



# NATIONAL Physical Activity Plan



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## **U.S. NATIONAL PHYSICAL ACTIVITY PLAN**

### **VISION AND BACKGROUND.**

The U.S. National Physical Activity Plan is based on a vision: One day, all Americans will be physically active, and they will live, work and play in environments that encourage and support regular physical activity.

The Plan is a comprehensive set of policies, programs, and initiatives designed to increase physical activity in all segments of the U.S. population. The Plan aims to foster a national culture that supports physically active lifestyles. Its ultimate purpose is to improve health, prevent disease and disability, and enhance quality of life.

The Plan was developed by a coalition of organizations that came together to form the National Physical Activity Plan Alliance. The Alliance is a non-profit organization committed to developing the Plan and taking actions that will enhance its effect on physical activity in the U.S. population.

The 2016 Plan builds on the first U.S. National Physical Activity Plan, which was released in 2010. Like the original Plan, the 2016 Plan was developed through a process that engaged hundreds of professionals, researchers, and leaders from public and private organizations. These individuals contributed to the work of nine Expert Panels, each of which focused on one societal sector. These nine sectors – Business and Industry; Community Recreation, Fitness and Parks; Education; Faith-Based Settings; Healthcare; Mass Media; Public Health; Sport; and Transportation, Land Use and Community Design – provide the organizational framework for the Plan. Each Expert Panel reviewed the 2010 Plan and recommended enhancements, refinements, and additions to the Strategies and Tactics that comprise the core content for its sector.

The Expert Panels' work was informed by public comment, which was solicited at the beginning of the revision process, during a National Summit in 2015, and after a draft of the revised plan was released in early 2016. A Revision Executive Committee oversaw the process of producing the current Plan. Ultimately, the Plan is the responsibility of the Board of Directors of the National Physical Activity Plan Alliance, which approved this revised Plan prior to its release in April, 2016.

## **ORGANIZATION OF THE NATIONAL PLAN**

The Plan is comprised of Overarching Priorities and Strategies and Tactics for each of the nine societal sectors.

**Overarching Priorities** – A set of initiatives that the National Physical Activity Plan Alliance views as critical to moving the physical activity and public health field forward and accomplishing the overall goal of increasing physical activity in the U.S. population. These priorities are relevant to all components of the Plan.

**Strategies and Tactics for the Societal Sectors** – Specific evidence-informed approaches designed to promote physical activity through actions taken in each of nine societal sectors. Strategies are broad approaches, to be achieved through implementation of specific tactics. The Plan is organized around the following societal sectors:

- Business and Industry
- Community Recreation, Fitness and Parks
- Education
- Faith-Based Settings
- Healthcare
- Mass Media
- Public Health
- Sport
- Transportation, Land Use and Community Design.

## **GUIDING PRINCIPLES**

In developing the content of the Plan, the Expert Panels and Revision Executive Committee applied the following guiding principles:

- The Plan is grounded in a socio-ecological model of health behavior. This model holds that physical activity behavior is influenced by a broad constellation of factors operating at the personal, family, institutional, community and policy levels. Sustainable behavior change is most likely when influences at all the levels are aligned to support change.
- The Plan consists of initiatives that are supported by evidence of effectiveness. Levels of evidence range from findings of controlled research studies to best practice models.
- The Plan includes recommendations for actions at the national, state, local and institutional levels, but fundamentally it is a roadmap for change at the community level that facilitates personal behavior change.
- Although reduction of time spent in sedentary behavior is recognized as a worthy goal, the Plan focuses on strategies for increasing the types and amounts of physical activity recommended by current public health guidelines.



## **NEW KNOWLEDGE**

The National Physical Activity Plan is intended to be a “living document” that is updated on a regular basis. Each edition of the Plan will be informed by new knowledge, some of which will be the product of evolving professional practice. But a growing body of knowledge, fed by an expanding physical activity–public health research enterprise, will be needed too. Accordingly, the National Physical Activity Plan Alliance calls on public, non-profit and private research funding agencies to make greater investments in research that will generate the knowledge needed to increase physical activity in communities across the U.S.

## **INCLUSION**

In order to increase physical activity in all segments of the U.S. population, the Alliance recognizes that the Plan must address the substantial disparities in physical activity that exist across groups based on gender, age, race, ethnicity, socioeconomic status, physical, cognitive or sensory ability, and geography. Further, the Alliance recognizes the remarkable diversity of the American population and has been committed to producing a Plan that will encourage persons of all religious, cultural, ideological, sexual orientation, and gender identity groups to become more physically active. Toward this end, the Alliance formed a Diversity Committee that played a central role in developing the Plan and ensuring that the needs of a diverse population were incorporated. An overriding goal has been to produce a Plan that, as a whole and in its many elements, is inclusive of all segments of the American population.

The goal of the National Physical Activity Plan is to increase physical activity in the U.S. population. For the Plan to succeed, many people and groups will need to play a role in implementing it. Individuals can educate leaders in all sectors and encourage them to adopt elements of the Plan. Organizations can take leadership roles in implementing the Plan’s strategies and tactics at the community, state or national level. And government agencies at all levels can take actions that promote physical activity and create environments that support it. No single, central organization is responsible for implementing the Plan or providing the funding that will be needed. Instead, it will be the American people, working as individuals or through their organizations or government entities, who put the Plan’s strategies and tactics to work in ways that benefit everyone.

# OVERARCHING PRIORITIES

A key objective of the National Physical Activity Plan Alliance is to support implementation of the strategies and tactics that comprise the core content of the Plan. During the Plan's development several initiatives were identified that, if carried out, would facilitate successful implementation of strategies across multiple sectors represented in the Plan. These Overarching Priorities, taken individually and collectively, would markedly strengthen the physical activity-public health community's ability to pursue the goal of increasing physical activity in all segments of American society.

The National Physical Activity Plan Alliance will work independently as well as collaboratively with its organizational partners, other non-profit organizations, for-profit organizations, and government agencies to advocate for and implement the following Overarching Priorities:

- **FEDERAL OFFICE OF PHYSICAL ACTIVITY AND HEALTH**  
Establish at the U.S. Centers for Disease Control and Prevention an Office of Physical Activity and Health, and allocate to that Office the resources needed to provide effective national leadership.
- **COMPREHENSIVE SURVEILLANCE SYSTEM**  
Establish a robust and comprehensive surveillance system for monitoring: 1) compliance with physical activity guidelines in all segments of the U.S. population, and 2) the status of environments, policies, and programs designed to promote physical activity.
- **NATIONAL PHYSICAL ACTIVITY REPORT CARD**  
Develop and disseminate a comprehensive physical activity report card that, at regular intervals, evaluates the status of physical activity and physical activity promotion efforts in the United States.
- **PHYSICAL ACTIVITY POLICY DEVELOPMENT**  
Promote translation of evidence-based strategies for promoting physical activity to policies for adoption at the national, state, community, and institutional levels.
- **NATIONAL PHYSICAL ACTIVITY CAMPAIGN**  
Launch a national physical activity campaign coordinated with state and local resources to guide Americans toward effective behavioral strategies, programs, and places for increasing physical activity.
- **STATE AND LOCAL PHYSICAL ACTIVITY ACTION PLANS**  
Support development and implementation of comprehensive physical activity strategic plans at the state, regional, and community levels.
- **INCREASED FUNDING FOR PHYSICAL ACTIVITY INITIATIVES**  
Advocate to local, state, and national policy makers for increased funding to implement the physical activity promotion strategies identified in the National Physical Activity Plan.

# **NPAP SOCIETAL SECTORS**





# BUSINESS & INDUSTRY

# **BUSINESS AND INDUSTRY**

The Business and Industry Sector combines two subdivisions of the economic system into a single sector. The business subdivision refers to organizations that provide goods and services to consumers, governments, and other businesses. The industry sector refers to activities related to manufacturing finished, usable goods and products from raw materials.

The health of the U.S. workforce is a major concern for the U.S. business community. The total annual national healthcare expenditure is approximately \$3 trillion, or close to 18% of the Gross Domestic Product (GDP), and a large portion of these costs are borne by employers. Approximately 80% of healthcare costs are associated with non-communicable diseases (NCDs), such as obesity, heart disease, and diabetes. NCDs reduce workforce productivity when employees are absent due to illness as well as when they are at work but unable to be as efficient or effective as when they are fully healthy. Healthy people are an asset to successful business endeavors,<sup>1</sup> and collaboration between this sector and the health sectors can have significantly positive results. Business benefits from public health programs that reduce costly health risks, and the health of the public benefits when business and industry addresses pressing public health concerns, such as NCDs.

Lack of physical activity is an important underlying health risk for NCD-related costs and is associated with reduced worker performance.<sup>2</sup> The potential for business and industry to improve the level of physical activity among workers at the workplace is strong.<sup>3</sup> However, the role of business and industry in promoting physical activity should go beyond the workplace itself and reach deep into the family and the community. Business can play an important leadership role in creating, coordinating, supporting, and sustaining public-private partnerships and cross-sectoral strategies that promote physical activity.

The National Physical Activity Plan strategies for the Business and Industry Sector range from those at the individual level to the organizational level and include partnerships with other sectors. They focus on programs, policies, and practices and support the development of surveillance and evaluation activities to monitor physical activity in U.S. workers.

# STRATEGIES

## **STRATEGY 1**

Businesses should provide employees opportunities and incentives to adopt and maintain a physically active lifestyle.

## **STRATEGY 2**

Businesses should engage in cross-sectoral partnerships to promote physical activity within the workplace, and such efforts should extend to local communities and geographic regions.

## **STRATEGY 3**

Professional and scientific societies should create and widely disseminate a concise, powerful, and compelling business case for investment in physical activity promotion.

## **STRATEGY 4**

Professional and scientific societies should develop and advocate for policies that promote physical activity in workplace settings.

## **STRATEGY 5**

Physical activity and public health professionals should support the development and deployment of surveillance systems that monitor physical activity in U.S. workers and physical activity promotion efforts in U.S. workplaces.



# STRATEGIES AND TACTICS

## **STRATEGY 1**

Businesses should provide employees opportunities and incentives to adopt and maintain a physically active lifestyle.

### **TACTICS:**

- Adopt policies that support implementation of evidence-based programs and initiatives to promote physical activity in the workplace setting (e.g., CDC Healthy Worksite Initiative).
- Create or enhance access to places for employees to engage in physical activity before, during, and after work hours; combine with informational outreach activities.
- Design safe and walkable worksite campuses that encourage employees to incorporate physical activity into their daily routines.
- Promote physical activity across multiple environments within the worksite setting, including the physical, psychosocial and cultural, and socio-economic environments.
- Conduct periodic worksite-based health screenings that measure physical activity and fitness levels of workers. Include measures of fitness components that are relevant to the job types of the workers.
- Provide resources necessary to support physical activity behavior adoption and maintenance among employees, including access to relevant expertise, evidence-based behavioral change programs, and well-qualified fitness and behavior change professionals.

## **STRATEGY 2**

Businesses should engage in cross-sectoral partnerships to promote physical activity within the workplace, and such efforts should extend to local communities and geographic regions.

### **TACTICS:**

- Identify promising cross-sectoral partnerships that can promote physical activity within the workplace and throughout society.
- Develop a communication strategy to inform relevant constituents about these cross-sectoral partnerships to promote physical activity within the workplace setting.
- Explore innovative methods to expand products, marketing, sponsorship, and other efforts to promote physical activity.
- Collaborate with partners to develop and implement a plan for evaluating the effectiveness of workplace physical activity programs.

