

111th Congress convenes—what's in store?



January 6, 2009 saw the swearing in of the United States' 111th Congress — a solemn occasion made more sober by the daunting challenges facing the nation and the new administration.

Given the problems and a new mix of players, what can we expect out of this session, and how can we work strategically to advance a policy agenda favoring physical activity and exercise?

LET'S REVIEW SOME OF THE GIVENS:

- ▶ **The economy is issue #1.** Health care, though, is near the top of the agenda for many policy makers and their constituents. Look for health care reform to be a major item on legislators' lists — the Senate already is discussing it, and the issue will only become more prominent.
- ▶ **Chairs have changed** on several key committees. While new chairpersons may advance their own priorities, see #1 above. Still, a revised leadership roster may provide strategic opportunities.
- ▶ **Keys to the cabinet?** Then-president-elect Obama acted quickly to appoint his top advisors. On December 11, 2008, his nomination of Tom Daschle as Secretary of Health and Human Services became official. Daschle (U.S. Senator [D] 1987-2005) will also serve as the director of a newly formed White House Office of Health Reform.

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Welcome to the winter issue of Activity & Health Policy Network News, a periodic briefing on public policy matters of interest to leaders, members and partners of the American College of Sports Medicine.

ABOUT THE ACTIVITY AND HEALTH POLICY NETWORK

The Activity and Health Policy Network (AHPN) is an organizational partnership designed to advance public policy on promoting physical activity and reducing physical inactivity. AHPN grew out of a groundbreaking policy conference convened by the American College of Sports Medicine in Washington, D.C. in April 2006. Representatives from more than 40 organizations articulated a call to action, citing six key policy initiatives. Already noted for its success in influencing policy, the Network continues to implement advocacy and communication strategies at federal, state and local levels.

DRIVING THE EFFORTS OF AHPN ARE SIX KEY GOALS:

1. **National Guidelines for Physical Activity**, to be regularly developed, updated and promoted
2. **A National Program of Educational and Behavioral Change** concerning physical activity and inactivity, similar to the highly successful national program on cholesterol education
3. **A National Plan for Physical Activity**, bringing a broad range of organizations together under federal auspices to implement strategies for increasing physical activity
4. **Federal Emphasis on Biomedical Science** reflecting a strong priority on promoting active lifestyles and reducing sedentarism
5. **Health-Care Goals at State and Federal Levels** that address health promotion and disease prevention, based on science and medicine and integrated into health care at all levels
6. **Strategies Focusing on Key Populations and Settings** such as Youth, Older Adults, and Racial/Ethnic Minorities, Schools, Communities, Worksites, and Healthcare Settings

Russell Pate, Ph.D., FACSM, chaired the Policy Roundtable and serves as chair of the AHPN.



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- ▶ **Cost savings can be persuasive**, given the emphasis on matters of finance and funding. While preventive medicine, physical activity and exercise improve quality of life, their documented ability to reduce costs such as health care and absenteeism carry more weight in the current climate. Solid data on cost/benefit studies are more important than ever.
- ▶ **Cultivating officials who are friendly to the cause** lets us enlist supporters who already get the message. Some bring their enlightened understanding to positions of greater influence.
- ▶ **Timing is critical:** Planning and flexibility lets us take advantage of opportunities as they arise or change tactics in light of events.

WHO'S IN CHARGE?

According to the Sourcewatch online encyclopedia, caucus totals as of mid-January include 256 Democrats and 178 Republicans in the U.S. House of Representatives with one seat vacant. There are 57 Democrats, 41 Republicans and 2 independents (who plan to caucus with Democrats) in the U.S. Senate.

A list of both parties' leadership and committee assignments is online at: http://www.sourcewatch.org/index.php?title=111th_Congress

WHAT ABOUT BILLS FILED LAST SESSION?

The new Congress will only consider new legislation. Bills and resolutions from the 110th Congress are dead — including those supported by the Activity & Health Policy Network, such as the Physical Activity Guidelines for Americans Act. This notable initiative died in committee along with a great deal of other proposed legislation. This doesn't mean we've seen the end of it, however; sponsors are likely to reintroduce their bills in the 111th Congress, giving us new opportunities to weigh in on behalf of health policy changes that would benefit all Americans.

