

Preventing Diseases Through Physical Activity

Legislator Policy Brief

The Healthy States Initiative

A partnership to promote public health

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e-weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

Preventing Diseases Through Physical Activity

Overview

Regular physical activity is a vital component of promoting wellness and preventing disease. A lack of physical activity is linked to many chronic diseases including obesity, cancer, cardiovascular disease and diabetes.¹

This Legislator Policy Brief provides state policymakers with key background information about physical activity among youth and adults and identifies proven, cost-effective policy and legislative strategies to promote active lifestyles.

What Do State Legislators Need to Know About Physical Activity?

The benefits of physical activity are profound. For example, a sustained 10 percent weight loss will reduce an overweight person's lifetime medical costs by \$2,200 to \$5,300 by lowering costs associated with hypertension, type 2 diabetes, heart disease, stroke and high cholesterol.¹ Increasing regular moderate physical activity among the more than 88 million inactive Americans over age 15 could reduce such direct medical costs by as much as \$76.6 billion annually.²

In 2005, more than 50 percent of American adults did not get enough health-related physical activity and 24 percent were not active at all in their leisure time. Sedentary lifestyles have also contributed to a sharp rise in childhood obesity over the last 20 years. Among high school students in 2005, less than 44 percent of males and less than 28 percent of females met currently recommended levels of physical activity—60 minutes of moderate to vigorous physical activity on most, preferably all, days of the week. Moreover, daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005.³

Evidence indicates that aspects of the home, school, work and community environments all influence physical activity levels. For example, the availability and accessibility of places to be active—such as attractive stairwells, bicycle paths, walking paths and swimming pools—may play a role in determining the type and amount of physical activity in which people engage.⁴ These factors also may contribute to disparities that exist in the people who engage in physical activity. Studies show that women are less active than men. Minorities, particularly African-Americans and Hispanics, and individuals of lower income status are also less active.⁵

Many states are addressing physical activity issues with statewide action plans, interagency cooperation efforts and health department initiatives.

What Can State Legislators Do to Encourage Physical Activity?

Legislators can support legislation and state policies that promote physical activity and provide access to more opportunities for people to engage in active and healthy lifestyles. They can:

- Become leaders in efforts to increase physical activity;
- Work to increase physical activity in schools;
- Help communities keep active; and
- Promote healthy workplaces.

Actions for State Legislators

Lead Efforts to Increase Physical Activity

- Contact your state health department, CDC's Division of Nutrition and Physical Activity and the National Coalition for Promoting Physical Activity to learn how many people in your state achieve recommended physical activity levels, what disparities exist and how other states are increasing physical activity.
- Work with state departments of health and education, providers and community-based groups to increase opportunities for physical activity in your state.
- Create or serve on a state commission to make recommendations on ways to improve the level of physical activity among citizens.
- Communicate with your constituents about resources such as parks, trails and recreation centers that support active lifestyles.
- Use the media. Record a public service announcement supporting physical activity. If you or a family member has improved their health status by engaging in physical activity, share your story.
- Be a role model—be physically active!

Increase Physical Activity in Schools

- Support legislation and work with the state department of education to require physical education for all children in grades K-12.
 - Provide incentives to enforce new or existing physical education requirements.
 - Assure quality by limiting exemptions from physical activity, developing standards for qualifications of physical education teachers and increasing time students spend engaging in vigorous-intensity activity.
- Work with the state department of education to encourage schools to:
 - Use CDC's School Health Index, a self-assessment and planning tool to improve health and safety programs;
 - Emphasize proper exercise techniques and participation in lifelong physical activity;
 - Incorporate physical activity in the core curriculum and throughout the school day and assure it is not used as a disciplinary technique;
 - Exceed minimum physical education requirements; and
 - Increase participation in physical activity among minority children.
- Support in-state activities of the President's Council on Physical Fitness and Sports and the National Society of Physical Activity Practitioners in Public Health.

Help Communities Keep Active

- Use state appropriations and funding to encourage communities and schools to:
 - Create more ways to walk/bike to school or work by building or clearing sidewalks and bike paths. State funds can be awarded based on local development plans.
 - Encourage construction of new schools in walkable locations.