### **STRATEGY 3**

Professional and scientific societies should create and widely disseminate a concise, powerful, and compelling business case for investment in physical activity promotion.

#### **TACTICS:**

- Ensure the business case addresses the needs of all worksites, especially small and medium size businesses (100 or fewer employees and 101-999 employees, respectively). Ensure that the needs of organized labor, diverse populations, and low-resource populations are addressed.
- Develop specific approaches to promoting physical activity and reducing prolonged sitting time that are appropriate for large, medium, and small sized businesses as well as worksites with large numbers of lower income workers and workers of diverse racial and ethnic backgrounds.
- Encourage businesses to invest in physical activity programming by disseminating documented business case language and approaches.
- Identify, summarize, and disseminate best practice policies, models, tools, and interventions for physical activity promotion and reduction of prolonged sitting in the workplace.

### **STRATEGY 4**

Professional and scientific societies should develop and advocate for policies that promote physical activity in workplace settings.

#### **TACTICS:**

- Create a policy resource that highlights applicable policy considerations and provides examples of best practices and resources for promoting physical activity in the workplace.
- Recognize and reward organizations that are exemplary examples of innovative and best practices for promoting physical activity in the workplace.
- Develop and make available a toolkit that provides guidance on the process for policy implementation and enforcement in the workplace setting.
- Use legislative, regulatory, and organizational priorities to develop policy agendas that promote employer-sponsored physical activity programs and healthy environments (physical, psychosocial and cultural, socio-economic) while protecting individual employees' and dependents' rights.
- Educate and engage business and industry leaders regarding their role as change agents to promote physically active and healthy lifestyles within the workplace and throughout all levels of society.
- Recruit key business and industry leaders to play central roles in influencing their peers and other decision-makers in their communities and at state, national, and global levels.
- Advocate for the integration of physical activity promotion in existing leadership development curricula at business schools and continuing education programs for executives throughout the country.

**STRATEGY 5**

Physical activity and public health professionals should support the development and deployment of surveillance systems that monitor physical activity in U.S. workers and physical activity promotion efforts in U.S. workplaces.

**TACTICS:**

- Advocate for the development of a surveillance system that includes, at a minimum, the measurement of physical activity across types of occupation and industry; worker race and gender; and physical, psychosocial and cultural, and socio-economic environments.
- Identify and partner with appropriate agencies on the surveillance needs for physical activity among the U.S. workforce.
- Monitor actions that companies are implementing to promote physical activity and reduce prolonged sitting.
- Provide organizational-level surveillance using environmental audits that assess workplace characteristics, physical, psychosocial and cultural, and socioeconomic environments.
- Advance physical activity environmental assessment and improvement planning tools for worksites to help companies build environments that support active, healthy living as a behavior.
- Plan and conduct a national longitudinal study of worksite physical activity programming, engagement, and outcomes.





# COMMUNITY RECREATION, FITNESS & PARKS

## **COMMUNITY RECREATION, FITNESS AND PARKS**

The Community Recreation, Fitness, and Parks (CRFP) Sector includes a wide range of close-to-home facilities and services available at low or no cost to most Americans. Collectively, this sector manages more than 108,000 outdoor public park and recreation facilities and 65,000 indoor facilities.<sup>1</sup> Facilities and services provided through this sector cover a diverse array of environments, programs, and services provided through non-profit and local government community centers; public parks, trails, nature, and open spaces; and personal trainers and private fitness and health clubs/facilities.

The sector contributes to physical activity across all ages and many populations. Generally, the literature demonstrates a positive relationship between programming, facility condition/quality, close-to-home access, activity variety, connectivity, and higher levels of physical activity.<sup>2</sup> A 2001 survey found that 30% of U.S. adults engaged in physical activity at a park, 25% on a walking and jogging trail, 25% on a treadmill, and 21% at an indoor gym.<sup>3</sup> Local government park and recreation agencies, national/local non-profit organizations, and commercial entities often partner with the Education Sector to provide greater access to physical activity and fitness for youth. Further, a recent study of the sector found that 7 in 10 American adults used local parks and 3 out of 10 participated in community programs in 2015. The most frequent benefits Americans felt the sector provided through programs and parks were exercise/activity and physical fitness.<sup>4</sup>

Despite these encouraging statistics, many Americans remain insufficiently active in their leisure and recreation pursuits. This sector could help all those in the United States to incorporate enjoyable and meaningful leisure-time physical activity into their daily lives through strategies to provide better access to, and education about, available parks and recreations resources. The National Physical Activity Plan has identified five strategies to better leverage the sector's impact on physical activity: 1) improving availability of and access to safe, clean, and affordable community recreation, fitness, and parks facilities, 2) enhancing existing and developing new resources, 3) recruiting and training a diverse cadre of recreation, parks, and fitness leaders, staff, and volunteers, 4) advocating for increased and sustainable funding and resources to support this sector, and 5) improve monitoring and evaluation of participation in community-based physical activity programs.

Sector members and their partners also have numerous opportunities to collaborate with their core partners—organizations within the Education; Transportation, Land Use and Community Design; and Public Health sectors—as well as with other sectors in the National Physical Activity Plan to promote enhanced physical activity through increased use of community recreation, parks, and fitness facilities, programs, and services.

# STRATEGIES

## **STRATEGY 1**

Communities should develop new, and enhance existing, community recreation, fitness, and park programs that provide and promote healthy physical activity opportunities for diverse users across the lifespan.

## **STRATEGY 2**

Communities should improve availability of and access to, safe, clean, and affordable community recreation, fitness, and park facilities to support physical activity for all residents.

## **STRATEGY 3**

Community recreation and park organizations, the fitness industry and private business should recruit, train, and retain a diverse group of leaders, staff, and volunteers to promote, organize, lead, and advocate for initiatives that encourage physical activity in their communities.

## **STRATEGY 4**

Community recreation and park organizations, the fitness industry and private business should advocate for increased and sustainable funding and resources to create new, or enhance existing, physical activity facilities and services in areas of high need.

## **STRATEGY 5**

Community recreation and park organizations and the for- and not-for-profit fitness industry should improve monitoring and evaluation of participation in community-based physical activity programs to gauge their effectiveness in promoting increased levels of physical activity for all.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Communities should develop new, and enhance existing, community recreation, fitness, and park programs that provide and promote healthy physical activity opportunities for diverse users across the lifespan.

### **TACTICS:**

- Conduct periodic evaluation of existing community physical activity programs to ensure that all community members have the opportunity to engage in evidence-based/informed physical activity promoting programs, and develop new programs as gaps in coverage are identified.
- Provide and prioritize evidence-based and evidence-informed physical activity program interventions in the community recreation, fitness, and park contexts that are targeted toward preventing and managing common chronic disease conditions.
- Work with the public health and medical communities to promote evidence-based or evidence-informed exercise is medicine or park prescription programs, which encourage youth and families to be physically activity indoors and outdoors.
- Develop partnerships with school districts and local businesses to offer physical activity programs before and after school/work, with special attention given to diverse and underserved populations.

## **STRATEGY 2**

Communities should improve availability of and access to, safe, clean, and affordable community recreation, fitness, and park facilities to support physical activity for all residents.

### **TACTICS:**

- Rehabilitate and upgrade existing public and non-profit community recreation, fitness, and parks facilities to encourage widespread use across the communities they serve, particularly in disadvantaged communities.
- Design and build new public and non-profit facilities, such as recreation and fitness centers, parks, trails, playgrounds, waterways to expand access to physical activity in communities, especially those with limited recreational opportunities.
- Partner with government, community organizations, and businesses to fund and support practices and policies to maintain the infrastructure of community recreation, fitness, and parks facilities and spaces.
- Become engaged in community planning efforts to ensure the presence of sidewalks and other physical connections that allow people to walk to community recreation, fitness, and park facilities.
- Increase access to existing community facilities and properties, such as schools, hospitals, businesses, and community organizations, through shared use or open use policies and agreements, increased operating hours, and affordable user fees and scholarships.

- Adopt strategies that improve safety and security of community recreation, fitness, and park facilities (especially in low-resource, geographically isolated and/or high-crime communities), including lighting, design features, and community policing.

### **STRATEGY 3**

Community recreation and park organizations, the fitness industry and private business should recruit, train, and retain a diverse group of leaders, staff, and volunteers to promote, organize, lead, and advocate for initiatives that encourage physical activity in their communities.

### **TACTICS:**

- Encourage interdisciplinary curricula in physical activity, fitness, recreation and parks, public health, and urban planning in institutions of higher education to increase physical literacy among future professionals.
- Create evidence-based, evidence-informed, and best practice resources to educate and credential recreation, fitness, and park leaders and staff who deliver physical activity programming in community settings.
- Advocate for strong governor advisory panels on physical activity to ensure development of state-level physical activity policies and partnerships between government, community-based organizations, and the private sector.

### **STRATEGY 4**

Community recreation and park organizations, the fitness industry and private business should advocate for increased and sustainable funding and resources to create new, or enhance existing, physical activity facilities and services in areas of high need.

### **TACTICS:**

- Develop partnerships to increase and protect dedicated funding for community recreation, fitness, and park facilities and services, especially in areas of high need.
- Identify and pursue creative and alternative sources of funding for community sites and places for physical activity from local business, community foundations, and partnerships.
- Advocate for tax incentives to promote the development and use of community-based facilities and spaces for physical activity programs.
- Promote federal and state mechanisms (e.g., grant matching programs, easements) to leverage local dollars and other resources to build capacity for physical activity in communities with low capacity, but high need.
- Promote policies and strategies that specifically support funding for community trails, multi-use recreation and fitness facilities, playgrounds, and public access to waterways.
- Advocate for the establishment of Interagency Council on Outdoor Recreation in each state to develop policies and partnerships between federal, state, and local land management agencies and encourage partnerships that promote physical activity.

**STRATEGY 5**

Community recreation and park organizations and the for- and not-for-profit fitness industry should improve monitoring and evaluation of participation in community-based physical activity programs to gauge their effectiveness in promoting increased levels of physical activity for all.

**TACTICS:**

- Measure and evaluate the impact and efficacy of community-wide campaigns, programs, and policies on physical activity levels of diverse segments within local populations.
- Evaluate community recreation, fitness, and park facility/environment construction, redesign, and upgrades in terms of their impact upon public use and physical activity by diverse individuals in those settings.
- Expand efforts to monitor contributions of recreation, fitness, and park facilities and services to physical activity and related health outcomes through existing (e.g., Behavioral Risk Factor Surveillance System) and potentially new surveillance systems at a community level.
- Examine associations between sector-level capacity measures (e.g., number and type of facilities and services) and physical activity and health outcomes among diverse groups within local populations.
- Evaluate the impact of private businesses of the community recreation, fitness and parks sector to better understand the impact of tax incentives/membership subsidies upon physical activity levels as well as the cost-effectiveness/efficiency of these policies.