Keep watching this newsletter (and policy updates linked to www.acsm.org) for the latest information.

See "Federal Legislation" for more on bills that were in process at the close of the 110th Congress.

Federal legislation worth reviving: selected bills from 110th Congress merit a fresh look, support



When U.S. House and Senate gavels punctuated the close of the 2007-2008 session, several bills aligned with AHPN goals died in committee. Work already has begun on reintroducing at least some of these measures, relying on longtime Congressional champions as sponsors.

Among the bills that supporters of physical activity and exercise hope to see reintroduced in the new session are the following:

PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS ACT OF 2008
H.R. 5639 AND S. 2748

The Physical Activity Guidelines for Americans Act calls for guidelines to be

updated at least once every five years, as is the case now with dietary guidelines. While the recently updated Guidelines are an important step, there is a growing consensus surrounding the need to establish a regular cycle to review and update them — best instituted by Congressional mandate. Given the strong base of science and medicine that shows the benefits of exercise, every American needs to know the current physical activity recommendations to promote health and combat obesity.

THE FITNESS INTEGRATED WITH TEACHING KIDS ACT (FIT KIDS ACT)
H.R. 3257 AND S. 2173

The Fitness Integrated with Teaching Kids Act — or FIT Kids Act — is designed to amend the Elementary and Secondary Education Act of 1965 to improve standards for physical education.

The FIT Kids Act would require state accountability systems, required under part A of Title I of the Elementary and Secondary Education Act of 1965 (ESEA), to measure not only student academic progress, but their progress toward a national goal of 150 minutes of weekly physical education in elementary school, and 225 minutes of weekly physical education in middle and high schools. The bill also calls for teacher training and the promotion of healthy, active lifestyles.

NATIONAL OBESITY PREVENTION ACT OF 2008
H.R. 7179

This act would amend the Public Health Service Act to provide organized efforts to prevent and reduce obesity and to promote sound health and nutrition among Americans. The bill would create a Federal Task Force on Obesity to report on efforts to prevent and reduce obesity and evaluate their effectiveness. An Advisory Committee drawn from many sectors would advise the Task Force on establishing a government-wide strategy.

**PLAY EVERY DAY ACT
H.R. 2045 AND S. 651**

Senator Mark Udall of Colorado introduced the Promoting Lifelong Active Communities Every Day Act (PLAY Every Day Act). This legislation seeks to assist children, families and communities to become active for 60 minutes per day, calling for the Secretary of Health and Human Services to develop a measuring tool called the “Community Play Index”. This tool would measure the “policy, program, or environmental barriers in communities to participating in physical activity.”¹ Grants to state health departments would fund community-based efforts in implementing community models of play.

A National Physical Activity Plan for U.S.



ACSM is playing an integral role in the development of the United States’ first National Physical Activity Plan. Coming on the heels of the recently released “Physical Activity Guidelines for Americans,” the National Plan will present policies and practices that are aimed at helping all Americans adopt physically active lifestyles. The plan will include recommended policies in eight sectors: public health, health care, education, not-for-profit organizations, worksites, transportation, community planning, and recreation and sports.

The development of the plan is being coordinated by the University of South Carolina’s Prevention Research Center under the leadership of ACSM past-

president Russ Pate. ACSM Executive Vice-president Jim Whitehead serves on the Coordinating Committee along with ACSM Past-presidents Steve Blair, Bill Haskell and Barry Franklin. ACSM is one of seven national organizations that have come together to support development and implementation of the National Plan. These organizations include American Heart Association, American Cancer Society, AAHPERD (American Association for Health, Physical Education, Recreation and Dance), American Academy of Pediatrics, and AARP (American Association of Retired Persons). The project is being undertaken in collaboration with the U.S. Centers for Disease Control and Prevention (CDC).

A National Physical Activity Plan Conference will take place in Washington, D.C. on July 1-2, 2009. The conference will be open to all interested professionals, and discussions during the conference will produce much of the content of the National Plan. Details on the conference and more information on the National Plan can be found at the following Web site: www.physicalactivityplan.org. It is anticipated that the National Plan will be released in late 2009.

