July 1, 2022

President Joe Biden
The White House
1600 Pennsylvania Ave, N.W.
Washington, DC 20500

Ambassador Susan Rice
Assistant to the President for Domestic Policy
1600 Pennsylvania Ave, N.W.
Washington, DC 20500

Dear President Biden and Ambassador Rice,

We commend the Biden-Harris Administration for launching an effort with the White House Conference on Hunger, Health and Nutrition (Conference) to increase physical activity and healthy eating by 2030 so that fewer Americans experience chronic diseases. Now is an urgent time in our nation’s history to focus on the importance of healthy living for mental and physical well-being as we emerge from the COVID-19 pandemic and associated social and economic stressors.

The Physical Activity Alliance is the nation’s largest and most inclusive community of physical activity advocates, researchers, clinicians, and practitioners dedicated to creating, supporting, and advocating for policy and systems changes to enable all Americans to enjoy physically active lives. Although the Conference is emphasizing hunger, healthy eating and nutrition, *we ask that the physical activity community be an authentic stakeholder at the Conference and that physical activity promotion has robust recommendations and commitment in the final report*. Regular physical activity combined with a healthy diet are critical components to wholistic health and well-being. We appreciate that physical activity is one of five pillars of the Conference and strategy announced by the White House. We will focus our comments on the physical activity pillar.

Being regularly physically active is one of the most important health behaviors people can engage in to maintain physical health, mental health, and well-being.¹ Regular physical activity (PA) is both health-promoting and important for disease treatment and prevention with numerous benefits that contribute to a disability-free lifespan.² New research shows that more than 110,000 lives could be saved annually if adults in the U.S. increased their physical activity by just ten minutes per day.³ Physical activity reduces the risk of several of the leading causes of death and disability, including cardiovascular disease and colon, breast, and endometrial cancers.⁴ Physical activity is also important for improving outcomes for the approximately 2/3 of Americans who have a chronic condition. For example, physical activity

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³ Saint-Maurice, PF., Graubard, BI., Troiano, RP., Berrigan, D., Galuska, DA., Fulton, JE., Matthews, CE. Estimated number of deaths prevented through increased physical activity among US adults. *JAMA Intern Med*. 2022 March 1; 182(3); 349-352.
Improves survival from breast cancer and several aspects of quality of life for a broader range of cancers. Despite the many benefits of physical activity, we know that youth physical activity decreased during the COVID-19 pandemic. The overall prevalence of physical inactivity among adults in our nation is alarmingly high (25.3 percent), and significant disparities exist among race/ethnic groups (e.g., non-Hispanic Asian adults, 20.1 percent; non-Hispanic White, 23.0 percent; non-Hispanic American Indian/Alaska Native, 29.1 percent; non-Hispanic Black, 30.0 percent; and Hispanic adults, 32.1 percent).

A recent systematic review has shown convincingly that physical activity significantly reduces the risk of more severe clinical outcomes in those infected with severe COVID. Recent studies show that PA is associated with strong immune response, risk reduction from community-acquired infectious disease and mortality, and increased vaccine potency. It also contributes to social connectedness, quality of life, and environmental sustainability. Currently 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 guidelines for aerobic and muscle-strengthening activities. Even so, current population PA levels avert 3.9 million premature deaths globally and 140,200 premature deaths in the U.S. on an annual basis. If all Americans met current physical activity guidelines, Medicare could save $73.9 billion per year. In one study of older adults including over 50,000 patients, total average healthcare expenses were significantly reduced by 16% for fitness program participants compared to non-participating Medicare Advantage members. The study's findings showed total annual average health expenses, including

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12 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.


medical and pharmacy, among program participants to be $4,463 compared to $5,303 for non-participants. Medical component of costs was decreased by 26%, driven primarily by reductions in hospitalization costs. Use of outpatient care was higher for participants combined with less acute care, indicating better health management among participants compared to non-participants. Participants also performed significantly better on key quality measures including all-cause 30-day readmissions, adherence to hypertension and cholesterol medications, diabetes care (HbA1c testing and eye exams), and many preventive screening measures including colonoscopy, depression, cholesterol, breast cancer, and prostate cancer screening when compared to non-participants.\(^\text{16}\)