- Enhance community access to physical activity by making school facilities open to the community.
- Help establish partnerships between schools and community organizations to provide reduced cost physical activity programs for youth and their families.
- Work with local community leaders to:
 - Use community-based and faith-based efforts to increase access to physical activity resources, especially among minority populations;
 - Provide an array of activities to attract different generations so youth can interact with adult role models;
 - Understand the impact of the built environment, or our manmade surroundings, on physical activity and support mixed-use zoning and transportation design to increase physical activity; and
 - Encourage the use of Health Impact Assessments in local community design during the planning and zoning processes to improve access to physical activity.
- Work with state and local health departments to:
 - Increase awareness by conducting public health education campaigns and community health fairs targeted to minority and other at-risk populations;
 - Provide access to risk factor screening and counseling by health professionals; and
 - Provide resources to strengthen support networks such as discussion groups or walking buddy programs.
- Work with health practitioners and medical educators to:
 - Reduce disparities in physical activity by tailoring patients' exercise programs consistent with cultural characteristics, language/dialect, availability of facilities and financial resources;
 - Incorporate cultural competency into training and performance standards for health care providers and physical activity instructors; and
 - Seek out community services that can assist in cultural competency development.

Promote Healthy Workplaces

- Work with the state health department and state employee benefits program to create wellness and physical activity programs for public employees, including school employees.
- Sponsor legislation to:
 - Provide employer tax credits or other incentives to establish certified worksite wellness and physical activity programs;
 - Limit liability for employers that offer physical activity programs from lawsuits stemming from activity-related injuries; and
 - Make grant money available for signage and other point-of-decision prompt campaigns that encourage the use of stairs.
- Work with insurance companies to:
 - Offer premium discounts to employers that engage in wellness initiatives; and
 - Provide incentives for health care providers to encourage patients to make disease prevention through physical activity a priority.

State Policy Examples

Video Game Getting West Virginia Kids Hooked on Physical Activity _____

With West Virginians consistently ranking among the nation's highest in rates of obesity, hypertension and diabetes, school officials were struggling to find an effective way to combat childhood obesity.

Ironically, they seem to have found it in a video game. After having great success with a pilot program in 20 schools, West Virginia health and education officials announced in 2006 that they would expand the use of the Dance Dance Revolution (DDR) game across the state. The video game uses a large mat and players step on places on the mat as directed by arrows on the television screen. As players improve, the physical activity game becomes increasingly fast-paced and vigorous. The game engages kids in an entertaining physical activity and encourages them to continue an active lifestyle.

Preliminary findings from a West Virginia University study showed that playing the game improved children's cardiac health, overall fitness and self-esteem and resulted in more positive attitudes about physical activity. Children who played the game daily stopped gaining weight. West Virginia's 157 middle schools had the game by early 2007 and the remainder of the state's 753 public schools are expected to have it by summer 2007. The \$740 per-school cost of the game and Xbox consoles is being shared by the West Virginia Public Employees Insurance Agency, the state education department, West Virginia University and Mountain State Blue Cross Blue Shield. Future plans include a national training center, an information clearinghouse, and a tool kit for physicians recommending the use of the game as a physical activity tool.

<http://www.wvportions.com/research/default.asp?sid=4&cat=35>

Washington Fosters Coalition-Building to Plan Active Communities _____

The Washington State Nutrition & Physical Activity Plan provides a framework for policymakers to work together to build and support efforts to encourage Washington residents to be physically active. One goal of the plan is to increase the proportion of Washington residents who get at least 30 minutes of moderate activity on five or more days a week by increasing the number of:

- people with access to free or low-cost physical activity opportunities;
- physical activity opportunities available to children; and
- active community environments available through zoning and land use regulation, transportation systems to encourage walking and biking, and improved safety for residents who walk or bike.

The plan has been a springboard for several legislative and Department of Health activities since its introduction in 2003. The Washington Partners in Action coalition brings together individuals, organizations, agencies and businesses to further goals of the plan and has had many successful programs and activities.

http://www.doh.wa.gov/cfh/NutritionPA/publications/npa_state_plan_2.pdf

http://www.doh.wa.gov/cfh/NutritionPA/our_states_approach/partners_in_action/default.htm

Maine Agencies Partner With Community Groups to Increase Physical Activity

Healthy Maine Partnerships is an innovative state initiative to collaborate with community health organizations in reducing tobacco use and increasing physical activity and healthy eating funded through tobacco settlement funds. At the state level, the partnership:

- Coordinates activities between the state departments of health and education to assist schools across Maine in developing quality coordinated school health programs
- Supports 31 local Healthy Maine Partnerships with training, technical and media assistance, evaluation and program development

Since Healthy Maine Partnerships was launched in 2003, the state has observed dramatic increases in the number of schools engaging staff and students in walking programs, opening their buildings for afterschool physical activity, developing fitness facilities and leveraging grants and local funds to support physical education and other programs.

