of physical activity provide substantial health benefits. These benefits include reduced risk of premature mortality and of morbidity from many common chronic diseases including heart disease, diabetes, osteoporosis, and obesity. Further, physical activity is an effective treatment for many common chronic diseases.

Despite substantial health benefits from moderate amounts of physical activity, more than half of American adults do not engage in enough physical activity to receive health benefits. Indeed, about 25% of adults are not physically active at all in their leisure time.<sup>1</sup> Similar behavior is occurring in American youth. In 2005, nearly two-thirds of 9<sup>th</sup> and 12<sup>th</sup> grade students were not meeting the recommended levels of physical activity. Daily participation in high school physical education classes dropped from 42% in 1991 to 33% in 2005.<sup>2</sup> In 2001, approximately 16 percent of students between the ages of 5 and 18 walked or biked to school as compared to 42 percent in 1969.<sup>3</sup> Over the same period of time, an epidemic of obesity has affected children and adults. In the next 20 years, the United States will experience an unprecedented growth in the number of older adults. Older adults are at highest risk for diseases related to physical inactivity and are most likely to have conditions effectively treated by physical activity; yet they are the least physically active age group.

The costs attributable to insufficient physical activity by a majority of Americans are astounding. In 2006, direct U.S. medical costs due to lack of physical activity were estimated to be greater than \$188 billion per year.<sup>4</sup> The negative health consequences and subsequent economic costs make the lack of physical activity one of the nation's most critical public health challenges and one of the nation's greatest opportunities to improve health across the entire population.

The **Physical Activity Collaborative (PAC)** consists of national public health organizations including the Directors of Health Promotion & Education (DHPE), National Association of Chronic Disease Directors (NACDD), and National Society of Physical Activity Practitioners in Public Health (NSPAPPH), with support from the CDC's Physical Activity & Health Branch. PAC also has a liaison with the Association of State and Territorial Public Health Nutrition Directors. PAC provides support to physical activity efforts in public health agencies nationwide.

## Public Health Response

The public health response to promoting health and to preventing and controlling chronic disease derives in part from socio-ecologic approaches. Individual-level interventions (e.g., counseling) coordinate with community-level strategies. Community-level strategies take place in organizations (such as schools, worksites, health care systems), the community as a whole (e.g., a community park system, city or county master plan or a transportation system), and at state and national levels. By recognizing the importance of supporting individuals in making healthy behavioral choices and promoting safe and accessible opportunities for incidental, everyday physical activity, these approaches help people make healthy choices. Parents are unlikely to walk their children to school unless there are safe routes with adequate infrastructure such as sidewalks and crosswalks. Likewise, access to safe walking areas such as malls or paved park trails and connections to public transit are important for seniors to stay mobile.

The *Task Force on Community Preventive Services* has identified evidence-based interventions to promoting physical activity in the categories of informational, behavioral and social, and environmental and policy approaches. (For complete list of interventions, visit [www.thecommunityguide.org](http://www.thecommunityguide.org).) Over the next decade, additional evidence-based interventions will be identified. For example, while there was not adequate evidence in 2001 to support a recommendation for mass media interventions, additional evidence is now available, including the success of the CDC-funded VERB campaign on increasing physical activity in children and youth.

As with other leadership roles in public health, an effective response to the issue of physical inactivity requires capacity to assess health status and resources; to develop partnerships, plans, and policies to meet needs; and then to assure that plans and policies are implemented effectively to improve health status.

The success of tobacco prevention and control efforts is illustrative of the critical need for sufficient public health capacity. The significant public health workforce dedicated to tobacco use prevention has been essential in producing the decreases in tobacco use. Physical inactivity, like tobacco use, is a cross-cutting risk factor for many chronic diseases, particularly heart disease, diabetes, and cancer. The scope and complexity of increasing physical activity across the population will require a similar public health capacity and commitment to that required for tobacco use prevention.