Low PA and low fitness also pose immediate and long-term threats to our nation’s safety and security. At this time, 71 percent of Americans ages 17-24 fail to meet core eligibility requirements for entrance into the military, creating a serious recruiting deficit.\(^\text{17}\) Among those who do meet basic requirements for service, musculoskeletal injuries associated with low fitness levels have cost the Department of Defense hundreds of millions of dollars,\(^\text{18}\) and have been identified as the most significant medical impediment to military readiness.\(^\text{19}\)

The National Physical Activity Plan (NPAP), one of the key assets of the Physical Activity Alliance, is a comprehensive set of policies, programs and initiatives, providing a road map across 10 societal sectors for implementing the Physical Activity Guidelines for Americans. We hope the federal government will use this resource as a foundation for legislative and regulatory policy change to promote increased physical activity across the population, with a keen focus on equity. We would also encourage states to establish their own state-level physical activity plans to tailor priorities for their populations, maintaining specific focus on under-resourced communities.

Several key areas of focus for federal, state, and local governments, and for working with the private sector to increase physical activity and physical fitness for a healthy U.S. population are highlighted below.

**Physical Activity Guidelines for Americans**

- Congress should pass the Promoting Physical Activity for Americans Act to codify the Physical Activity Guidelines and ensure that they are regularly revised and released.
- For the Physical Activity Guidelines to be adequately implemented, Congress should appropriate funding for communicating and marketing the Guidelines.
- The Guidelines should be integrated across federal policy. This can include ensuring legislative efforts to increase physical activity align with the Guidelines and appropriating further funds to help agencies implement activities to achieve the goals of the Guidelines.

\(^\text{16}\) SilverSneakers Program Impact Analysis, independent study conducted by the Health Economics and Advanced Analytics Practice at Avalere Health on behalf of Tivity Health, March 2021.
Integrating Physical Activity/Physical Fitness Across the Federal Government

- The Executive Branch should create an interagency task force that is focused on achieving sustainable solutions for integrating physical activity and physical fitness promotion in policy areas such as national security and emergency response, education, labor, public health, transportation, environmental sustainability, research, infrastructure investment, and community and economic development. These should be replicated at the state – and as appropriate local – levels as well.
- Where the federal government is addressing nutrition, obesity, healthy living and chronic disease, physical activity promotion should be purposefully and meaningfully included.
- A President should name a permanent executive director for the Office of the President’s Council on Sports, Fitness and Nutrition (PCSFN) and fill appointments to the Council as soon as possible after taking office. The PCSFN and its expert Science Board are tasked with advocating for the critical role that physical activity and fitness have in addressing the mental health and well-being issues and chronic disease conditions across the U.S. population.
- The Presidential Youth Fitness Challenge should continue and be adequately funded, supported and promoted for implementation in schools across the country.
- The National Fitness Foundation should be sustained with a robust Board of Directors to create funding for the PCSFN initiatives and build the National Endowment for Youth Sports, providing resources and participation opportunities for all kids in the United States.

Research

- Coordinate physical activity research across the federal government to develop a cross-cutting strategic prioritization that includes the National Institutes of Health, Department of Defense, the Veterans Administration, Department of Health and Human Services, the Centers for Disease Control and Prevention, Department of Agriculture, Department of Transportation, Department of Interior, Department of Housing and Urban Development, and other relevant agencies and departments.
- Create a dedicated system to identify and track federal investments in physical activity and physical fitness research to coordinate and optimize those investments and be able to summarize the research findings and their impact on population health.
- Develop, regularly monitor, update, and dedicate funding for a research agenda that addresses key gaps in physical activity and physical fitness research in the areas of basic, translational, clinical and implementation science, including the systems and environments that support active living. Economic analyses for cost-effectiveness and value on investment should be included. Include research focusing on the barriers and solutions that address disparities around access to physical activity. This research agenda could be funded at different levels of government, but also supported by the philanthropic community and co-created and shared with the research community.
- Support ongoing research with school districts, academic partnerships, and government agencies that close the evidence to practice gap and implement an integrated learning approach focusing on implementation and outcome evaluation, short- and long-term impacts on student health and well-being, the use of assessment, and correlation with measures of social/emotional learning, academic achievement, attendance, graduation outcomes, and student behavior. This research should be done with the understanding that schools have limited resources and should not be held accountable for funding this research.
• Push for greater collaboration between the U.S. National Institute of Education and National Institutes of Health to jointly fund school health research, including physical education (PE) and PA studies.