<http://www.healthymainepartnerships.org>

Older Adults on the Move in Massachusetts

Keep Moving, administered by the Massachusetts Department of Public Health since 2001, is a statewide initiative to increase physical activity among residents older than 50 through a network of community-based walking clubs. An advisory committee consisting of public-private partners dedicated to physical fitness directs program activities.

Keep Moving boasts 155 walking clubs and 3,000 participants in rural, suburban and urban areas. Clubs are sponsored by local senior centers, churches, housing sites, and park and recreation departments. They are growing at a rate of approximately 12 per year. Keep Moving's current focus is on increasing the racial/cultural diversity of walkers, recruiting more male walkers and increasing walking in both urban and rural areas. Volunteer leaders, recruited and trained by Keep Moving, enroll their peers, organize club activities, preview walking routes and serve as community liaisons for the program.

<http://www.mass.gov/dph/fch/elderhealth/walkclubdir.htm>

California Trains Local Transportation & Public Works Officials on Creating Healthy Places

The California Center for Physical Activity received state transportation dollars to develop the Healthy Transportation Network (HTN) and to train local transportation and public works directors and staff on healthy places principles. The local experts can then provide technical and consulting assistance to local elected officials on developing safer walking and biking facilities, fostering more walking and biking for routine transportation, and creating community and urban environments that are walkable and bike-friendly. The HTN Web site also provides case studies of local success stories for elected officials, staff and community members, as well as resources for land use planners and transportation engineers.

<http://www.healthytransportation.net/>

Advice from a State Legislator

Promoting Policies that Support Physical Activity



Rosa Franklin
Washington Senate

Sen. Rosa Franklin is president pro tempore of the Washington State Senate and a member of the Health and Long-Term Care Committee. In 2005, the legislature enacted SB 5186, a comprehensive plan sponsored by Franklin, to improve opportunities for physical activity among Washington state residents. The law, among other provisions, directs county and city comprehensive plans to utilize urban planning approaches that promote physical activity whenever possible. In addition to being a legislator and member of Senate leadership, Franklin is a health care professional and retired nurse.

Her Advice To State Legislators:

- **Get involved.** “Make physical activity a priority by informing constituents about the benefits of active lifestyles. Seek out ways to increase opportunities for physical activity in your districts. Set an example by speaking to community groups and participating in public health events, such as fun walks and health fairs.”
- **Get local governments on board.** “Increased access to inexpensive or free opportunities for regular exercise in all communities is an important physical activity goal. Encourage local governments to include land use and transportation planning that promotes physical activity and pedestrian mobility in their comprehensive plans. One way to do so is by emphasizing physical activity when awarding state funding for local public projects.”
- **Encourage physical activity among youth.** “Starting people on the path to active lifestyles at an early age is critical. Promote curricula in your state’s schools that provide daily, quality physical education for all students while also offering opportunities for physical activity outside of a formal P.E. class setting.”

Want to Know More?

We’ll help you find experts to talk to about this topic

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we’ll help you connect with...

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

Advice from a State Legislator

Creating a Statewide Plan for Nutrition and Physical Activity

*Victor Colman, senior policy adviser
Washington State Department of Health*



Victor Colman is the senior policy adviser to the Division of Community and Family Health within the Washington State Department of Health. Since 2004, Colman has been involved in implementing the Washington State Nutrition & Physical Activity Plan, which was developed in 2003 as a framework for policymakers to make it easier for Washington state to make the healthy choice the easy choice.

His Advice To State Legislators:

- **Promote the benefits of prevention.** “Legitimizing prevention and establishing it as a policy priority is still a long way off for most states. Despite the incredible preventive aspects of nutrition and physical activity, many policymakers still tend to view it solely in terms of personal choice rather than in a shared individual-public policy framework. One solution is to get lawmakers to realize the state’s potential cost-savings associated with getting people more active. Once they understand that physical activity is already a public health issue, they will be more likely to support prevention policies.”
- **Utilize coalitions.** “Coalition-building is a proven and necessary method for moving policy agendas. When creating partnerships, be sure to seek out organizations that represent segments that one might not immediately associate with public health, such as transportation, public parks, planning and the broader business community.”
- **Private resources.** “States should be a key provider of resources for both public and private health initiatives. Potential resources provided could include program evaluation, sustainable funding and technical assistance.”