Promoting physical activity requires that public health professionals collaborate with many other professionals in other sectors and entities. Public health professionals dedicated to physical activity promotion will bring the skills, knowledge, and focus needed to work with others including:

- Education professionals to increase school physical education and safe routes to school programs;
- Parks and recreation professionals to increase access to walking trails, parks and recreation centers;
- Transportation professionals to increase options for non-motorized transportation including walking, biking and transit use;

- Land-use planning professionals to promote community design features (like sidewalks, bike lanes and streetlights) that promote physical activity;
- Architects, designers and developers to increase the use of universal design elements;
- Business professionals to provide adequate infrastructure for worksite physical activity such as bike racks, showers, fitness facilities, and accessible stairwells;
- Not-for-profit professionals to promote healthy lifestyle initiatives such as faith-based programs, fitness facilities, aging services, and community programs;
- Disability professionals to increase access to physical activity both programmatically (service provision) and structurally (built environment) to those with various disabilities;
- Health care professionals to institute primary prevention through clinical recommendations, counseling on physical activity, and linking patients to community programs that increase physical activity; and
- Advocacy professionals to assist in policy change at the local, state, and national levels to support physical activity promotion efforts.

Policies in all these areas are potentially relevant to prevention of chronic disease through physical activity. Due to the multi-sector approach necessary, the public health core function of policy development is particularly broad and challenging in physical activity.

## Call to Action

Considering the actions required to provide an effective public health response to prevent chronic disease and promote health through physical activity, PAC issues the following call to action for public health leadership.

Public health officials are called on to:

- Provide strong leadership to plan, execute, and evaluate effective strategies to promote physical activity through written strategic plans, evidence-based implementation methodologies, and ongoing evaluation practices.
- Ensure adequate capacity related to physical activity, including sufficient staff, to address the core functions of public health as defined by the Institute of Medicine. Staff responsible for physical activity should have adequate content expertise and competency in assessment, policy development, and assurance. These staff should demonstrate the core competencies recommended by NSPAPPH. (For list of core competencies, visit [www.nspapph.org](http://www.nspapph.org) and click on Resources.)
- Foster and support the training and professional development of public health practitioners who specialize in promoting physical activity. Practitioners need training and professional development support to develop and maintain the unique knowledge, skills, and abilities required for effective promotion of physical activity.
- Implement evidence-based interventions identified by scientific consensus bodies such as the Task Force on Community Preventive Services. The knowledge of evidence-based interventions continues to grow. Leadership should focus on effective approaches so that resources are invested wisely.
- Foster partnerships to address physical activity. Partnerships expand the impact of efforts beyond what a single organization can accomplish. Public health agencies can often play a

leadership role in convening partnerships. Practitioners can also contribute to partnerships through their expertise and strategic focus.

- Collaborate within public health agencies by ensuring all organizational units and programs with a responsibility related to physical activity are adequately involved in and informed about agency physical activity efforts.

## What Can Public Health Officials Do?

Based on this call to action, the following checklist can be used to assess your agency's leadership and capacity to address physical activity.

Does your agency play a **leadership** role in physical activity to:

- Plan through development of a strategic plan or other planning methods?
- Implement evidence-based interventions identified by scientific consensus bodies such as the Task Force on Community Preventive Services?
- Evaluate physical activity efforts?
- Foster partnerships to convene external stakeholders who have an interest or mission in improving health through physical activity?
- Dialogue with agency directors and public affairs staff on conveying physical activity expertise with outside agencies and with the public?
- Foster internal agency collaboration on physical activity efforts across organizational units and programs?

Does your agency have physical activity **capacity** to:

- Address the public health core function of assessment?
- Address the public health core function of policy development?
- Address the public health core function of assurance?
- Clearly identify an organizational unit to address physical activity?
- Have physical activity practitioners meet or exceed the core competencies recommended by NSPAPPH?
- Support training and professional development for physical activity practitioners?

Assessment of your agency's leadership and capacity will be an important first step toward effectively addressing physical activity as a significant public health issue.

The Physical Activity Collaborative seeks to support public health agencies to provide adequate leadership and capacity for physical activity promotion. For more information about these efforts, including core competencies and professional development for physical activity practitioners in public health, visit [www.nspapph.org](http://www.nspapph.org).

### References:

<sup>1</sup> Behavior Risk Factor Surveillance System, [www.cdc.gov/brfss](http://www.cdc.gov/brfss), accessed 5/6/08

<sup>2</sup> Youth Risk Behavior Survey, [www.cdc.gov/yrbps](http://www.cdc.gov/yrbps), accessed 5/6/08

<sup>3</sup> Kids Walk To School, [http://www.cdc.gov/nccdphp/dnpa/kidswalk/then\\_and\\_now.htm](http://www.cdc.gov/nccdphp/dnpa/kidswalk/then_and_now.htm), accessed 5/6/08

<sup>4</sup> Health Promotion Advocates, [www.healthpromotionadvocates.org](http://www.healthpromotionadvocates.org), accessed on 4/3/08