# EDUCATION

# EDUCATION

School is a central focus of daily life for most children and adolescents in the United States. Approximately 12 million individuals are enrolled in early childhood (preschool) programs, 50 million in K-12 programs, and 20 million in post-secondary institutions. Because they have the opportunity to directly affect approximately 25% of the U.S. population, education settings can play a huge role in public health initiatives related to physical activity. School-based personnel, such as teachers, administrators, and other staff, as well as education decision makers and policy leaders can significantly affect the development and delivery of physical education and physical activity programs, ensuring that they provide all the essential components of a comprehensive and high-quality program.<sup>1</sup>

Numerous reports and recommendations from professional and scientific organizations identify the important influence that education settings can have on public health.<sup>1-10</sup> They also describe the goals and procedures for developing, implementing, and evaluating programs intended to help students adopt and maintain physically active lifestyles. Some important initiatives and resources for those in education settings desiring to enhance physical education and physical activity experiences include:

- Comprehensive School Physical Activity Program (CSPAP)<sup>2</sup>
- Educating the Study Body: Taking Physical Activity and Physical Education to School<sup>3</sup>
- Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth<sup>4</sup>

The Education Sector of the National Physical Activity Plan developed strategies aimed at: 1) adopting policies that support implementation of the Comprehensive School Physical Activity Program model, 2) providing high-quality physical education programs, 3) encouraging afterschool, holiday, and vacation programs for children and youth to adopt policies and practices that ensure participants are physically active, 4) adopting physical activity standards for childcare and early childhood education programs, 5) promoting opportunities and incentives for college and university students to adopt and maintain physically active lifestyles, 6) providing pre-service professional training and in-service professional development programs, and 7) developing and advocating for policies that promote physical activity among all students.

Successful implementation of the recommendations in the Education Sector has the potential to support high-quality program delivery from early childhood through post-secondary education. It also has the potential for broad, lifelong impact, not only on students, but also on the teachers, administrators, policymakers, health professionals, and parents who serve and care for them.

# STRATEGIES

## **STRATEGY 1**

States and school districts should adopt policies that support implementation of the Comprehensive School Physical Activity Program model.

## **STRATEGY 2**

Schools should provide high-quality physical education programs.

## **STRATEGY 3**

Providers of afterschool, holiday, and vacation programs for children and youth should adopt policies and practices that ensure that participants are appropriately physically active.

## **STRATEGY 4**

States should adopt standards for childcare and early childhood education programs to ensure that children ages zero to five years are appropriately physically active.

## **STRATEGY 5**

Colleges and universities should provide students and employees with opportunities and incentives to adopt and maintain physically active lifestyles.

## **STRATEGY 6**

Educational institutions should provide pre-service professional training and in-service professional development programs that prepare educators to deliver effective physical activity programs for students of all types.

## **STRATEGY 7**

Professional and scientific organizations should develop and advocate for policies that promote physical activity among all students.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

States and school districts should adopt policies that support implementation of the Comprehensive School Physical Activity Program model.

### **TACTICS:**

- Support schools in adopting and implementing the Comprehensive School Physical Activity Program model.
- Provide professional development on the Comprehensive School Physical Activity Program model at the state, district, and school levels.
- Disseminate best practices that exemplify effective adoption of the Comprehensive School Physical Activity model.
- Support adoption of school design strategies to support active transport and increased student physical activity throughout the school day.
- Encourage schools to adopt shared use agreements that enhance student access to school and community-based physical activity facilities.
- Provide school staff with professional development on provision of physical activity programs that are safe, developmentally and culturally appropriate, and inclusive of all population subgroups.

## **STRATEGY 2**

Schools should provide high-quality physical education programs.

### **TACTICS:**

- Assure schools comply with the ‘Every Student Success Act’ (ESSA) that requires physical education to be delivered as part of a “well-rounded” education.
- Provide daily physical education for students in grades K-12, with instructional periods totaling at least 150 minutes per week in elementary schools and 225 minutes per week in middle and high schools.
- Ensure that students are engaged in moderate-to-vigorous intensity physical activity for at least 50% of physical education class time.
- Provide students with the opportunity to engage in the types of physical activity recommended in the Physical Activity Guidelines for Americans.
- Ensure that physical education class sizes and teacher/student ratios are comparable to those for other subject areas.
- Adopt policies that preclude withholding or using physical activity as punishment.
- Eliminate waivers and substitutions for physical education.
- Adopt physical education curricula for grades K-12 that meet national and/or state standards and that specify grade level student outcomes.

- Employ instructional practices that are consistent with the school’s physical education curriculum.
- Employ student assessment procedures that are consistent with national and/or state standards.
- Implement adaptations required to ensure that students with special needs are provided with quality physical education.

**STRATEGY 3**

Providers of afterschool, holiday, and vacation programs for children and youth should adopt policies and practices that ensure that participants are appropriately physically active.

**TACTICS:**

- Adopt standards ensuring that children in afterschool, holiday, and vacation programs engage in physical activity for 60 minutes per full-day of participation or 30 minutes per half-day.
- Ensure that children attending afterschool, holiday, and vacation programs engage in the types of physical activity recommended in the Physical Activity Guidelines for Americans.
- Require that children’s physical activities be supervised by adults who have special education and/or training in physical activity programming.
- Adopt standards requiring that afterschool, holiday, and vacation programs provide and maintain facilities and equipment that support children’s safe, age-appropriate physical activity.
- Ensure that afterschool, holiday, and vacation programs are free of screen time (TV, video, video games, computers) for non-education purposes.
- Implement adaptations to ensure that children with special needs are provided with developmentally appropriate physical activity opportunities during afterschool, holiday, and vacation programs.

**STRATEGY 4**

States should adopt standards for childcare and early childhood education programs to ensure that children ages zero to five years are appropriately physically active.

**TACTICS:**

- Encourage early childhood education programs to adopt standards that ensure young children are appropriately physically active when in early care and education settings.
- Provide professional development at the state, district/organization, and center/school levels to ensure effective implementation of physical activity standards.
- Compile and disseminate best practices that exemplify effective implementation of physical activity standards in early care and education programs.

- Develop outdoor education models that integrate physical activity, natural settings, and learning for application in early care and education programs.

### **STRATEGY 5**

Colleges and universities should provide students and employees with opportunities and incentives to adopt and maintain physically active lifestyles.

#### **TACTICS:**

- Provide physical activity opportunities through courses that contribute to graduation requirements for undergraduate students.
- Offer a broad spectrum of health-enhancing physical activity courses that are available on both academic credit and non-credit bases.
- Establish and maintain campus recreational resources, including facilities and programs, that provide and promote physical activity for all students and employees.
- Include a focus on enhancing student and employee physical activity in campus long-term strategic plans.
- Design walkable campuses that promote safe and accessible active transportation options for students.
- Coordinate with human resources officers in managing and incentivizing physical activity programs for employees.

### **STRATEGY 6**

Educational institutions should provide pre-service professional training and in-service professional development programs that prepare educators to deliver effective physical activity programs for students of all types.

#### **TACTICS:**

- Prepare physical education teachers to assume the role of school physical activity director, coordinating programs that are consistent with the Comprehensive School Physical Activity Program model.
- Include a focus on population-based promotion of physical activity in educational programs for a broad range of physical activity professionals.
- Prepare professionals who will deliver physical activity programs for persons of all ages to implement programs that provide significant doses of moderate-to-vigorous physical activity and that promote adoption and maintenance of a physically active lifestyle.
- Prepare educators and other professionals who will serve as coaches of school- and community-based sports teams to deliver programs that provide students with safe, enjoyable, health-promoting sport experiences.



**STRATEGY 7**

Professional and scientific organizations should develop and advocate for policies that promote physical activity among all students.

**TACTICS:**

- Advocate for the enactment of federal and state policies that establish physical education as a component of a “well-rounded education”.
- Establish, in each state, a process for holding school districts accountable for delivery of physical education programs that comply with state standards.
- Encourage policy makers to establish state-level policies that require elementary schools to provide daily recess to all students.
- Support adoption of policies requiring that students at all levels be given physical activity breaks during the school day.
- Educate administrators and other key stakeholders about the beneficial effects of physical activity on learning and lifelong health.



# FAITH-BASED



## FAITH-BASED SETTINGS

The Faith-Based Settings Sector includes diverse religious organizations, and can include religious congregations or houses of worship, organized religious denominations, faith-based social service agencies, and faith-based charities. The National Physical Activity Plan Faith-Based Settings Sector focuses primarily on religious congregations and organized religious denominations. This sector plays a large role in the lives of those living in the United States, for a large proportion of Americans report a religious affiliation (76.5%), with 70.6% affiliating with a Christian tradition.<sup>1</sup> Relative to the general population, religious affiliation is higher in older generations, among non-Hispanic Blacks, and in the South.<sup>1</sup> The Harford Institute for Religion Research estimates that the United States has roughly 350,000 religious congregations.<sup>2</sup>

Although the primary mission of religious congregations is the spiritual growth and well-being of its members, most faith-based organizations promote community service, outreach, and volunteerism. This inclusive mission, combined with broad reach across diverse communities, makes religious congregations well-positioned to play an important role in public health practice.<sup>3, 4</sup> Yet, churches are often overlooked as settings for public health disease prevention and health promotion programs.<sup>3</sup> Like worksites and schools, faith-based organizations have unique social systems, environments and physical structures (e.g., fellowship halls), communication channels, policies and practices, and often, health-related goals and supports (i.e., health ministries), which make them particularly conducive to promoting physical activity.

Faith-based health promotion programs have generally yielded positive changes in health behaviors.<sup>5-7</sup> A 2012 review of faith-based physical activity interventions found significant increases in physical activity in 16 of the 27 papers reviewed.<sup>8</sup> However, many of the interventions reviewed were small short-term, pilot studies not guided by theoretical frameworks.<sup>8</sup> In addition, the majority of interventions focused on individual behaviors rather than the church environment, systems, and policies, thereby limiting program reach and sustainability.

The Faith-Based Settings Sector of the National Physical Activity Plan developed strategies and tactics aimed at: 1) including physical activity promotion in health ministries, 2) encouraging faith-based organizations to partner with organizations from other sectors to promote physical activity, 3) institutionalizing physical activity programs for employees in large faith-based organizations, 4) identifying or developing marketing materials about physical activity tailored for faith community leaders, 5) encouraging physical activity and public health organizations to partner with faith-based organizations to develop and deliver accessible and tailored physical activity programs for diverse groups, and 6) creating and maintaining an electronic resource of evidence-based programs and best practices for promoting physical activity in faith-based settings.

Implementation of this sector's strategies and tactics has the potential to greatly broaden the reach and impact of physical activity promotion by empowering faith-based organizations to deliver effective physical activity programs to their employees and constituents. Partnerships with organizations in other sectors will help ensure that faith-based organizations are using tailored materials and following best practices to promote physical activity within their sector.

# STRATEGIES

## **STRATEGY 1**

Faith-based organizations should identify effective applications of their health ministries to promote physical activity.

## **STRATEGY 2**

Faith-based organizations should establish partnerships with organizations from other sectors to promote physical activity in a manner that is consistent with their values, beliefs, and practices.

## **STRATEGY 3**

Large faith-based organizations should institutionalize physical activity promotion programs for their employees.

## **STRATEGY 4**

Large faith-based organizations should identify or develop marketing materials tailored for faith community leaders to enhance their perceptions of the value of physical activity.

## **STRATEGY 5**

Physical activity and public health organizations should partner with faith-based organizations in developing and delivering physical activity programs that are accessible to and tailored for diverse groups of constituents.

## **STRATEGY 6**

Physical activity and public health organizations should create and maintain an electronic resource for faith-based organizations to access evidence-based programs and best practices for promoting physical activity in faith-based settings.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Faith-based organizations should identify effective applications of their health ministries to promote physical activity.

