PHYSICAL ACTIVITY ALLIANCE

MOVE WITH US

IMPROVING THE US POPULATION'S PHYSICAL HEALTH, MENTAL HEALTH AND WELL-BEING BY INCREASING PHYSICAL ACTIVTY AND PHYSICAL FITNESS

February 26, 2021

The Honorable Nancy Pelosi
Speaker, U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Senate Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Senate Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McCarthy, and Leader McConnell:

As you set priorities in the 117th Congress to address the COVID-19 pandemic and work to ensure that all Americans have an equal opportunity to live a long, healthy, and fulfilling life, the Physical Activity Alliance strongly urges you to emphasize physical activity promotion and physical fitness for all people living in the US.

Being physically active is one of the most important lifestyle behaviors people can engage in to maintain physical health, mental health, and well-being.[1]

- In the U.S., only 26 percent of men, 19 percent of women, and 20 percent of adolescents report sufficient activity to meet the relevant aerobic and muscle-strengthening physical activity guidelines and these numbers have likely worsened during the COVID-19 pandemic.[1] Even the pre-pandemic population physical activity levels are estimated to avert 3.9 million premature deaths globally and 140,200 premature deaths in the U.S. annually.[2]
- Regular physical activity is both health-promoting and important for treatment and prevention of diseases such as cardiovascular disease and cancer that are the leading causes of death in the U.S., with numerous benefits that contribute to a disability-free lifespan.[3]
- Studies show that physical activity is associated with strong immune response, risk reduction from community-acquired infectious disease and mortality and increased vaccine potency.[4,5,6,7]
- Physical activity also contributes to social connectedness,[8] quality of life,[9] and environmental sustainability.[10,11]
- There are racial, ethnic and socioeconomic status (SES) disparities that exist with regard to physical activity, access to recreational spaces and physical activity-related programs. These disparities differ with respect to occupation, transportation, community infrastructure, and leisure.[12,13,14]
- Low physical activity and fitness pose immediate and long-term threats to our nation's safety and security. Currently, 71 percent of Americans ages 17-24 fail to meet core eligibility requirements for entrance into the military, creating a serious recruiting deficit.[15] Among those who do meet basic requirements for service, musculoskeletal injuries associated with low fitness levels cost the Department of Defense hundreds of millions of dollars,[16] and have been identified as the most significant medical impediment to military readiness.[17]

Below are some of the policy priorities we believe the 117th Congress should work to address and finalize. We hope Congress will pursue a "physical activity-in-all policies" approach. Where the federal government is addressing nutrition, obesity, healthy living, and/or chronic disease, physical activity promotion should be included.

- **Pass transportation reauthorization that includes robust funding for active transportation. The Transportation Alternatives Program (TAP) is the largest source of federal funding for walking, biking, and rolling—or active transportation—programs. TAP must be a priority of the 117th Congress in pandemic response and economic recovery policies. In addition, any funding for infrastructure and transit should increase funding for TAP and incorporate proposed improvements to make it more equitable and ensure localities are getting the money they need to invest in their communities.**
- **Incorporate physical activity and other lifestyle medicine services into the upgrade of public health infrastructure, surveillance, and data modernization efforts.**
- **Pass the Physical Activity Recommendations for Americans Act, ensuring that the Physical Activity Guidelines for Americans are revised and updated every ten years to provide the most up-to-date guidance to the American people.**
- **Support physical activity assessment, prescription and referral in health care by mandating that the Centers for Medicare and Medicaid Services support coverage and payment determinations by health care providers and health and fitness professionals for physical activity prescription and allow for remote patient monitoring and virtual delivery.**
- **Fund the Centers for Disease Control and Prevention's Division for Nutrition, Physical Activity, and Obesity at $125 million, including $5 million this year increasing to $10 million by 2024 for Active People Healthy Nation to help 27 million people be more physically active by 2027.**
- **Pass the Health & Fitness Recovery Act, which would provide economic relief to health clubs and fitness facilities impacted by COVID-19. The toll on the industry has been unfathomably catastrophic: 500,000 jobs and $16 billion lost since March 2020.**
- **Incentivize healthy, active lifestyle behaviors through tax policy. For example, Congress should enact The PHIT Act, which would allow Americans to pay for physical activity expenses - such as youth sports programs or gym memberships - using flexible spending accounts.**
- **Invest in physical activity research across the federal government, including at the National Institutes of Health, Department of Defense, Centers for Disease Control and Prevention, the Departments of Transportation, Education, Agriculture, and other relevant agencies.**

The Physical Activity Alliance is the nation's broadest coalition dedicated to promoting physical activity for health. We strongly encourage you to include these priorities within your congressional agenda. Physical activity is integral to population health and well-being, educational achievement, effective health care delivery, emergency preparedness, and military readiness, and will be critical to our nation's recovery from the pandemic. If we can help more Americans to be physically active, we will save lives, protect families from the costs and pain of dealing with infectious and non-communicable diseases, contribute to lower vehicle emissions and health care costs, reduce racial, ethnic, gender, and socioeconomic health disparities, improve mental well-being, and make American employers and the U.S. overall much more productive and successful.

