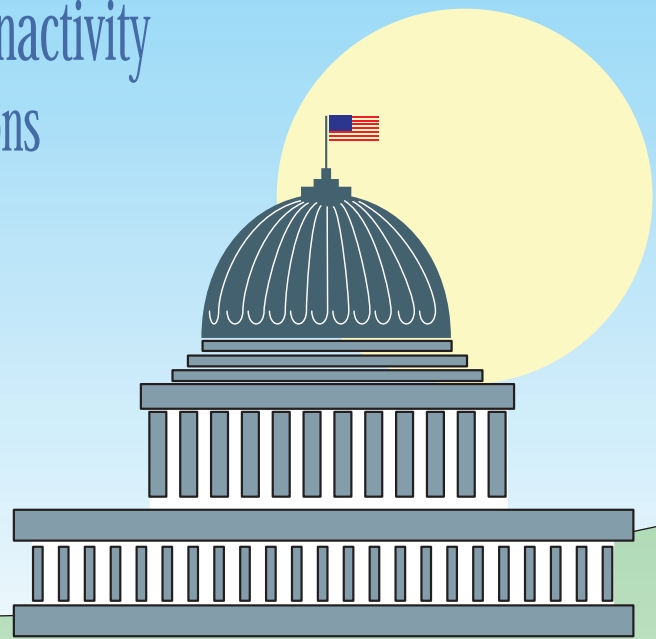
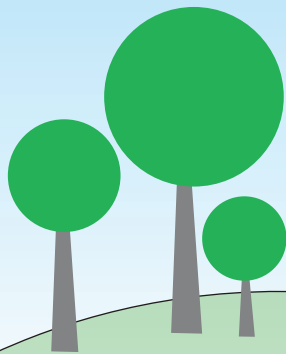




Charting and Changing the Policy Landscape: Promoting Physical Activity & Reversing Physical Inactivity through Policy Solutions



Executive Summary

**A Policy Roundtable of National Leaders
Dedicated to Improving the Public's Health**

National Press Club • Washington DC
April 27, 2006

Changing the Landscape of Health and Health Care

The Empowerment of Americans to Actively Improve Their Own Health

This brief outlines the framework for a new era in American health policy, and an important part of the solution to health care economics and delivery in the 21st century. Organizations from all sectors of society will be asked to play leadership roles in areas of strengths and interests and, eventually, a partnership with Congress and the states will be vital to lasting success. We invite you to join the effort to Empower Americans to Actively Improve Their Own Health, contact: policy@acsm.org.

The 20th century saw numerous legislative initiatives in the United States to achieve comprehensive and universal national health insurance. The only partial success was the passage of Medicare and Medicaid in the mid-1960s. All such efforts have focused primarily on the financing and delivery of health care services to treat and manage diseases, a strategy sometimes called “sick care.”

But trends in the 21st century –with the rise in chronic diseases, an older population with families that can extend to four generations, disparities in health and health care access, and growing challenges with cost control – are making this disease-centered approach more problematic and unsustainable. In turn, U.S. health policy solutions are growing increasingly difficult and fragmented.

Yet, amid all of this, the political and social consensus has held that all Americans should have timely access to high-quality, affordable health care. So, there is on the near horizon a policy storm forming that is bearing down on Congress and every state legislature. To avoid or at least effectively navigate that storm, a new strategy must be formulated and implemented.

This is a call for a different health policy paradigm, a new national effort. It embraces the reality that policy changes at the governmental and private sector levels can lead to a fundamental reduction in and prevention of chronic diseases.

This is the sine qua non for health care financing in the 21st century. The economic growth of the United States simply cannot keep pace with the rising costs and delivery demands of sick care. The prevention of diseases and the maintenance of health are achievable and of fundamental importance. Further, this call focuses on the powerful potential of lifestyle and behavior changes, stimulated and supported by policy measures.