How Much Physical Activity Do You Need?

For kids:

- At least 60 minutes of moderate-intensity physical activity most days of the week,⁶ and it:
 - Can be up to several hours⁷ and should be age⁷ and developmentally appropriate⁸ and enjoyable⁸
 - Should include moderate and vigorous physical activity,⁷ be intermittent,⁷ involve a variety of activities,⁸ and can be achieved in a cumulative manner in school during physical education, recess, intramural sports, and before and after school programs.⁸

For adults:

- Moderate-intensity physical activity for at least 30 minutes on five or more days of the week or
- 20 or more minutes of vigorous-intensity physical activity three or more days per week.⁹

Key Facts and Terms

Americans are Not Getting Enough Physical Activity

- More than 50 percent of American adults do not get enough physical activity to provide health benefits.¹
- Among high school students, more than 56 percent of males and more than 72 percent of females did not meet currently recommended levels of physical activity in 2005.³
- Daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005.³
- In 1969, 48 percent of children walked to or from school; in 2001, less than 15 percent did.¹⁰

What are the Effects of Physical Inactivity?

- In 2003-2004, 17 percent of U.S. children and adolescents were overweight and 32 percent of adults were obese.¹¹ In 2005, 46 states reported obesity rates of more than 20 percent and three states reported obesity rates of more than 30 percent.¹²
- Physical inactivity accounts for 22 percent of coronary heart disease, 22 percent of colon cancer, 18 percent of osteoporosis-related fractures, 12 percent of diabetes and hypertension, and 5 percent of breast cancer.¹³
- Health care costs associated with physical inactivity topped \$76 billion in 2000.¹ Physical inactivity accounts for approximately 2.4 percent of the cost of U.S. health care.¹⁴

Addressing Health Disparities Associated With Physical Activity

- Individuals with lower family incomes and less educational background are less active.⁵
 - Commercial physical activity-related facilities are less available in neighborhoods with low-income and minority residents, which contributes to lower levels of physical activity.¹⁵
- Women of all races, ethnicities and ages are less active than men.⁵
 - Women of color, particularly African-Americans in rural settings, are more likely to be sedentary.¹⁶
 - Physical inactivity impacts the prevalence of diseases among African-American and Hispanic adolescent girls.¹⁷
 - Due to better access to sports equipment, safety of neighborhoods and higher physical activity levels, white girls have more positive attitudes about exercise than African-American girls.¹⁸
- Minorities, particularly African-Americans and Hispanics, are less active.⁵
 - Many older African-Americans and Hispanics who performed hard physical labor throughout their lives do not view physical activity as voluntary or beneficial.^{17,19}
 - Racial and ethnic minority elderly populations benefit from community-based and faith-based programs that build on the cultural emphasis of family and faith.¹⁹
- Barriers to physical activity for minority youth and adolescents can include:
 - Costs of fitness club memberships and equipment, demands of child care and lack of safe environments in which to be active.¹⁷
 - Lack of emphasis on the importance of lifetime physical activity in schools attended by minority children.¹⁷
 - Absence of influential role models or consistent family involvement in physical activity.¹⁷

What Scientific Research Says

Increasing Physical Activity Saves Significant Costs & Promotes Health _____

- Increasing regular moderate physical activity among the more than 88 million inactive Americans over age 15 might reduce annual direct medical costs by as much as \$76.6 billion.²
- A sustained 10 percent weight loss reduces an overweight person's lifetime medical costs by \$2,200 to \$5,300 through lowered costs associated with hypertension, type 2 diabetes, heart disease, stroke and high cholesterol.¹
- Adults over 50 who engage in physical activity have improved functionality, a reduced risk of falling, are able to better manage chronic diseases such as diabetes and have lower incidence of premature death due to cardiovascular disease.¹⁹