**Surveillance**

• Improve Physical Activity Surveillance in the United States to guide planning, implementation and evaluation of government programs, funding and practice. Health indicator surveillance is a core public health function that is necessary for monitoring population engagement. Specific strategies to improve PA surveillance have been developed through expert consensus and published by the National Academies of Sciences, Engineering and Medicine and should be adopted through federal legislation and regulation.\(^\text{20}\)

**Congressional Appropriations**

• Allocate $125 million for FY 2023 to the Centers for Disease Control and Prevention’s (CDC) Division of Nutrition, Physical Activity and Obesity, which would include $10 million for Active People Healthy Nation and $15 million for the High Obesity Program initiative. Currently, DNPAO funds a limited number of states and communities to support these effective evidence-based programs and strategies. An increase in funding at this level for DNPAO would allow CDC to fund all 50 states and D.C. and implement programs that could substantially reduce healthcare costs. While investments would support state-level entities, funding would be disseminated to individual communities to create more places for physical activity and increase access to healthy foods. Active People, Healthy Nation is a national initiative to help 27 million Americans become more physically active by 2027 by creating more places for people of all ages and abilities to be physically active including: Complete Streets; community plans for parks and recreation; safe routes to schools; safer, more accessible places for walking, moving and biking; and evidence-based physical activity interventions to prevent and control disease.

• Congress and the President’s budget should include robust National Institutes of Health funding for physical activity and physical fitness across the institutes.

**Healthcare**

Despite the abundance of evidence on the importance of physical activity for individuals of all ages, races and abilities,\(^1\) our current healthcare system lacks a set of standardized measures for physical activity that can be incorporated into electronic health record (EHR) systems and easily utilized by healthcare clinicians.\(^2\) As a result, millions of Americans lack appropriate counseling and prescription for active living that would not only prevent or manage most of the chronic diseases and their associated risk factors, but also improve mental health and well-being. Fortunately, current efforts are underway to incorporate mobile device and patient-generated data into healthcare systems and public health surveillance, providing a unique and timely opportunity to integrate physical activity assessment, prescription and referral as a standard of care in healthcare delivery and payment systems.

• The Physical Activity Alliance is currently working on a multi-year effort, “It’s Time to Move” initiative, focused on policy and systems changes that will empower healthcare providers to seamlessly integrate physical activity clinical measures into patient care plans and help make physical activity prescriptions a standard of care for all people living in the U.S. Federal, state and local governments have a key role in helping to bringing this action plan to life by:

Engaging with the Health Level Seven International (HL7)\(^2\) process alongside the Physical Activity Alliance to standardize measures and processes for the flow of patient data between software applications used by clinicians, community-based health and fitness professionals, payers, healthcare consumers and others. Extensive work on this project is actively underway. In this phase, we are working to define a common language for patients, healthcare professionals, and community-based service providers to use, discuss, and exchange information about how active a person is in their daily life. This effort will include the creation of physical activity indicators that can be used to set performance targets for patients within a care plan that provides a road map for patients and providers to help patients become more active. Goals for the HL7 engagement process focus on standardizing information exchange among care team members who use different systems to improve and support their work. Coordination and standardization are needed to support communication between care team members as well as gather the information that is needed to establish an evidence base for future financial incentives that will encourage providers to participate in helping Americans become more active.

- Having the Office of the National Coordinator (ONC) integrate them into the United States Core Data for Interoperability (USCDI/USCDI+) specification once our physical activity measures have been accepted as a standard through the HL7 process. The USCDI/USCDI+ is published by the ONC and sets expectations for all electronic health record systems in the U.S.

- Work with the ONC, the Healthcare Information and Management Systems Society,\(^2\) the Food and Drug Administration (FDA), the Digital Therapeutics Alliance and the Institute of Electrical and Electronics Engineers (IEEE) to convene key stakeholders, including the technology/telehealth industry, to include patient-generated data from mobile devices, smartwatches and other wearables into EHRs.