### **TACTICS:**

- Identify the individuals and groups who will lead implementation of physical activity promotion strategies in faith-based settings.
- Identify published and other literature regarding the structure and utility of health ministries.
- Establish, if necessary, health ministries that are consistent with the faith community's religious beliefs to promote physical activity among the faith community.
- Create an environment supportive of physical activity by delivering evidence-based physical activity messaging and programs that are consistent with the faith community's religious beliefs.
- Develop in-person, online, and other training programs to support the health ministries of diverse faith-based organizations that seek to create programs to promote physical activity.

## **STRATEGY 2**

Faith-based organizations should establish partnerships with organizations from other sectors to promote physical activity in a manner that is consistent with their values, beliefs, and practices.

### **TACTICS:**

- Collaborate with higher education (e.g., undergraduate and graduate kinesiology programs, public health) to develop and implement inclusive physical activity programs and to provide technical assistance and expertise when requested.
- Collaborate with local healthcare delivery systems and institutions and other local faith-based organizations to develop and implement inclusive physical activity programs and to provide technical assistance and expertise when requested.
- Partner with other local sectors (e.g., business, education) for funding, technical assistance, and expertise to implement evidence-based/informed physical activity and other health programs.
- Support existing ministries and meeting groups already present in faith-based organizations, such as youth, women's, and men's groups, who seek to promote and incorporate physical activity.
- Support the promotion of faith-based physical activity programs as a provider of community-based or culturally tailored health promotion program that could be reimbursed.

**STRATEGY 3**

Large faith-based organizations should institutionalize physical activity promotion programs for their employees.

**TACTICS:**

- Communicate with clergy and lay leaders regarding the importance of inclusive physical activity promotion as a component of employee wellness programs.
- Support clerical training programs that train leaders who will be prepared to see the value of and advocate for physical activity planning in their faith-based organizations.
- Support the promotion of physical activity programs within faith-based organizations as a worksite wellness and community health promotion activity.
- Provide seed grants for faith-based organizations to design and implement physical activity and other health promotion initiatives.

**STRATEGY 4**

Large faith-based organizations should identify or develop marketing materials tailored for faith community leaders to enhance their perceptions of the value of physical activity.

**TACTICS:**

- Identify existing messages and materials that effectively address the beneficial effects of physical activity programs on faith-based organizations' finances, membership, and member health and spirituality.
- Support the development of messages from all religions and denominations that demonstrate how scripture and religious law can support and encourage engagement in physical activity and other positive health behaviors.
- Develop programs that link physical activity programs to other activities, such as prayer and study groups.
- Support individual faith-based organizations by identifying appropriate marketing lists to help communicate about physical activity and other health programs.
- Encourage faith leaders, including existing ecumenical and cross-faith organizations and committees, to incorporate physical activity and other health messages in their religious and secular communications using religious beliefs or scripture unique to their specific faith doctrine.

**STRATEGY 5**

Physical activity and public health organizations should partner with faith-based organizations in developing and delivering physical activity programs that are accessible to and tailored for diverse groups of constituents.

**TACTICS:**

- Establish partnerships with faith-based organizations to support the development and/or delivery of evidence-based physical activity programs that uphold the faith community's values, practices, and beliefs.



- Support planning and implementation of physical activity programs that use existing infrastructures, such as ministerial organizations and interfaith coalitions.
- Include, where possible, physical activity programs at multiple points across the lifespan.
- Partner with faith-based organizations to boost awareness and use of physical activity best practices among faith communities.
- Identify and provide evidence-based physical activity resources and best practices to faith-based organizations for distribution through existing faith-based websites and relevant social media.
- Market and promote the above training materials and opportunities.
- Develop and provide training materials (e.g., technical assistance and implementation guides, webinars) to help faith-based organizations build their own capacities for adoption of effective and inclusive physical activity promotion programs.
- Encourage faith communities to conduct a needs assessments related to their physical activity programs and services, establish goals, choose and launch physical activity programs, and evaluate outcomes through appropriate reporting systems and motivational recognition and awards.
- Include all religious affiliations, racial/ethnic groups, and geographic locations in efforts to promotion physical activity in faith-based organizations.

### **STRATEGY 6**

Physical activity and public health organizations should create and maintain an electronic resource for faith-based organizations to access evidence-based programs and best practices for promoting physical activity in faith-based settings.

### **TACTICS:**

- Support faith-based organizations in establishing criteria for reviewing and classifying “faith-based” and “faith-placed” programs and “best practices” within each religious affiliation.
- Support faith-based organizations in addressing, where possible, physical activity programs at multiple levels, including individual, family, faith-based organization, and community.
- Review and synthesize literature of health programs in faith-based settings, with a focus on physical activity, weight control, and physical activity-related chronic diseases.
- Considering the above tactics, NPAP partners will release a competitive request for proposals from graduate students and their supervisors to review and synthesize literature of physical activity-specific research related to faith-based settings across all religious affiliations. Include those who do not affiliate with a religion but still participate in programs in a faith-based setting.
- Create a public website with physical activity research and practice program materials tailored for application in faith-based settings. Support faith-based leaders and lay community members in reviewing programs, products, and resources throughout the development process.



# HEALTHCARE

## HEALTHCARE

Regular physical activity promotes health, prevents disease, and improves quality of life. Healthcare providers are trusted and effective advocates and educators for physical activity and exercise with their patients. The average U.S. adult sees a primary care provider 2.8 times per year, and all physicians 3 times per year, which presents many opportunities to assess and counsel on physical activity.<sup>1</sup> However, patients report receiving physical activity counseling in only 32% of clinical office visits.<sup>2</sup> Clinical tools, such as the physical activity vital sign, and programs like Exercise Is Medicine® aim to enhance the efforts of healthcare providers in assessing and promoting regular physical activity.<sup>3</sup> Key to those efforts is expanded the education of learners (e.g., medical students and residents) and practicing clinicians. Educating and including advanced practice clinicians and allied health professionals (e.g., physical therapists, dietitians, pharmacists) is crucial as we seek to deliver a consistent, coherent, and comprehensive physical activity message to patients.

In the past decade, incremental improvement has occurred in healthcare sector efforts in physical activity promotion. Healthcare systems like Kaiser Permanente and Intermountain Healthcare have integrated exercise vital signs and physical activity vital signs, respectively, in their electronic health records.<sup>4,5</sup> A U.S. medical school has implemented a curriculum aimed at educating medical students about the importance of physical activity.<sup>6</sup> Programs such as Walk With A Doc and Exercise Is Medicine® have expanded in the United States and globally.<sup>7,8</sup> Among adults ages 65 years and older, the proportion reporting advice from their healthcare provider regarding physical activity increased from 43.7% in 2005, to 51.3% in 2014.<sup>9</sup> Likewise, the percentage of children who received advice about exercise increased from 27.5% in 2002, to 37.4% in 2010, representing a 27% increase in 8 years.<sup>10</sup>

The Healthcare Sector of the National Physical Activity Plan developed strategies and tactics aimed at: 1) prioritizing efforts in health care to promote physical activity, 2) recognizing physical inactivity and insufficient activity as preventable and treatable conditions with health and cost implications, 3) partnering across sectors to improve access to physical activity-related services, particularly for disadvantaged populations with limited access, and 4) expanding education on physical activity in the training of all healthcare professionals.

Successful implementation of the Healthcare Sector plan will require healthcare systems, healthcare providers in practice, and learners, to recognize, embrace, and adopt physical activity promotion as a key strategy to improve population health and reduce the overall financial burden of healthcare to the nation and to individuals. The strategies and tactics in the Healthcare Sector plan can help to achieve those goals. Broad implementation of the physical activity vital sign, in addition to inclusion of physical activity promotion in clinical guidelines (alongside the use of medications, or even before medications), are critically important tactics. Partnering across sectors, along with community partners and health and fitness professionals will be key in linking patients to community resources to support regular physical activity. Finally, advances in the education of ALL healthcare professionals, and especially primary care providers, to support physical activity assessment and counseling is an imperative, along with efforts to encourage healthcare providers themselves to be active role models for their patients, their families, and their communities.

# STRATEGIES

## **STRATEGY 1**

Healthcare systems should increase the priority of physical activity assessment, advice, and promotion.

## **STRATEGY 2**

Healthcare systems and professional societies should establish the spectrum of physical inactivity to insufficient physical activity as a treatable and preventable condition with profound health and cost implications.

## **STRATEGY 3**

Healthcare systems should partner with other sectors to promote access to evidence-based physical activity-related services and to reduce health disparities.

## **STRATEGY 4**

Universities, post-graduate training programs, and professional societies should include basic physical activity education in the training of all healthcare professionals.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Healthcare systems should increase the priority of physical activity assessment, advice, and promotion.

### **TACTICS:**

- Use a systems approach to implement, evaluate, and fund interventions that are effective in improving physical activity in both children and adults.
- Make physical activity a patient “vital sign” that all healthcare providers assess and discuss with their patients.
- Integrate a physical activity vital sign into electronic health records.
- Develop physical activity as a health care quality measure for adult patients ages 18 to 64 years, similar to the existing measures for children and older adults.
- Develop, implement, and evaluate strategies to integrate into healthcare settings objective measures of physical activity that are derived from wearable devices and smartphone apps.
- Encourage healthcare professionals to be role models for active lifestyles for patients.

## **STRATEGY 2**

Healthcare systems and professional societies should establish the spectrum of physical inactivity to insufficient physical activity as a treatable and preventable condition with profound health and cost implications.

### **TACTICS:**

- Expand the evidence on the cost-effectiveness of promoting physical activity in inactive patients with and without chronic disease, including evidence on the effect of therapeutic physical activity for existing conditions on patient outcomes and costs of care.
- Embed physical activity promotion in clinical guidelines where sufficient evidence exists for both positive health and cost outcomes.
- Ensure that priority is given to treatment of physical inactivity in population groups with the lowest levels of physical activity.

**STRATEGY 3**

Healthcare systems should partner with other sectors to promote access to evidence-based physical activity-related services and to reduce health disparities.

**TACTICS:**

- Establish partnerships with state and local health departments to fund and implement inclusive physical activity policies and programs for less advantaged groups, and ensure that are tailored to the cultures and needs of these groups.
- Partner with faith-based organizations to increase access to physical activity opportunities and programs.
- Support the capacity of school-based health clinics and programs to promote physical activity.
- Develop partnerships with community-policing groups, government units, and other community organizations to promote safe access to opportunities to walk, bicycle, swim, and play outdoors.
- Partner with community planners to ensure equitable access to active transportation and to expand opportunities for active transportation and recreational activity.
- Partner with providers of community physical activity services to form referral networks that increase opportunities for physical activity and ensure equal access of their patients to community resources, including patients living in rural areas.
- Reduce financial barriers to use of community physical activity services by including reimbursement to community providers as part of healthcare benefit packages, including funding of programs likely to reach diverse populations in the community and subgroups with lowest levels of physical activity.

**STRATEGY 4**

Universities, post-graduate training programs, and professional societies should include basic physical activity education in the training of all healthcare professionals.

**TACTICS:**

- Include basic physical activity education during assessment, brief counseling, and referrals as part of the required curriculum in medical school.
- Foster health professional student interest in physical activity.
- Include physical activity content in licensing exams and in board certification exams for clinicians involved in physical activity promotion.
- Provide an array of evidence-based curricular resources to support physical activity education throughout all health professional training.
- Include physical activity content in continuing education professional development programs.





