

Engaging Physical Activity Policymakers

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Evidence for the health benefits of physical activity is overwhelming: physical activity is protective against type II diabetes, cardiovascular disease, breast and colon cancer, stroke, osteoporosis, depression, falls in older adults, and many other adverse health outcomes.¹ Research also suggests that widespread physical inactivity exacts a heavy toll on the US economy, as well as on individual health. Researchers have estimated that those who are physically inactive impose greater costs on society than do smokers or problem drinkers.^{2,3} Increasing rates of physical activity may therefore be one of the most cost-effective means to prevent disease, improve health outcomes, and reduce medical expenses—particularly as the US population ages. However, determining the optimal blend of intervention strategies to achieve these population-level goals is challenging. Research suggests that individually-focused efforts alone have thus far failed to sustain shifts to more active lifestyles,^{1,4,5} fueling calls for an increase in complementary physical activity-related public policy interventions.⁶⁻⁹

However, physical activity promotion at the population level is qualitatively different from public health successes, such as those related to tobacco control, seat belt laws, and vaccinations. First, physical activity is a behavior we wish to *encourage*, rather than discourage—in sharp contrast to tobacco usage or excess alcohol consumption. Second, activity is ideally an *ongoing* behavior performed most days for 30 to 60 minutes, rather than a momentary action (such as fastening seat belts in a car), or an infrequent activity (such as receiving vaccinations). Third, people can be active in myriad ways and the appropriate time and intensity for activity is likely to vary by individual,⁶ making generic, “sound-bite” recommendations challenging. As such, public health practitioners and policy makers confront unique challenges in their efforts to increase the population’s activity levels.

What then are the appropriate mix of laws, regulations, and policies to increase physical activity levels in the population? (Note that we are focusing here on big “P” policies—those implementable by public policymakers, rather than small “p” policies that may be implemented unilaterally by organizations). Traditional public policy

levers include taxes, subsidies, and regulations. Yet, just as increasing physical activity is dissimilar in so many respects to other public health initiatives, so too the recommended policy toolkit must be different.

In children, policymakers have both the means and the authority to increase activity directly through the school environment, for instance, by changing laws and regulations related to the frequency of physical education (PE), PE curricula, and time spent in moderate-to-vigorous activity in PE classes. These changes have been widely recommended,^{7,8,10-13} and some legislation has been introduced in locations around the country,¹⁴ although actual change has been slow.¹⁵

It is difficult to imagine similarly direct policy-related methods to increase activity in adults. For example, taxes on inactivity and/or subsidies for activity would be fraught with ethical, logistical, and political challenges. Instead, most of the emerging evidence and recommendations related to increasing population physical activity centers on more indirect policy methods that 1) increase knowledge and lay the foundation for behavior change, or 2) provide subtle incentives for—or remove barriers to—activity. These methods include

- Information campaigns, particularly community-wide campaigns, and point-of-decision prompts, such as those encouraging stair use^{7,16-19}
- Creation of or improved access to local facilities for activity, such as community centers, and parks and trails^{7,12,13,17,18,20-23}
- Urban planning changes (eg, increasing residential density and encouraging mixed land use)^{12,18,22-24}
- Transportation changes (eg, improved roadway design), that provide walking and biking infrastructure (eg, sidewalks and bike lanes), and improved public transportation options.^{12,13,18,23-26}

The above-listed changes represent a broad spectrum of policy interventions, including appropriations decisions and changes to local ordinances, which focus on changes to the human-made or “built” environment. Interestingly, many of these indirect policies to increase activity also align with the goals of addressing climate change, reducing dependence on carbon-based energy sources, and improving sustainability.²⁷

What is striking is that the critical partners necessary for policy initiatives to increase physical activity rates often do not fall under the traditional purview of

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health departments or agencies. Instead, they fall under agencies of education, transportation, urban planning, environmental protection, and parks and recreation. It is these sometimes “accidental” or unintentional physical activity policymakers who must expand the goals of their portfolios to include physical activity promotion.

Fortunately, encouraging signs are emerging that policymakers from nonhealth agencies are becoming increasingly intentional in their efforts relevant to physical activity in locations around the United States. Some early adopters of changes to the built environment for physical activity include New York City (see for example their Active Design Guidelines²⁸) and Portland, Oregon, which plans for bicycling to be an integral part of the city’s transportation infrastructure by 2030.²⁹ The federal Department of Transportation also endorsed support for biking and walking infrastructure in state transportation projects in March 2010.²⁹

These are welcome advancements, but do not yet appear to be routine for the relevant agencies around the country. Moving forward, the physical activity research community can play an important role in collaborating with and educating nontraditional physical activity policymakers, many of whom have little or no formal public health training. Already, a solid foundation for these efforts has been laid, through funding for and conduct of research on the effects of the built environment on physical activity, and development of robust environmental measures.³⁰ Much of this progress is due in no small part to the leadership of Active Living Research (www.activelivingresearch.org) and the Robert Wood Johnson Foundation (RWJF).

Yet much work remains to be done. It will be increasingly important to incorporate economic assessments into studies examining the effects of the built environment and activity, and to continue many other activities underway, such as establishing and maintaining connections with relevant local, state, and federal policymakers; explaining and elaborating on the health impacts of variables under policymakers’ control; translating findings from scholarly publications to a form that is easily used by those unaccustomed to thinking in public health terms; improving surveillance efforts and methods of physical activity assessment; and rigorous evaluation of policy changes that affect physical activity. The National Collaborative on Childhood Obesity Research (NCCOR; www.nccor.org) and its partner organizations—the Centers for Disease Control and Prevention, the National Institutes of Health, RWJF, and the US Department of Agriculture—are collectively and individually focusing on activities to sponsor and strengthen research in this area.

In short, widespread implementation of effective physical activity policy interventions will be critical to achieving a broad variety of public health goals. Previous public health policy successes may provide valuable guidance for developing physical activity policy.

However, unique challenges exist for physical activity policy implementation that requires innovative, nontraditional approaches. Perhaps chief among them will be the engagement of leaders from nonhealth policy arenas. There are already encouraging signs these moves are underway. Going forward, the physical activity research community will play a key role in helping relevant actors move to being intentional health policymakers with the goal of shifting social norms to encourage physically active lifestyles. Working together, society will reap the resulting health, environmental, and economic benefits of an increasingly active population.

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