Proven Strategies to Increase Physical Activity _____

- Communitywide media campaigns, including television, radio, newspapers, movie theaters, billboards and mailings, are effective in getting people to be more physically active. Campaigns are effective in both urban and rural communities and in different ethnic and socioeconomic groups.⁴
- Point-of-decision prompts, such as signs, are effective in increasing the percentage of people taking the stairs (rather than escalators or elevators) by approximately 54 percent and in increasing levels of physical activity.⁴
- School-based physical education is effective in increasing levels of physical activity and improving physical fitness.⁴
- Walking groups, buddy systems and other social supports increase physical activity time by 44 percent and frequency of physical activity by 20 percent. These programs improve fitness levels, lower body fat, increase knowledge of exercise and improve confidence in the ability to exercise.⁴
- Individually adapted health behavior change programs help individuals incorporate physical activity into their daily lives through learned behavioral skills. Programs can be tailored to each individual's interests, preferences and readiness for change.⁴
- Creating or enhancing access to places for physical activity combined with information outreach activities are effective in getting people to exercise more.⁴
- Urban design and land use policies can improve the level of physical activity in a community, improve green space, increase the sense of community, decrease isolation and reduce crime and stress.⁴

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CDC's State Level Statistics on Physical Activity

<http://www.cdc.gov/nccdphp/dnpa/physical/stats/index.htm>

CDC's State Legislation on Physical Activity

<http://apps.nccd.cdc.gov/DNPALeg/>

CDC's State Level Programs Promoting Physical Activity

<http://apps.nccd.cdc.gov/DNPAProg/>

http://www.cdc.gov/nccdphp/dnpa/physical/health_professionals/policy/index.htm

CDC's State Childhood Obesity Statistics

<http://www.cdc.gov/healthyyouth/overweight/facts.htm>

CDC's Self-Assessment & Planning Tool for School Health

<http://apps.nccd.cdc.gov/shi/default.aspx>

CDC's Encouraging Use of the Stairs

<http://www.cdc.gov/nccdphp/dnpa/stairwell/>

Active Living and Sustainable Communities

http://www.activelivingleadership.org/uploads/PDFs/brief_ALL_ActiveLivingPrimer_Oct2005.pdf

<http://icma.org/main/topic.asp?tpid=31&hsid=1>

Community Design

<http://www.activelivingleadership.org/ResoComm-3909.html>

Promoting Physical Activity

<http://www.ncppa.org/stateroster.asp>

School Curricula with Physical Activity Components

<http://www.thecommunityguide.org/pa/default.htm>

Status of U.S. Physical Education

<http://www.aahperd.org/naspe/ShapeoftheNation>

The Guide to Community Preventive Services/Physical Activity

<http://www.thecommunityguide.org/pa/default.htm>

Preventing Diseases:

Policies that work based on the research evidence

1) Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

2) Get people moving.

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

3) Discourage smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

4) Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

5) Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

6) Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

7) Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8) Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

9) Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10) Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

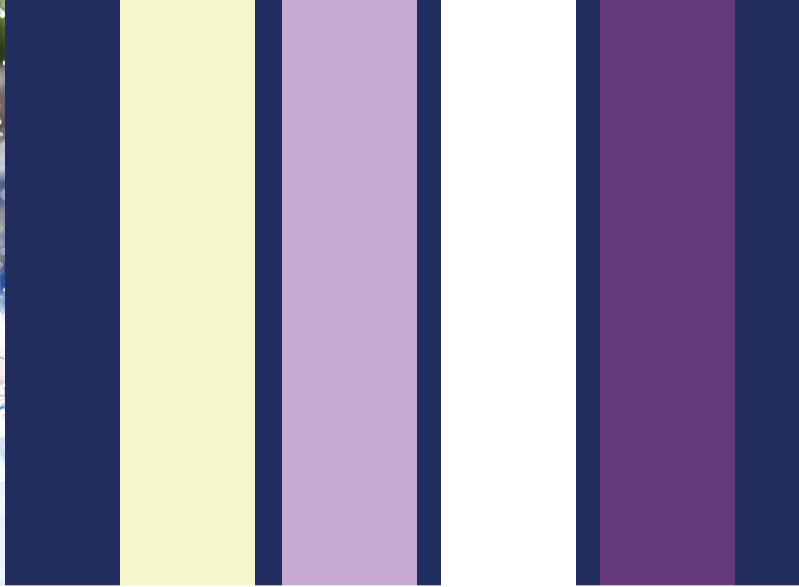
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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