**MASS MEDIA**

# MASS MEDIA

Mass media campaigns are designed to increase awareness and/or knowledge, influence attitudes and beliefs, and eventually result in behavior change.<sup>1,2</sup> They have been effectively used to influence health behaviors at the community, state, and national level. Mass media approaches can be deployed as stand-alone interventions or as part of broader multicomponent interventions. In either instance, such campaigns can have a population-wide reach and typically use both traditional media outlets, including television and radio and “new” media outlets such as social networking and texting.<sup>2</sup> The mass media sector also allows stakeholders in the physical activity community to reach key opinion leaders and policy makers to help them make informed decisions as they shape our environments and develop new policies.

Research has demonstrated that mass media campaigns can play an important role in promoting physical activity at the population level. Although the effects of stand-alone mass media campaigns promoting physical activity have been modest and inconsistent, strong evidence supports the effectiveness of media campaigns conducted in conjunction with broader multicomponent interventions.<sup>1,4</sup> Further, a recent review concluded that well-designed mass media campaigns can result in increased activity levels, specifically a significant increase in walking behavior.<sup>3</sup> In addition, individually-adapted behavior change programs, which are increasingly delivered through computer, laptop, and smartphone platforms, have been shown to be effective in increasing physical activity.<sup>5</sup>

The Mass Media Sector of the National Physical Activity Plan includes strategies and tactics aimed at 1) developing a national physical activity campaign, 2) establishing a standardized brand for promoting physical activity, 3) educating media professional about the effects of physical activity on health, and 4) optimizing the application of both traditional and new media channels.

Given the power of the Mass Media Sector in the daily lives of the entire population, successful implementation of the Mass Media Sector has the potential to become a powerful and promising avenue to inform, educate, and motivate the U.S. population to be active.

# STRATEGIES

## **STRATEGY 1**

Government health agencies, in collaboration with national non-profit health organizations, should launch a national physical activity campaign to educate individuals about effective behavioral strategies for increasing physical activity.

## **STRATEGY 2**

Physical activity professionals should partner with communications experts to develop mass communication messages and a standardized “brand” for promoting physical activity that is consistent with current federal physical activity guidelines.

## **STRATEGY 3**

Professionals in physical activity and public health should inform mass media professionals about the effects of physical activity on health and on effective strategies for increasing physical activity at the individual and community levels.

## **STRATEGY 4**

Professionals in physical activity and public health should optimize application of social media and emerging technologies in media campaigns to promote physical activity.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Government health agencies, in collaboration with national non-profit health organizations, should launch a national physical activity campaign to educate individuals about effective behavioral strategies for increasing physical activity.

### **TACTICS:**

- Identify and test evidence-based media messages and campaign strategies with the greatest reach and likelihood of influencing population physical activity levels.
- Advocate for federal funding to support a national physical activity campaign.

## **STRATEGY 2**

Physical activity professionals should partner with communications experts to develop mass communication messages and a standardized “brand” for promoting physical activity that is consistent with current federal physical activity guidelines.

### **TACTICS:**

- Engage public health agencies and key stakeholders at all levels and across all societal sectors in developing a standardized “brand” for promoting physical activity.
- Conduct market research to identify the most effective mass communication messages and standardized brand for promoting physical activity.
- Develop and disseminate a toolkit to support extensive application of the messages and standardized brand for promoting physical activity at the state and local levels.

## **STRATEGY 3**

Professionals in physical activity and public health should inform mass media professionals about the effects of physical activity on health and on effective strategies for increasing physical activity at the individual and community levels.

### **TACTICS:**

- Educate media professionals about the documented effects of physical activity on prevention and treatment of obesity and non-communicable diseases.
- Reframe media professionals’ understanding of the impact of physical activity on public health, relative to the effects of other hygienic behaviors (e.g., avoidance of tobacco use, healthy eating).
- Design materials for informing media professionals regarding effective strategies for increasing physical activity at the individual and community levels.

**STRATEGY 4**

Professionals in physical activity and public health should optimize application of social media and emerging technologies in media campaigns to promote physical activity.

**TACTICS:**

- Support public health agencies and key stakeholders at all levels to incorporate social media techniques in physical activity promotion programs.
- Support public health agencies and key stakeholders at all levels to apply emerging technologies (e.g., biometry) in physical activity promotion programs.





CYCLING



SKATING



BIKEWAY



WALKING



RUNNING



WALKWAY

PUBLIC HEALTH



## PUBLIC HEALTH

The overarching goals of the Public Health Sector are to promote, protect, and maintain health and prevent disease at the population level. Public health initiatives historically have focused on controlling communicable diseases. In recent years, in response to the rise in rates of obesity, heart disease, diabetes, cancer, and other chronic conditions, public health efforts have increasingly focused on preventing these non-communicable diseases. The public health sector consists of governmental organizations, such as public health agencies and federal, state, county, and local health departments. It also includes non-governmental organizations that seek to address public health goals, such as institutions of higher education, professional societies, non-profit organizations, think tanks, and advocacy groups. Organizations within the public health sector perform a variety of functions, including research, surveillance, program development and delivery, evaluation, training, and advocacy. These functions complement and support the goals of several of the National Plan sectors, including Healthcare; Education; Community Recreation, Fitness and Parks; and Transportation, Land Use and Community Design.

Given the potential reach of public health organizations across wide segments of the population, the public health sector plays a critical role in promoting physical activity in the United States. As evidence linking physical activity to the reduction of chronic disease risk grows, public health organizations are increasingly focusing on programs and initiatives to promote physical activity. Educational and multi-strategy campaigns to increase physical activity have been implemented and evaluated at the national<sup>1</sup> and community<sup>2</sup> level. Policy strategies also can potentially influence physical activity at the population level through systems change in organizations, environments, and communities. For example, a recent review of physical activity policies in rural communities found that those targeting enhanced infrastructure for walking and increased opportunities for extracurricular physical activity were implemented most commonly.<sup>3</sup> To deliver evidence-based physical activity programming and advocate for policy change, however, the public health workforce may require greater competence in these areas. Physical activity and public health training programs with online<sup>4</sup> and in-person<sup>5</sup> delivery formats may serve as models for training and capacity-building.

The National Physical Activity Plan provides six strategies to promote physical activity through the Public Health Sector. These strategies focus on: 1) developing a competent workforce, 2) building partnerships, 3) developing policy and advocacy efforts, 4) improving surveillance and evaluation of programs, 5) disseminating tools and resources, and 6) providing funding and resources. Recommendations that are new to this update of the National Physical Activity Plan include a call for the creation and funding of an Office of Physical Activity and Health within the National Center for Chronic Disease Prevention and Health Promotion at CDC. Also, these updated Public Health Sector strategies recommend the creation of an Office within the NIH Office of the Director that would be responsible for coordinating and monitoring research funding for physical activity across all NIH Institutes.

# STRATEGIES

## **STRATEGY 1**

Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.

## **STRATEGY 2**

Public health agencies should create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.

## **STRATEGY 3**

Non-profit public health organizations should engage in policy development and advocacy<sup>1</sup> to elevate the priority of physical activity in public health practice, policy, and research.

## **STRATEGY 4**

Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).

## **STRATEGY 5**

Public health organizations should disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.

## **STRATEGY 6**

Public health agencies should invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.

## **TACTICS:**

- Promote efforts by CDC, professional societies, and academic institutions to provide training and capacity building in the use, adaptation, and evaluation of evidence-based physical activity promotion strategies.
- Build the capacity of practitioners to monitor key outcome measures of chosen physical activity interventions.
- Enhance academic programs with physical activity practitioner core competencies embedded into the curricula of public health and other disciplines (e.g., healthcare, education, transportation and planning, parks and recreation).
- Increase the number of Master's of Public Health (MPH) programs that provide training on physical activity and its promotion. Increase the number of graduates from these programs.
- Expand recruitment, outreach, and training efforts to engage students of diverse racial, ethnic, and cultural backgrounds; students with disabilities; and students representing groups at particular risk of physical inactivity.
- Encourage professional societies to sponsor scholarship programs for students of diverse racial, ethnic, and cultural backgrounds; students with disabilities; and students representing groups at particular risk of physical inactivity.
- Collaborate with a wide range of organizations, including those representing minority ethnic groups and persons with disabilities, to build a diverse public health work force that is well prepared to promote physical activity.
- Support and expand training opportunities (e.g., Physical Activity and Public Health Course) based on core competencies for practitioners, paraprofessionals, community health workers, and professionals from other sectors.
- Develop interdisciplinary training to ensure that physical activity and public health concepts are connected to other disciplines; also include leadership development and team-building.
- Increase the number of professionals who are certified Physical Activity and Public Health Specialists.
- Support the creation of a physical activity and health unit in state health departments that functions as part of an integrated and coordinated approach to chronic disease prevention.
- Staff these units with certified Physical Activity and Public Health Specialists and with professionals from other disciplines with whom public health must collaborate in order to provide opportunities for physical activity within communities.
- Encourage national and state public health associations to form physical activity sections within their organizations.
- Encourage professional societies in public health to adopt and disseminate core competencies for public health practitioners in physical activity, update the core competencies regularly.

**STRATEGY 2**

Public health agencies should create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.

**TACTICS:**

- Examine successful cross-sectoral partnerships to identify and incorporate key elements of success into physical activity initiatives.
- Encourage and train public health professionals to work with, educate, and learn from partners in order to strengthen the effectiveness of the partnership and the efforts of each member.
- Increase networking and collaboration between practitioners, researchers, community-based organizations, and advocates.
- Collaborate with agencies representing persons with disabilities and other populations affected by health disparities.
- Collaborate with “non-traditional” partners to increase the reach of interventions and encourage social capital. Encourage partnerships between local and state health agencies and scientists in academic and private settings to conduct community participatory research to facilitate the dissemination of evidence-based practices to promote physical activity.

**STRATEGY 3**

Non-profit public health organizations should engage in policy development and advocacy<sup>1</sup> to elevate the priority of physical activity in public health practice, policy, and research.

**TACTICS:**

- Advocate for the creation and funding of an Office of Physical Activity and Health within the National Center for Chronic Disease Prevention and Health Promotion at CDC.
- Advocate for the creation of an Office within the NIH Office of the Director, to be responsible for coordinating and monitoring research funding for physical activity across all NIH Institutes.
- Advocate for a policy that ensure the *Physical Activity Guidelines for Americans* are updated every five years.
- Advocate for an update in the CDC’s *Guide to Community Preventive Services* on approaches aimed to increase physical activity behavior.
- Use the most current version of the federal *Physical Activity Guidelines* and related documents as a foundation for physical activity advocacy and policy development.
- Capitalize on the Surgeon General’s Call to Action on Walking and Walkability as an opportunity for advocacy with Congress, state legislatures, and other potential funders for physical activity promotion, walking, and community infrastructure that can support walking.
- Develop an advocacy strategy for coordinated and appropriately funded physical activity research in multiple funding agencies.
- Engage decision makers in funding research on policy development and evaluation of

the effects of existing policies related to physical activity.