Finally, this call will concentrate on a particular lifestyle change for which the scientific evidence for its ability to improve health and reduce chronic diseases is certain: **The United States must take more coordinated, integrated, and funded steps to increase levels of physical activity** (and thereby improve health) and reduce physical inactivity (and its related chronic diseases, including coronary heart disease, diabetes, obesity, and osteoporosis).

The Call to Action

Adequately increasing physical activity and reducing physical inactivity in the U.S. is both complex and simple.

It is complex because it requires a combination of: (a) knowledge of the powerful scientific and medical evidence that demonstrates how increased levels of physical activity would improve the health of Americans and reduce the risks of chronic diseases; (b) the translation of those facts into effective policy solutions for both government and the private sector; (c) the national, state, and community infrastructure necessary to build, coordinate, and support these policy initiatives, and (d) the political and social will to focus on health promotion and disease prevention as an important complement to treatment of diseases, with physical activity being a lifestyle variable that is central to needed progress.

It is simple from this standpoint: Much of the infrastructure and organizational capacity exists, and the steps to achievement can be easily outlined. While this brief will not detail existing infrastructure and capacity, those resources are considerable and would dramatically elevate in effectiveness when aligned with the steps below.

The Six Keys

1. National guidelines for physical activity need to be regularly developed, updated, and promoted so there is a strong foundation of knowledge and awareness for the public as well as needed tools and technical information to be used by medical and allied health professionals. Ultimately, such guidelines need to be developed and issued by a federal agency at regular intervals, similar to the dietary guidelines.

2. A national educational and behavior change program needs to be developed and implemented to help make the American people as aware of the link of physical activity to their health as they have become of cholesterol and blood pressure as key factors and health influences. Ultimately, a sustained, well-designed, federally funded program needs to be produced, similar to the cholesterol education program.

3. A unified, integrated, widely accepted national plan for physical activity needs to be developed and implemented, so that the strengths and abilities of all sectors of American society can work together with increased coordination, strategic execution, and more effective acquisition and use of resources. Ultimately, this needs to be developed by a broad range of organizations working together under the auspices of a federal agency, with adequate funding for plan development and seed capital for initial stages of the plan's execution.

4. Biomedical science from the federal level down should emphasize the importance of physical activity and reducing sedentary lifestyles (and the interplay with other lifestyle choices, such as diet) to health. Ultimately, there needs to be expanded federal focus on and funding for all aspects of research that relate to physical activity and health - and physical inactivity and disease - including basic, medical, behavioral, translational, and outcomes.

5. Congressional and state legislative agendas should address clear and prioritized science-based health policy goals that address and fund effective health promotion and disease prevention measures as a complement to historic and traditional health care, with increased physical activity and decreased physical inactivity being central to those agendas. Ultimately, the myriad of bills at both the federal and state levels needs to be refined into core policy solutions that have ample scientific and medical evidence to confirm both effectiveness and net cost-savings to the country and states over a multiyear period.

6. While progress in health promotion and disease prevention can occur in any setting and is important to all populations, there are seven key targets that are strategically prominent based on urgency and the potential for successful interventions. Ultimately, a combined leadership alignment involving governmental and private sector efforts needs to produce a more coordinated and sustained series of science-based common strategies for key population groups and settings. These targets are:

Populations

- (1) Youth
- (2) Older adults
- (3) Racial and ethnic minorities (with special emphasis on those experiencing disparities within health promotion and healthcare)

Settings

- (1) Schools
- (2) Communities (and their built environment and transportation systems)
- (3) Worksites
- (4) Healthcare

Active Advocacy

This brief outlines the framework for a new era in American health policy, and an important part of the solution to health care economics and delivery in the 21st century. Organizations from all sectors of society will be asked to play leadership roles in areas of strengths and interests and, eventually, a partnership with Congress and the states will be vital to lasting success. We invite you to join the effort to Empower Americans to Actively Improve Their Own Health, contact: policy@acsm.org.