- Include coverage and payment determinations for lifestyle behavioral counseling and physical activity interventions that allow health and fitness professionals integrated within a healthcare team to develop and deliver exercise prescriptions for patients/consumers that are compensated by private and public payers, including the Centers for Medicare and Medicaid Services. Delivery of the exercise prescription should accommodate remote patient monitoring and support in-person, as well as hybrid and virtual sessions.

- The CDC should incorporate the standardized measures for physical activity and physical fitness into their surveillance and data modernization efforts.

- The National Commission for Quality Assurance and the National Quality Forum should support quality and performance measures, such as the Healthcare Effectiveness Data and Information Set (HEDIS) to incentivize clinicians to integrate physical activity assessment, prescription, and referral into standard of practice.

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\(^2\) HL7 - A not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery, and evaluation of health services

\(^2\) Healthcare Information and Management Systems Society (HIMSS) - A nonprofit organization that works to optimize the use of technologies in a healthcare setting
• The American Medical Association and the Digital Medicine Payment Advisory Group\textsuperscript{23} should develop and approve the most appropriate Current Procedural Terminology (CPT\textsuperscript{®}) Codes\textsuperscript{24} for physical activity assessment, prescription and referral to assure payment for services.
• The U.S. Preventive Services Task Force\textsuperscript{25} should review the evidence for preventive services and physical activity/exercise counseling in healthcare delivery.
• Nutrition and physical activity, for the most part, are missing in the formal training of physicians and other clinicians. We recommend inclusion of nutrition and physical activity education across the spectrum of medical and health professions school training, from pre-professional to undergraduate to residency to CME/CE.
  • A first step would be to make H.Res. 784, a bipartisan resolution recently sponsored by Representatives McGovern and Burgess and passed by the House of Representatives, a reality. It recognizes “the mounting personal and financial burden of diet-related disease in the United States and calls on medical schools, graduate medical education programs, and other health professional training programs to provide meaningful physician and health professional education on nutrition and diet.” Further legislative action on this is needed, with the inclusion of physical activity.
• Governments at all levels should fund clinic to community linkages that provide community-level environment, systems, and programmatic support for active living. These supports may include active transportation policy to create active routes to everyday destinations; Complete Streets policies that make biking, walking, and rolling accessible for all; Safe Routes to School; Comprehensive School Physical Activity Programs; adult and youth sports programming; fitness classes; parks and recreational facilities; faith-based programs; and worksite health promotion.

*Schools/Education*

With 130,930 K-12 schools across the country educating more than 55 million students,\textsuperscript{26} there is tremendous opportunity to impact child and adolescent health and well-being with effective policy levers around PE and PA before, during, and after school. Active transportation to and from school is an important way children and adolescents can equitably access PA opportunities that are essential for their overall health and well-being. The Whole School, Whole Community, Whole Child Model (WSCC) and the Comprehensive School Physical Activity Programs (CSPAP) are fundamental for guiding policy development and fostering student health and well-being. Schools should emphasize equity, diversity and inclusion in their CSPAPs as a means to offer a variety of activities to all students which are free and lead to physical literacy.
  • The U.S. Department of Education, state education agencies, state Boards of Education, and local school boards should support and prioritize CSPAP. The role of the school physical educator should be modified to include responsibilities as the “school physical activity

\textsuperscript{23} Digital Medicine Payment Advisory Group (DMPAG) – A collaborative initiative, convened by the American Medical Association, that identifies barriers to digital medicine adoption and proposes comprehensive solutions on coding, payment, coverage and more.
\textsuperscript{24} CPT Codes - A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
\textsuperscript{25} US Preventive Services Task Force (USPSTF) - An independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.
coordinator” which would include responsibility for implementation of CSPAP at the school level.

- Congress, the U.S. Department of Education, state legislatures, and state education agencies should fund school districts to implement CSPAP, and funded districts should be required to appoint a district-level coordinator who will be held accountable for ensuring that the district properly implements CSPAP, linking to social and emotional learning objectives and integrating into the districts’ strategic planning.

- Support appropriations for 21st Century Learning Centers that provide academic enrichment opportunities and PA opportunities during non-school hours for children, especially students who attend schools that have historically been under-resourced.