- Encourage local, state, and national public health organizations to collaboratively engage in policy development and advocacy.
- Engage community-based organizations that represent neighborhoods in policy development, accountability, and advocacy activities.
- Engage grassroots organizations that have demonstrated success in other public health arenas (e.g., tobacco control), and provide incentives for training and participation in population-based physical activity promotion.
- Tailor policy messages for diverse audiences and settings. Identify and engage underserved populations. Target policy messages for each population, segment, and setting.
- Create a long- and short-term communication schedule for advocacy.
- Create an interdisciplinary policy and advocacy center to support advocacy efforts and policy development for physical activity in public health agencies and support advocacy efforts.
- Identify and promote advocacy training opportunities for public health professionals and professionals from other sectors with whom public health can work to promote physical activity.
- Disseminate information on evidence-based policies related to physical activity by participating in advocacy networks, with emphasis on educating partners at local, state, and national levels.

<sup>1</sup> *Advocacy refers to educating decision makers at all levels while honoring the legal limitations associated with the use of public funds.*

#### **STRATEGY 4**

Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).

#### **TACTICS:**

- Identify and promote a common set of measures that can be applied across diverse populations to track progress in physical activity promotion at state and national levels.
- Define a common framework to evaluate policy and environmental change processes, outcomes, and impacts.
- Build the capacity of practitioners to monitor key outcome measures of chosen interventions.
- Develop a national physical activity report card that is informed by evidence and tracks actions taken and progress in reducing burden of disease due to inactivity in the United States. Use the report card to regularly assess and report on progress toward increasing physical activity and reducing physical inactivity.
- Improve and expand surveillance of physical fitness and physical activity, including light activity, using objective measures of physical activity when feasible.
- Expand surveillance systems to monitor the status of environmental and policy determinants of physical activity and the disparities in resource availability and

utilization.

- Expand surveillance systems to include the systematic assessment of physical activity and fitness levels of diverse populations of children and youth. For relevant surveillance systems, include state-level reporting, when feasible.
- Improve linkages between local policy and environmental change and national and state data collection systems.
- Create and expand relevant local surveillance or other physical activity data collection systems.
- Provide health data that allows communities to understand the burden of inactivity in their communities, and to tailor approaches to increase physical activity to local circumstances.

### **STRATEGY 5**

Public health organizations should disseminate tools and resources important to promoting physical activity, including resources that address the burden of disease due to inactivity, the implementation of evidence-based interventions, and funding opportunities for physical activity initiatives.

#### **TACTICS:**

- Promote the use of existing tools and resources and identify promising practices, particularly those addressing the needs of underserved populations.
- Create repositories and clearinghouses of information on public health practices, tools and resources, including evidence-based and promising physical activity interventions and practices.
- Disseminate physical activity-promoting practices and policies targeted at agencies and professional societies outside of public health (e.g., youth-serving social services, non-profits in underserved communities, transportation and planning, sports and recreation, education, environmental protection).
- Identify and support expansion of culturally salient tools that build upon community assets to promote physical activity across all population groups.
- Identify and create tools and resources appropriate to supporting and advancing the work of physical activity practitioners and researchers.

### **STRATEGY 6**

Public health agencies should invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.

#### **TACTICS:**

- Provide resources in state and local health agencies and programs for physical activity comparable to resources provided for tobacco and nutrition. Provide sustainable funding for state and local health departments so that Physical Activity and Public



Health Specialists can create and implement initiatives that promote physical activity.

- Fund public health professional societies, schools of public health, and other academic units engaged in physical activity research to develop tools and resources for policymakers and practitioners that support the promotion of physical activity in communities.
- Provide sustained funding and resources to local, state, and national public health agencies that support physical activity practitioners to act as conveners of multi-sector coalitions and to provide leadership for strategic partnerships.
- Encourage CDC and the U.S. Department of Health and Human Services to invest in capacity building by supporting MPH and PhD programs, continuing medical education, short courses, and distance-based training for physical activity and public health through the Prevention Research Centers (PRCs) and other mechanisms.
- Increase funding of CDC, Prevention Research Centers, the Physical Activity Policy Research Network (PAPRN), and the National Institutes of Health to conduct research on policy development and its impact on physical activity.



**SPORT**

## SPORT

The Sport Sector represents a powerful opportunity to make transformative progress in youth and adult physical activity and health in the United States. Sports play a unique and profound role in American society, with more than 200 million youth and adults participating in some form of sports broadly defined.<sup>1</sup> In the United States and internationally, sports is widely seen as a platform for progress on many fronts. Promoting overall health and providing specific health benefits associated with increased physical activity, is an obvious focus. Other aims include advancing health equity, supporting child development, assisting academic achievement, accelerating inclusion, serving as a social movement strategy, stimulating economic growth, making broad cultural impacts and contributions, and, in the case of the United Nations, facilitating overall national development and progress toward global goals.

This importance of sports is borne out both in public opinion and participation. In 2015, National Public Radio, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health conducted a survey series that revealed 73% of all adults in the United States played sports as a youth, but that only 23% of adults continued to play a sport. Most parents (76%) who have children in middle and high school encourage their children to play sports, with 88% of parents feeling that the most important reason was that it benefitted their child's physical health. Parents also see other benefits of sports for their children, from learning about discipline or dedication (81%) to gains in mental health (73%). For adults who play sports, a majority report gains in stress reduction (58%), mental health (54%), and physical health (51%).<sup>2</sup>

Even with all its benefits, the sports experience is not the same for all. Many youth are insufficiently physically active while waiting their turn to practice or play sports. Some become disappointed by sports or suffer avoidable injuries. Other youth find an array of barriers to sports participation. The overall result has been that youth participation in sports, while still large, has experienced a notable decline in recent years.<sup>3</sup> Additionally, many adults find it difficult to find the time or to identify an enjoyable, safe, and appropriate sport as they age.

Given this context, sports within the 2016 National Physical Activity Plan is of key importance. The strategies in this sector present an integrated approach to using sports as a vehicle to increase levels of physical activity and to promote health. These strategies focus on: 1) policy change, 2) added infrastructure, 3) expanded access for all, 4) improved safety and care, 5) elevated surveillance, 6) more knowledgeable and purposeful roles by key professionals as well as parents and caregivers, and 7) enlarged innovation and use of technology. The strategies and tactics in this Sport Sector form a national approach to progress, but also they will prove useful to individuals and organizations at the community level as a framework for increasing physical activity and health in communities all across America.

# STRATEGIES

## **STRATEGY 1**

Sports organizations should collaborate to establish a national policy that emphasizes the importance of sports as a vehicle for promoting and sustaining a physically active population.

## **STRATEGY 2**

Sports organizations should establish an entity that can serve as a central resource to unify and strengthen stakeholders in the sports sector.

## **STRATEGY 3**

Leaders in multiple sectors should expand access to recreational spaces and quality sports programming while focusing on eliminating disparities in access based on race, ethnicity, gender, disability, socioeconomic status, geography, age, and sexual orientation.

## **STRATEGY 4**

Sports organizations should adopt policies and practices that promote physical activity, health, participant growth, and development of physical literacy.

## **STRATEGY 5**

Sports organizations should ensure that sports programs are conducted in a manner that minimizes risk of sports-related injuries and illnesses.

## **STRATEGY 6**

Public health agencies, in collaboration with sports organizations, should develop and implement a comprehensive surveillance system for monitoring sports participation in all segments of the population.

## **STRATEGY 7**

Coaches, game officials, parents, and caregivers should create safe and inclusive environments for sports participation that promote physical activity and health for youth and adult participants.

## **STRATEGY 8**

Sports organizations should use advances in technology to enhance the quality of the sport experience for participants.

# STRATEGIES AND TACTICS

## **STRATEGY 1**

Sports organizations should collaborate to establish a national policy that emphasizes the importance of sports as a vehicle for promoting and sustaining a physically active population.

### **TACTICS:**

- Build support for development of a national policy on sport by increasing awareness of the importance of such a policy among key stakeholders.
- Engage public agencies and private organizations from multiple sectors in development of a national policy on sport.
- Identify an organization, either public or private, that will “house” a national policy on sport.

## **STRATEGY 2**

Sports organizations should establish an entity that can serve as a central resource to unify and strengthen stakeholders in the sports sector.

### **TACTICS:**

- Build awareness, among sport organizations, of the value of “backbone” entities which leverage and coordinate resources across affiliated organizations.
- Engage sport organizations that currently play a coordinating role (e.g., the U.S. Olympic Committee) in the process of developing an entity that provides broad leadership for the sport sector.
- Develop a funding mechanism for an entity that serves as a central resource for stakeholders in the sport sector.

## **STRATEGY 3**

Leaders in multiple sectors should expand access to recreational spaces and quality sports programming while focusing on eliminating disparities in access based on race, ethnicity, gender, disability, socioeconomic status, geography, age, and sexual orientation.

### **TACTICS:**

- Use data to identify populations who are at risk of physical inactivity, understand their specific barriers, and devise targeted initiatives to reduce disparities.
- Create opportunities for free and loosely supervised play.
- Prioritize community-based, affordable forms of organized play, such as in-town leagues. Continue offering these formats into and beyond adolescence.
- Incorporate sports activities into before- and after-school programming.

**STRATEGY 4**

Sports organizations should adopt policies and practices that promote physical activity, health, participant growth, and development of physical literacy.

**TACTICS:**

- Identify and disseminate evidence-based practices that prioritize moderate- to vigorous-intensity physical activity for all participants during practices and games.
- Identify and reward sport organizations that foster sports models that are inclusive of groups that are underserved by traditional sports programs.
- Establish pricing models and sport season timelines that encourage multi-sport participation.
- Embrace developmentally appropriate forms of play, through frameworks such as the U.S. Olympic Committee’s American Development Model.

**STRATEGY 5**

Sports organizations should ensure that sports programs are conducted in a manner that minimizes risk of sports-related injuries and illnesses.

**TACTICS:**

- Establish policies and practices that ensure sports programs put the highest priority on the health and safety of participants.
- Educate parents, athletes, coaches, teachers, and others about the signs and symptoms of sports injuries and conditions (e.g., brain injury, heat illness, and exertional sickling).
- Ensure that sports equipment, uniforms, playing surfaces, and environmental conditions are checked for safety and best conditions.
- Encourage importance of collaboration with medical professionals to ensure safe outcomes during play.

**STRATEGY 6**

Public health agencies, in collaboration with sports organizations, should develop and implement a comprehensive surveillance system for monitoring sports participation in all segments of the population.

**TACTICS:**

- Develop and implement a roadmap that will lead to the establishment of a comprehensive National Surveillance Collaborative for Sports, Physical Activity, and Health in the United States for all populations. The aim of the Collaborative will be to expand the use of data made available to, translated for, and used by all stakeholders to design and improve sports programs at all levels.



- Create a national survey tool that measures the overall experience of participants.

### **STRATEGY 7**

Coaches, game officials, parents, and caregivers should create safe and inclusive environments for sports participation that promote physical activity and health for youth and adult participants.

### **TACTICS:**

- Align coaching accreditations and curricula with best practices.
- Use mandates and incentives to increase the number of coaches trained in key competencies, including basic safety and immediate care, plus sport-specific rules.
- Develop and promote educational resources outlining important factors related to parental and caregiver behavior that affects the development of youth athletes, including information about creating a positive environment with a focus on fun and discovery, being a good role model, and other topics, such as goal setting, good sportsmanship, and importance of sustained physical activity levels.
- Increase awareness about the need for parents and caregivers (and others who can properly advocate for children other than their own) to encourage sport sampling, where youth play multiple sports throughout the year, including formal (sports leagues) and informal (pick-up games) sports to ensure increased levels of physical activity. Allow youth to self-select their sport(s) of choice as they get older and have experienced a variety of sports.
- Support parents and caregivers in efforts to demand that all youth sports facilities and equipment are safe and that leagues adopt and follow the guidelines established by the United States Olympic Committee's SafeSport program (SafeSport.org). Require that all coaches be required to take the SafeSport training course.
- Encourage communication between medical professionals and coaches to ensure safe outcomes during play.