Participants

Planning Committee

Russell Pate, Chair
University of South Carolina

Terry Bazzarre
Robert Wood Johnson
Foundation

Frank Booth
University of Missouri

Wojtek Chodzko-Zajko
National Aging Blueprint

J. Larry Durstine
ACSM President 2006-2007

William Haskell
Stanford University

Michael Pratt
Centers for Disease Control
& Prevention

Stephen Rice
Meridian Health

Monte Ward
Advanced Capitol Consulting

James Whitehead
ACSM Executive Vice President

Stephanie Garwood
ACSM Staff

Dan Henkel
ACSM Staff

Jane Senior
ACSM Staff

Roundtable Participants

Katie Adamson
YMCA of the USA

Audie Atienza
National Cancer Institute

Doug Billings
ISA Group

Jessica Donze Black
American Heart Association

Richard Bland
YMCA of the USA

David Buchner
Centers for Disease Control
& Prevention

John Buzzerio
Plus One

Donald Christie
American College of Physicians

John Clymer
Partnership for Prevention

Stephen Corbin
Special Olympics International

Paul Couzelis
MediFit Corporate Services

Bill Day
MediFit Corporate Services

Karen Donato
National Heart, Lung,
and Blood Institute

Tina Dove
National PTA

Helen Durkin
International Health
Racquet & Sportsclub Assoc.

Heidi Ecker
National Coalition for
Promoting Physical Activity

Richard Elder
International Food Information
Council Foundation

Lynda Flowers
AARP Policy Institute

Sheila Franklin
National Coalition for
Promoting Physical Activity

Naomi Fukagawa
American Society for
Clinical Nutrition

Howard Garrison
Fed. of American Societies
of Experimental Biology

Marc Goldstein
American Physical Therapy
Association

Phil Haberstro
Wellness Institute of
Greater Buffalo and WNY

Michael Hargrett
Lippincott Williams
& Wilkins

Ken Harwood
American Physical Therapy
Association

Lynne Haverkos
National Institute of Diabetes
& Digestive & Kidney Diseases

Melissa Johnson
President's Council on Physical
Fitness and Sports

Chrissie Juliano
Trust for America's Health

Robyn Kaplan
Health Promotion Advocates

Mary Kirkland
National Athletic Trainers
Association

Kate Kraft
Consultant

Craig Masback
USA Track & Field

Teri McCambridge
American Academy of
Pediatrics

David McCarron
Shaping America's Youth

Douglas McKeag
Indiana University School of
Medicine

Thomas Miller
The Industrial Athlete Inc.

Alfred Morris
National Association for Sport
and Physical Activity

Suzanne Nottingham
LEKI USA Inc.

Vito Perriello Jr.
National High School
Federation

Orson Porter
Nike

Charlotte Pratt
National Institute of Child
Health & Human Development

Nico Pronk
Health Partners

Melissa Ranch
YMCA of the USA

Tom Scanlon
International Health Racquet
& Sportsclub Association

Dave Schmidt
International Food Information
Council

Laura Segal
Trust for America's Health

Bill Sells
Sporting Goods Manufacturers
Association

Trevor Shilton
National Heart Foundation of
Australia

Christine Spain
President's Council on
Physical Fitness & Sports

Michael Spezzano
YMCA of the USA

Pamela Stark-Reed
National Institute of Diabetes
& Digestive & Kidney Diseases

Mark Udall
U.S. House of Representatives
(Colorado, 2nd District)

Monica Vinluan
National Recreation and
Park Association

Dan Wexler
National High School
Federation

Shannon Wisham
Institute of Medicine

Carrie Wolinetz
Federation of American
Societies of Experimental
Biology

Alfreda Young
Cadbury Schweppes



Charting and Changing the Policy Landscape: Promoting Physical Activity & Reversing Physical Inactivity through Policy Solutions



**AMERICAN COLLEGE
of SPORTS MEDICINE**
www.acsm.org

THANKS TO THE SUPPORTERS OF THIS ROUNDTABLE