- There should be state and local policy requiring school districts to have a CSPAP that includes PE as a cornerstone, in addition to other PA opportunities including daily recess, classroom breaks, active transport to and from school, and before and after school programs, with a planning committee responsible for implementing and integrating the CSPAP into their districts’ strategic plans. Infrastructure changes post-COVID may include schools collaborating to share and enhance funding and facility resources with community groups. Shared use agreements, youth sport promotion, extending learning and activity to outdoor settings and online platforms, and collaborative grant applications with community groups should be fostered.

- Require states and districts to have plans, committees, and partnerships with a dedicated funding stream from the U.S. Department of Education to support implementation of the CSPAP model. A CSPAP is a critical health equity strategy. The C.L.A.S.S. system27 provides state-level scores for how well schools are doing in meeting PE and PA standards, and could be integrated into accountability for implementation.

- Funding criteria should include use of evidence-based strategies such as the Physical Education Curriculum Analysis Tool (PECAT), potential to address inequities, needs-based funding, technical assistance for under-resourced schools (for grant writing and implementation, for example), and engaging community partnerships.
  
  o Dedicate some funding to accountability, monitoring, and assessment that includes racial, health, social, and resource equity analysis and integration with social and emotional learning objectives. Equity impact could include school level percent of free and reduced lunch or school neighborhood socioeconomic status.

  o Prioritize funding, implementation, and technical assistance based on districts’ needs and size, with a focus on Title 1 schools and schools most at need.

  o Allow for a community-led process by working with community-based organizations.

  o Integrate a recognition program that is tied to a credible framework or organization(s) and linked to social/emotional learning and engaging community partnerships.

  o Emphasize the need for supportive health promotion and wellness offerings for staff, an important component of the CSPAP model.

- Establish federal and state level children’s cabinets that foster interagency collaboration for WSCC and CSPAP strategic planning and implementation, emphasizing public and student health, workforce, and barriers to active travel to and from school.

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• Establish and update a national registry of local and state policies addressing PE and PA for youth and adolescents, tracking how these policies are implemented and their impact on school- and student-level PA.

• Adequately fund and implement programs that address PE and PA for students with disabilities in partnership with the U.S. Department of Education.

• Enact state laws to encourage and facilitate shared use agreements of school facilities and protect all parties from liability.

• Support recess at all grade levels that cannot be withheld as punishment.

• Incorporate more inclusivity in PE to honor a broader diversity of students who are engaged in a multi-ethnic co-educational experience.

• Advocate for partnerships between the schools, community-based organizations, and parks and recreation sites to support programming like “learn to swim,” which can have a significant impact on equity.

• Provide robust professional development and training for PE teachers to serve as leader of the CSPAP and training for non-PE teachers to integrate movement throughout the day.

• Promote overall student and staff health and well-being, connect the school to community resources, and develop strategic partnerships with community organizations to provide PA opportunities.

• Purposefully integrate between the U.S. Department of Education, state departments of health and education, universities, colleges, and research institutions in technical assistance, grant funding, curriculum analysis, and state and national standards for CSPAP.

• Use cognitive assessment, fitness assessment, and functional fitness challenges for students at the elementary, middle, and high school levels, to set their own goals around an individualized physical activity program and established learning objectives.

• Supplement Fitnessgram with the Brockport Physical Fitness Test for students with disabilities, and craft an assessment of kids’ overall physical activity and motor learning, and include cognitive assessment using validated instruments.

• Push for the U.S. Department of Education and state departments of education to have dedicated staff to address policy and support for physical education, physical activity, health, and wellness.

**Active Transportation/Active Living Infrastructure**

Promoting active transportation or human-powered transportation through policy, systems, and environmental change is one of the leading evidence-based strategies to increase physical activity regardless of age, income, racial/ethnic background, ability, or disability.\(^{28}\) Initiatives often require coordination across federal, state, and local agencies. To maximize the effectiveness of all types of interventions, it is imperative to establish strong and broad partnerships across professional disciplines, community members, and advocacy groups.

• Ensure health organizations help facilitate partnerships that support access to equitable, evidence-based strategies to improve active transportation.

• Create space for active transportation policies to operate efficiently at three key levels: the macroscale of land use; the mesoscale of pedestrian and bicycle networks, and infrastructure such as Complete Streets policies and Safe Routes to School initiatives; and the microscale of

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design interventions and placemaking such as building orientation and access, street furnishings, and safety and traffic calming measures.