### **STRATEGY 8**

Sports organizations should use advances in technology to enhance the quality of the sport experience for participants.

### **TACTICS:**

- Leverage emerging technologies – in collaboration with recreational, competitive, and elite sport organizations – to connect all people with the full array of sports and recreation options in their geographic communities for people of all abilities and levels of physical activity.
- Make advances in sports technology more widely known and available to all.
- Use technological resources to identify or create tools and apps that can produce customizable surveys for teams and leagues to use to better understand the sport experience of their participants.

- Use technological innovation to promote physical activity to spectators and fans of sports at events.
- Create a national coordinating network of leaders and hubs focused on promoting existing and future technological innovation that can increase participation in quality sports programs and enhance the quality of the sport experience for participants.



# TRANSPORTATION, LAND USE & COMMUNITY DESIGN

## **TRANSPORTATION, LAND USE AND COMMUNITY DESIGN**

We must be intentional in the design and development of our communities to make it easier for people to be active on a daily basis. Equitable design of communities and transportation systems can make walking and biking both safe and enjoyable, provide housing that is conducive to healthy lifestyles with affordable transportation options, and offer ample space for active recreation. Other co-benefits include increasing access to essential destinations, such as grocery stores, schools, jobs and healthcare services; improving quality of life and access to economic opportunity; improving air quality and decreasing energy consumption; and strengthening social networks.

Policy and program actions in this sector have great potential to improve people's lives. For example, effective land use policies put common destinations near where people live, with ample safe and accessible places for active recreation, preferably all with walking and biking connections. Land use and zoning decisions do as much to reinforce active behavior as transportation investments, keeping in mind that some policies need to be changed to support the diversity of communities and the changing fabric of the demographics.

High-quality pedestrian and bicycle facilities can make it possible, safe, and enjoyable to walk and bicycle for transportation. Design that supports walking and biking also promotes the use of public transportation because it improves access to the transit station or bus stop; and it supports communities of color, people with disabilities and communities with lower socioeconomic status, all of whom need transportation options that are affordable and safe.

At a fine-grain level, the characteristics of transportation networks (e.g., the width of trails and street crossings) along with the aesthetics of buildings, layout of parks, and the design of landscaping are all important elements that, when combined with decisions on a larger scale, enhance opportunities for the greatest number of people to be active.

Fortunately, the demand for such places is growing steadily and the need for these places is growing as well. A 2014 TransitCenter survey of nearly 12,000 individuals in regions across the country found that regardless of where they live now, most people would like to live in places where amenities (a mix of shops, services, schools, and offices) are within walking distance, regardless of urban, suburban, or rural setting.<sup>1</sup> More than 600 local and state ordinances for Complete Streets guidelines direct transportation engineers' efforts to balance all modes on our streets.<sup>2</sup> With diminished federal funding, localities are passing local ballot measures to increase funds for transit investment, including provisions for transit connectivity, essentially the biking and walking legs of transit trips.<sup>3</sup>

Support by local, state, and national leaders is also growing. The National League of Cities and the First Ladies Let's Move! initiative joined forces to promote "Let's Move Cities and Towns," which is embraced across the nation. People are driving less: vehicle miles traveled have plateaued since 2008 and continue to plateau in spite of the slow upturn in the economy.<sup>4</sup> In

addition, opportunity exists to convert short trips, as 41% of all trips taken in the U.S. are three miles or less and nearly 19% are one mile or less.<sup>5</sup> Yet, nearly 60% of trips one mile are driven.<sup>6</sup>

The Transportation, Land Use and Community Design Sector of the National Physical Activity Plan has developed strategies that focus on: 1) integrating active design principles into community planning process, 2) changing zoning laws to favor mixed use developments that encourage physical activity, 3) advocating for funding and policies that increase active transportation, 4) investing in data collection to inform policy, and 5) implementing initiatives to encourage and reward more active transportation. Equity is a principle that permeates the recommendations in this section, for we must make decisions and create conditions that enable all people to have better and safer environments conducive for improved health, access to jobs and other benefits.

Immediate and near-term changes to improve access and support active transportation networks will require many strong multi-sectoral partnerships and collaborations that represent, at a minimum, the sectors/disciplines within the National Physical Activity Plan. This collaborative work can be guided by the strategies in this section.

# STRATEGIES

## **STRATEGY 1**

Community planners should integrate active design principles into land-use, transportation, community, and economic development planning processes.

## **STRATEGY 2**

Communities should change zoning laws to require or favor mixed-use developments that place common destinations within walking and bicycling distance of most residents and incorporate designated open space suitable for physical activity.

## **STRATEGY 3**

Physical activity and public health organizations should advocate for funding and policies that increase active transportation and physical activity through greater investment in bicycle and pedestrian infrastructure and transit.

## **STRATEGY 4**

Transportation and public health agencies should invest in and institutionalize the collection of data to inform policy and to measure the impacts of active transportation on physical activity, population health, and health equity.

## **STRATEGY 5**

Transportation and public health agencies should implement initiatives to encourage, reward, and require more walking, bicycling, and transit use for routine transportation.



# STRATEGIES AND TACTICS

## **STRATEGY 1**

Community planners should integrate active design principles into land-use, transportation, community, and economic development planning processes.

### **TACTICS:**

- Integrate considerations for non-motorized travel and public health into formalized planning processes, such as master plans, comprehensive plans, zoning code updates, housing and commercial developments, metropolitan planning organizations' (MPO) transportation improvement project lists, trail plans, and regional transportation plans, with specific focus on improving environments in low-income communities.
- Encourage local and state jurisdictions to adopt regulations that require buildings and transportation facilities to be designed according to principles that maximize safety and attractiveness for pedestrians and bicyclists.
- Establish parking policies that encourage and support active living and active transportation.

## **STRATEGY 2**

Communities should change zoning laws to require or favor mixed-use developments that place common destinations within walking and bicycling distance of most residents and incorporate designated open space suitable for physical activity.

### **TACTICS:**

- Encourage local jurisdictions to replace separate-use zoning laws with those that require or favor mixed-use zoning or provide incentives for using a mixed use code.
- Encourage state governments to provide incentives for local jurisdictions to adopt mixed-use zoning laws.
- Develop and disseminate policy tools to reduce the possible impacts of gentrification on low-income neighborhoods that adopt healthy design principles, as they become more desirable and experience rising home values.

**STRATEGY 3**

Physical activity and public health organizations should advocate for funding and policies that increase active transportation and physical activity through greater investment in bicycle and pedestrian infrastructure and transit.

**TACTICS:**

- Increase the federal, state and local investments, prioritizing low-income communities, in creating and maintaining seamless networks of high-quality sidewalks, crosswalks, bike facilities, greenways, trails, and transit that are compliant with the Americans with Disabilities Act to provide individuals of all ages and abilities safe means of active transportation.
- Prioritize federal, state, and local resources to ensure that low-income communities (rural, urban and suburban), which are disproportionately affected by higher rates of bicycle and pedestrian deaths and injuries and which generally lack safe infrastructure for walking and bicycling, are able to access funds and technical assistance to improve bicycle and pedestrian infrastructure and transit.
- Reform transportation spending at all levels to tie it to larger goals for health, safety, equity, and the environment—rather than to a focus only on traffic volumes and speeds.
- Use the tax code to provide incentives to private employers and businesses to implement programs and infrastructure that support bicycling, walking, and public transit.

**STRATEGY 4**

Transportation and public health agencies should invest in and institutionalize the collection of data to inform policy and to measure the impacts of active transportation on physical activity, population health, and health equity.

**TACTICS:**

- Improve and expand existing data collection sources to assess active transportation patterns and trends that include local-area data.
- Develop new data collection sources for pedestrian and bicyclist counts and impacts of bicycle and pedestrian trips on economic and personal health.
- Develop performance metrics for walking and bicycling for transportation.
- Improve transportation modeling of active transportation trips and use of multimodal travel demand models.

**STRATEGY 5**

Transportation and public health agencies should implement initiatives to encourage, reward, and require more walking, bicycling, and transit use for routine transportation.

**TACTICS:**

- Provide requirements and incentives for employers and municipalities to implement comprehensive transportation demand management programs to encourage increased active commuting (walk, bike, transit).
- Develop and disseminate market-based tools to encourage active transportation.
- Support community bicycle sharing programs.
- Promote and expand existing Bicycle-Friendly and Walk-Friendly Community, Campus, and Business award programs.
- Focus on developing and disseminating the policy elements of Safe Routes to School programs for more sustained impact.
- Institutionalize professional education and certification programs' inclusion of best practices and evolving research in active transportation design and policies, for engineers, planners, architects, landscape architects, public health, public policy, and related professions.
- Implement comprehensive transportation safety programs using best practices to minimize pedestrian and bicycle collisions, injuries, and fatalities.
- Use events, short-term interventions, and demonstration and pilot projects to create knowledge of and demand for permanent infrastructure and policy improvements for walking, cycling, and transit.
- Adjust physical activity outreach, promotion, and messages appropriately for various target audiences; do not focus solely on "exercise" promotion.

# References

## **Business and Industry**

1. Institute of Medicine, The Future of the Public's Health in the Twenty-first Century. Washington: National Academies Press, 2003.
2. Pronk NP. Fitness of the U.S. workforce. Annual Review of Public Health. 2015;
3. Pronk NP. Physical activity promotion in business and industry: Evidence, context, and recommendations for a national plan. Journal of Physical Activity and Health. 2009;6(Suppl 2):S220-S235.

## **Community Recreation, Fitness, and Parks**

1. Spangler KJ. Doing our part to promote healthy lifestyles. Parks & Recreation (Ashburn). 1997;32(10):55-61.
2. Godbey G, Mowen A, Ashburn VA. The benefits of physical activity provided by park and recreation services: The scientific evidence. Ashburn, VA, USA: National Recreation and Park Association; 2010.
3. Brownson RC, Baker EA, Housemann RA, Brennan LK, Bacak SJ. Environmental and policy determinants of physical activity in the United States. American Journal of Public Health. 2001;91(12):1995–2003.
4. Mowen, A. J., Graefe, A. R., Barrett, A. G., Roth, K., & Godbey, G. C. (2016). Americans' Broad-based Support for Local Recreation and Park Services: Results from a Nationwide Study. Ashburn, VA: National Recreation and Park Association.