Please reach out to Laurie Whitsel, Ph.D. (moreactive@paamovewithus.org or 724-331-4507) if we can answer any questions and we look forward to staying in touch in the coming months.

Sincerely,



Monte Ward
President – Physical Activity Alliance


PHYSICAL
ACTIVITY
ALLIANCE
MOVE WITH US


American Institute for
Cancer Research


AMERICAN COLLEGE
of SPORTS MEDICINE
LEADING THE WAY


AMERICAN COLLEGE OF
Lifestyle Medicine


American
Heart
Association.


ACE


APTA
American
Physical Therapy
Association


AMSSM
AMERICAN MEDICAL SOCIETY
FOR SPORTS MEDICINE


myzone


NIRSA
Leaders in Collegiate
Recreation


National Youth Sports
Health & Safety Institute
SANFORD


NATA
NATIONAL ATHLETIC TRAINERS' ASSOCIATION

Re**ferences:**

[1] US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.
[2] Strain T, Brage, S., Sharp, SJ., Richards, J., Tainio, M., Ding, D., Benichou, J., Kelly, P. Use of the prevented fraction for the population to determine deaths averted by existing prevalence of physical activity: a descriptive study. *Lancet Global Health*. 2020;8:e920-30.
[3] Wen CP and Wu X. Stressing harms of physical inactivity to promote exercise. *Lancet*. 2012;380:192-3.
[4] Nieman DC, Wentz LM. The compelling link between physical activity and the body's defense system. *J Sport Heal Sci*. Published online 2019. doi:10.1016/j.jshs.2018.09.009.
[5] Hamer M, Kivimäki M, Gale CR, David Batty G. Lifestyle risk factors, inflammatory mechanisms, and COVID-19 hospitalization: A community-based cohort study of 387,109 adults in UK. *Brain Behav Immun*. Published online 2020.
[6] Dixit S. Can moderate intensity aerobic exercise be an effective and valuable therapy in preventing and controlling the pandemic of COVID-19? *Med Hypotheses*. Published online 2020.
[7] Perico, L., Benigni, A., Casiraghi, F., Ng, LFP., Renia, L., Remuzzi, G. Immuity, endothelial injury and complement-induced coagulopathy in COVID-19. *Nature Reviews Nephrology.* October 2020.
[8] Wray, A., Martin, G., Ostermeier, E., Medeiros, A., Little, M., Reilly, K., Gilliland, J. Physical activity and social connectedness interventions in outdoor spaces among children and youth: a rapid review. *Health Promotion and Chronic Disease Prevention in Canada. Research Policy and Practice.* April 2020; 40(4): 1-12.
[9] Posadzki, P., Pieper, D., Bajpai, R., Makaruk, H., Kongsen, N., Lena Neuhaus, A., Semwal, M., Exercise/physical activity and health outcomes: an overview of Cochrane systematic reviews. *BMC Public Health*. November 2020. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09855-3.
[10] Global Advocacy Council for Physical Activity International Society for Physical Activity and Health. The Toronto Charter for Physical Activity: A Global Call for Action. *J Phys Act Health*. 2010;7 Suppl 3:S370-85.
[11] Safe routes to school: Steps to a greener future. How walking and bicycling to school reduce carbon emissions and air pollutants. Accessed online November 2020 at https://www.saferoutespartnership.org/sites/default/files/pdf/SRTS_GHG_lo_res.pdf.
[12] Thornton, C.M., Conway, T.L., Cain, K.L., Gavand, K.A., Saelens, B.E., Frank, L.D., Geremia, C.M., Glanz, K., King, A.C., and Sallis, J.F. Disparities in pedestrian streetscape environments by income and race/ethnicity. *SSM-Population Health*, 2016; 2, 206-216.
[13] Engelberg, J.K., Conway, T.L., Geremia, C., Cain, K.L., Saelens, B.E., Glanz, K., Frank, L.D., and Sallis, J.F. Socioeconomic and race/ethnic disparities in observed park quality. *BMC Public Health***,** 2016**;**16:395.
[14] Jones, SA., Moore, LV., Moore, K., Zagorski, M., Brines, SJ., Diez Roux, A., Evenson, KR. Disparities in physical activity resource availability in six US regions. *Prev Med.* 2015; 78:17-22.
[15] U.S. Department of Defense, Joint Advertising Market Research and Studies. (2016). The target population for military recruitment: youth eligible to enlist without a waiver. https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2016/JAMRS%20RFI%2014. pdf?ver=2016-09-09-164855-510.
[16] Bulzacchelli M, Sulsky S, Zhu L, Brandt S, Barenberg A. The cost of basic combat training injuries in the U.S. Army: injury-related medical care and risk factors. In: Military Performance Division, U.S. Army Research Institute of Environmental Medicine. Edited by Natick MA, March 2017.
[17] Hauret KG, Jones BH, Bullock SH, Canham-Chervak M, Canada S. Musculoskeletal injuries description of an under-recognized injury problem among military personnel. *AmJ Prev Med*. Jan 2010; 38(1)(suppl):S61–S70.