- Ensure the Infrastructure Investment and Jobs Act is implemented fully with fidelity. Encourage state and local departments of transportation to implement all safety, equity, and health elements of the law to fully realize the potential impact on active transportation by funding at the highest possible levels.
- Provide incentives to state and local governments to adopt land use policies that put housing, jobs, retail, institutions and recreational opportunities close enough to each other to support walking, biking and transit use. Mixed use neighborhoods with activity-friendly routes are an important, evidence-based way to promote active living.
- Support local and state efforts to adopt and implement Complete Streets policies to promote safety and PA for all users.
- Support local and state efforts to fund pedestrian and bicycle safety projects as a critical part of transportation infrastructure.
- Continue to promote and support efforts to expand Safe Routes to School to ensure more students can safely walk, bike, or roll to school, reaping the benefits of additional PA in their day.
- Encourage efforts at all levels of government to reduce pedestrian and bicyclist fatalities.

**Parks and Recreational Spaces**

- Federal, state, and local governments should appropriate funding to build and adequately maintain parks, recreational spaces.
- The Land and Water Conservation Fund (LWCF) has been the principal funding source to acquire federal land for conservation and recreation purposes since 1965. The LWCF should be indexed to inflation and the federal government should use additional revenue streams beyond oil and gas revenue, and fully appropriate available funding for the program.
- Continue to strengthen and fund the Every Kid Outdoors initiative.
- Implement and ensure transit and equitable access to parks and recreational spaces.

**National Security/Military Readiness**

Physical inactivity is more than a public health epidemic, it is also a significant threat to U.S. national security. Recreational spaces. Among those who do serve, musculoskeletal injuries, which are highly correlated with low physical activity, have been labeled the number one medical impediment to military readiness, annually accounting for 25 million days of limited duty across all military branches and costing the Department of Defense $3.7 billion in medical treatment. Therefore, physical activity is vital to increasing the health

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31 Joseph M Molloy, PT, PhD, Timothy L Pendergrass, PT DSc ATC, Ian E Lee, PT, DSc, Michelle C Chervak, PhD, MPH, Keith G Hauret, MSPH MPT, Daniel I Rhon, PT, DSc, Musculoskeletal Injuries and United States Army Readiness Part I:
and military readiness of our nation’s warfighters, and improving the quality and length of life among Veterans, civilian employees of the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA), and families of service members.

- The National Security Council should prioritize low physical activity in the National Security Strategy and provide the guidance and resources to help the military maintain its force structure and lethality.
- Support the DoD and VA in identifying a functional lead to drive organizational change and transform current strategy and doctrine into actionable policies, systems, and/or environmental changes, prioritizing physical activity as a fundamental component of Total Force Fitness (TFF) and Whole Health (WH).
- Prioritize the “human weapon system” by supporting implementation of Total Force Fitness and expanding the cost-effective athletic training musculoskeletal care model across all branches and components of the U.S. Armed Forces.
- Prioritize physical and mental health of Veterans by supporting implementation of Whole Health in VA Medical Centers and Community Based Outpatient Clinics.
- Develop a plan to integrate the physical activity vital sign into electronic health records, such that physical activity and health can be monitored from the point of accession into the military through the lifespan of a Veteran.
- Coordinate federal agencies’ collaborating with academia and industry to develop and implement process, impact, and outcome measures to assess the efficacy and effectiveness and provide oversight on and accountability for federally funded physical activity programs.
- Implement policies and programs to enhance physical activity on and around military installations and VA medical centers, and in settings where access to facilities is limited.
- Establish collaboration and joint action between the Physical Activity Alliance and the First Lady’s “Joining Forces” initiative.

We truly appreciate the opportunity to provide comments to inform the final report for the White House Conference on Hunger, Nutrition, and Health. The PAA looks forward to being a key partner with you to bring the final recommendations to fruition. Please reach out to Laurie Whitsel, Ph.D. (laurie.whitsel@heart.org) or Monte Ward (mward@acsm.org) if you have further questions and we look forward to staying in close touch.

With best regards,

Graham Melstrand
President – Physical Activity Alliance

Overview of Injuries and their Strategic Impact, Military Medicine, Volume 185, Issue 9-10, September-October 2020, Pages e1461–e1471, https://doi.org/10.1093/milmed/usaa027