## **Education**

1. SHAPE America. The Essential Components of Physical Education, 2015. Available at <http://www.shapeamerica.org/upload/TheEssentialComponentsOfPhysicalEducation.pdf>. Accessed March 22, 2016.
2. Centers for Disease Control and Prevention. Comprehensive School Physical Activity Program (CSPAP), 2013. Available at <http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>. Accessed March 22, 2016.
3. Institute of Medicine. Educating the Study Body: Taking Physical Activity and Physical Education to School. Washington, DC: National Academies Press, 2013.
4. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth, 2012. Available at <http://health.gov/paguidelines/midcourse>. Accessed March 22, 2016.
5. Institute of Medicine. Early Childhood Obesity Prevention Policies. Washington, DC: National Academies Press, 2011.
6. American College Health Association. Healthy Campus 2020, 2012. Available at <https://www.acha.org/HealthyCampus/Home/HealthyCampus/Home.aspx?hkey=66e6892e-786c-4739-a156-f7def495f53c>. Accessed March 22, 2016.
7. Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity, 2011. Available at <http://www.cdc.gov/healthyschools/npao/pdf/mmwr-school-health-guidelines.pdf>. Accessed March 22, 2016.
8. Centers for Disease Control and Prevention. School Health Policies and Practices Study (SHPPS), 2014. Available at <http://www.cdc.gov/healthyyouth/data/shpps/index.htm>. Accessed March 22, 2016.
9. National Association for Sport and Physical Education. SHAPE of the Nation Report, 2012. Available at <http://www.shapeamerica.org/advocacy/son/2012/upload/2012-shape-of-nation-full-report-web.pdf>. Accessed March 22, 2016.

- Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child (WSCC). Available at <http://www.cdc.gov/healthyschools/wscc/index.htm>. Accessed March 22, 2016.

### **Faith-Based Settings**

- Pew Research Center. America's Changing Religious Landscape 2015. Available: <http://www.pewforum.org/files/2015/05/RLS-08-26-full-report.pdf>. Accessed February 25, 2016.
- Hartford Institute for Religion Research. Fast Facts about American Religion. Available at [http://hrr.hartsem.edu/research/fastfacts/fast\\_facts.html](http://hrr.hartsem.edu/research/fastfacts/fast_facts.html). Accessed March 18, 2016.
- Levin J. Engaging the faith community for public health advocacy: an agenda for the Surgeon General. *J Relig Health* 2013;52(2):368-385.
- Lasater TM, Wells BL, Carleton RA, et al. The role of churches in disease prevention research studies. *Public Health Rep* 1986;101(2):125-131.
- Campbell MK, Hudson MA, Resnicow K, et al. Church-based health promotion interventions: evidence and lessons learned. *Annu Rev Public Health* 2007;28:213-234.
- DeHaven MJ, Hunter IB, Wilder L, et al. Health programs in faith-based organizations: are they effective? *Am J Public Health* 2004;94(6):1030-1036.
- Newlin K, Dyess SM, Allard E, et al. A methodological review of faith-based health promotion literature: advancing the science to expand delivery of diabetes education to Black Americans. *J Relig Health* 2012;51(4):1075-1097.
- Bopp M, Peterson JA, Webb BL. A comprehensive review of faith-based physical activity interventions. *Am J Lifestyle Med* 2012;6(6):460-478.

### **Healthcare**

- CDC/NCHS, 2012 National Ambulatory Medical Care Survey
- Trends in Adults Receiving a Recommendation for Exercise or Other Physical Activity From a Physician or Other Health Professional. <http://www.cdc.gov/nchs/data/databriefs/db86.htm>. Accessed 3-3-16.
- Exercise is Medicine®: A Standard in the Clinical Setting. [http://www.exerciseismedicine.org/support\\_page.php?p=7](http://www.exerciseismedicine.org/support_page.php?p=7). Accessed 3-3-16.
- Coleman KJ, Ngor E, Reynolds K, Quinn VP, Koebnick C, Young DR, Sternfeld B, Sallis RE. Initial validation of an exercise "vital sign" in electronic medical records. *Med Sci Sports Exerc.* 2012 Nov;44(11):2071-6.
- Ball TJ, Joy EA, Gren LH, Cunningham R, Shaw JM. Predictive Validity of an Adult Physical Activity "Vital Sign" Recorded in Electronic Health Records. *J Phys Act Health.* 2015 Oct 7.
- Pojednic RM, Trilk J, Phillips EM. Lifestyle Medicine Curricula: An Initiative to Include Lifestyle Medicine in Our Nation's Medical Schools. *Acad Med.* 2015 Jul;90(7):840-1.
- Freeman AM, Curran-Everett D, Sabgir D. How starting a patient education/fitness program can improve health. 'Walk with a Doc' program shows you how to model healthy behaviors and strengthen the patient-physician bond. *Med Econ.* 2014 Jan 10;91(1):42-4, 47-8.
- Lobelo F, Stoutenberg M, Hutber A. The Exercise is Medicine Global Health Initiative: a 2014 update. *Br J Sports Med.* 2014 Dec;48(22):1627-33.
- Physical Activity in Older Adults. <http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2015TableofContents/PhysicalActivityinOlderAdults.aspx>. Accessed 3-3-16.
- National Healthcare Quality Report, 2013: Chapter 3. Effectiveness of Care Across the Lifespan. <http://www.ahrq.gov/research/findings/nhqrdr/nhqr13/chap3.html>. Accessed 3-3-16.

### **Mass Media**

- Brown, D. R., Soares, J., Epping, J. M., Lankford, T. J., et al. (2012). Stand-alone mass media campaigns to increase physical activity: a community guide updated review. *American Journal of Preventive Medicine*, 43(5), 551-561.

2. Leavy, J. E., Bull, F. C., Rosenberg, M., & Bauman, A. (2011). Physical activity mass media campaigns and their evaluation: a systematic review of the literature 2003–2010. *Health Education Research*, 26(6), 1060-1085.
3. Ajibola, A. I., Hajifathalian, K., & Danaei, G. (2013). Do mass media campaigns improve physical activity? a systematic review and meta-analysis. *Arch Public Health*, 71(1), 20.
4. Guide to Community Preventive Services. Campaigns and informational approaches to increase physical activity: community-wide campaigns. [www.thecommunityguide.org/pa/campaigns/community.html](http://www.thecommunityguide.org/pa/campaigns/community.html). Last updated: 02/2001.
5. Guide to Community Preventive Services. Behavioral and social approaches to increase physical activity: individually-adapted health behavior change programs. [www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html](http://www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html). Last updated: 02/2001.

### **Public Health**

1. Donato, K. A. (2006). National health education programs to promote healthy eating and physical activity. *Nutrition reviews*, 64(suppl 1), S65-S70.
2. Baker, P. R., Francis, D. P., Soares, J., Weightman, A. L., & Foster, C. (2015). Community wide interventions for increasing physical activity. *Cochrane Database Syst Rev*, 1, CD008366.
3. MR, U. M., Perry, C. K., Sumrall, J. C., Patterson, M. S., Walsh, S. M., Clendennen, S. C., & O'Hara Tompkins, N. (2015). Physical Activity-Related Policy and Environmental Strategies to Prevent Obesity in Rural Communities: A Systematic Review of the Literature, 2002-2013. *Preventing chronic disease*, 13, E03-E03.
4. Engelen, L., Bauman, A., Bellew, B., Caillaud, C., Merom, D., Singh, M. F., et al. (2015). Capacity building in physical activity and non-communicable disease prevention: a low-cost online training course can reach isolated practitioners. *Global health promotion*, 1757975915586957.
5. Evenson, K. R., Dorn, J. M., Camplain, R., Pate, R. R., & Brown, D. R. (2015). Evaluation of the Physical Activity and Public Health Course for Researchers. *Journal of physical activity & health*, 12(8).

### **Sport**

1. The Physical Activity Council. 2016 Participation Report. Available at <http://physicalactivitycouncil.com/PDFs/current.pdf>. Accessed on March 22, 2016.
2. NPR, Robert Wood Johnson Foundation, Harvard T.H. Chan School of Public Health. Sports and Health in America, 2015. Available at <http://media.npr.org/documents/2015/june/sportsandhealthpoll.pdf>. Accessed on March 22, 2016.
3. Aspen Institute Project Play. Sport for All, Play for Life: A Playbook to Get Every Kid in the Game, 2015. Available at [http://aspenprojectplay.org/sites/default/files/PhysicalLiteracy\\_AspenInstitute.pdf](http://aspenprojectplay.org/sites/default/files/PhysicalLiteracy_AspenInstitute.pdf). Accessed on March 22, 2016.

### **Transportation, Land Use, and Community Design**

1. TransitCenter, "Who's On Board: 2014 Mobility Attitudes Survey," September 2014.
2. National Complete Streets Coalition Policy Atlas, <http://www.smartgrowthamerica.org/complete-streets/changing-policy/complete-streets-atlas>, accessed October 2, 2014.
3. Transportation for America, "Dangerous by Design 2014," May 2014.
4. USPIRG, "A New Direction: Our Changing Relationship with Driving and the Implications for America's Future," May 14, 2013.
5. Litman, T. (2011). Short and sweet: Analysis of shorter trips using national personal travel survey data. Victoria Transport Policy Institute. Available at [http://www.vtpi.org/short\\_sweet.pdf](http://www.vtpi.org/short_sweet.pdf). Accessed on September 25, 2011.
6. Federal Highway Administration. (2009). National Household Travel Survey – 2009. Available at <http://nhts.ornl.gov/download.shtml>. Accessed on October 2, 2011.



# The National Physical Activity Plan Alliance

## NOTE

The information presented in this section reflects the status of the National Physical Activity Plan Alliance (NPAPA) when the second edition of the U.S. National Physical Activity Plan was released in 2016. In 2020 NPAPA merged with two other organizations to create the Physical Activity Alliance. Hence beginning in 2020 the Physical Activity Alliance assumed responsibility for maintenance and promotion of the National Physical Activity Plan.

# NATIONAL PHYSICAL ACTIVITY PLAN ALLIANCE

## **About the Alliance**

The National Physical Activity Plan Alliance (NPAPA) is a non-profit organization that is committed to insuring the long term success of the National Physical Activity Plan (NPAP). The Alliance is a coalition of national organizations that have come together to insure that efforts to promote physical activity in the American population will be guided by a comprehensive, evidence-based strategic plan. The Alliance is governed by a Board of Directors that is composed of representatives of organizational partners and at-large experts on physical activity and public health.

The National Physical Activity Plan Alliance has established the following key objectives:

- Support implementation of the NPAP’s strategies and tactics
- Expand awareness of the NPAP among policy makers and key stakeholders
- Evaluate the NPAP on an ongoing basis
- Periodically revise the NPAP to insure its effective linkage to the current evidence base

## **Mission Statement**

*The mission of the National Physical Activity Plan Alliance is to maintain and expand the impact of the National Physical Activity Plan, a comprehensive strategic plan for increasing physical activity in all segments of the U.S. population.*

To learn more about the National Physical Activity Plan and/or the Alliance, please visit our website at <http://physicalactivityplan.org>

## **Organizational Partners**

Active Living Research  
American Academy of Pediatrics  
American Association of Cardiovascular  
and Pulmonary Rehabilitation  
American Cancer Society  
American College of Sport Medicine  
American Council on Exercise  
American Diabetes Association  
Academy of Nutrition and Dietetics  
American Heart Association  
American Kinesiology Association  
American Physical Therapy Association  
American Medical Association  
Arthritis Foundation

Bell Institute of Health and Nutrition  
National Academy of Sport Medicine  
National Athletic Trainers Association  
National Coalition for Promoting Physical Activity  
National Academy of Kinesiology  
National Strength and Conditioning Association  
National Physical Activity Society  
Road Runners Club of America  
SHAPE America  
The Y

### **Federal Partners**

Centers for Disease Control and Prevention\*  
U.S. Department of Agriculture\*

*\*The recommendations presented in this Plan are those of the NPAPA Board of Directors and do not necessarily represent the official position of the federal organizational partners.*

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