Action Alert Statistics

ACSM members made their views known to Congress in 2008. ACSM stood behind one policy initiative in particular that was essential to the health of the American people: The Physical Activity Guidelines for Americans Act of 2008. Members sent more than 2,500 e-mails to their representatives and senators between May and September of 2008 in support of the act. This compares to 2007, when 736 e-mails were sent.

ACTION ALERT SIGN-UP

Progress is being made with alerting your legislators, but we need more members to

become politically involved with ACSM initiatives. If you’d like to receive action alerts about important policy initiatives relative to ACSM’s mission, go to <http://capwiz.com/acsm/mlm/signup/>.

ACSM & The Physical Activity Guidelines for Americans

In early October, the Department of Health and Human Services released an updated version of “The Physical Activity Guidelines for Americans.” ACSM supported these federal guidelines and was heavily involved in their development.

ACSM has a historic, strategic stake in physical activity recommendations and promotions. The organization first issued physical activity recommendations in 1995, with the CDC. In 2007, these recommendations were modified in conjunction with the American Heart Association according to the latest evidence-based science. They align closely with the new federal guidelines. ACSM/AHA guidelines call for 30 minutes of moderate-intensity daily physical activity five days a week; HHS guidelines call for a minimum of 150 minutes of moderate physical activity a week — an amount most reasonable on five days a week at a duration of 30 minutes. The scientific writing teams of the ACSM/AHA guidelines and federal guidelines feature many of the same ACSM members.

In conjunction with the release of the guidelines, ACSM created tools to help translate minutes-per-day recommendations into easy-to-use tools for the public at www.acsm.org/physicalactivity. This site features health assessments and customizable resources for starting a successful exercise program.

Get Involved: Key Contacts



Sports medicine and exercise science professionals, as well as those in the allied health professions and all who care about a healthier America, should monitor policy discussions in their states, counties and municipalities.

If you would like to become a key contact for ACSM in your community, please e-mail your name, mailing address, and state voting district to policy@acsm.org. As a key contact, ACSM will utilize you to inform the Network about important health policy decisions impacting your community. ACSM will tell its members about current progress that is or is not being made in your area or state. YOU will be the connection for ACSM in advancing your state and local health policy initiatives. Please visit www.acsm.org/keycontacts to learn more.

State Policy Update

UPDATE: CALIFORNIA

Governor Schwarzenegger has signed bill SB 1420, “which makes California the first state in the nation to have its restaurant chains with 20 or more

locations statewide post calorie information on menus and indoor menu boards for consumers.”² Bill SB 1420 requires this posting by January 1, 2011. In addition, these same restaurants must have nutritional information on a brochure for customers at the point-of-sale and drive-throughs. The brochures must be ready by July 1, 2009.

MISSOURI

House Bill no. 1327 is an act that has been referred to the Special Committee on Family Services. This act will establish a program for a healthy food pilot program at four sites across the state in low-income areas that have limited access to fresh fruits and vegetables.

The program involves:

- ▶ Increasing the availability of fresh fruits and vegetables to small grocers in the neighborhoods of selected communities.
- ▶ Assisting in obtaining refrigerated produce display cases for the targeted food retailers.
- ▶ Providing assistance for the purchase, storage, marketing, and display of fresh produce.³

Currently, the act sits in the Special Committee on Family Services, and is currently neither scheduled for a hearing nor on the political calendar.

MISSISSIPPI

House Bill 1118 was an act to amend a section of the Mississippi Code of 1972, which authorized participation in high school marching bands to satisfy the physical education graduation requirement.

According to the bill, the Legislature recognized that physical inactivity and obesity are a widely recognized problem within the state of Mississippi. The following are guidelines the state of Mississippi would like to require of all school districts:

- ▶ “Kindergarten through Grade 8: 150

minutes per week of physical activity-based instruction and 45 minutes per week of health education instruction, as defined by the State Board of Education.”⁴

- ▶ “Grades 9 through 12: No less than three class periods per week of physical education; however, students participating in varsity athletics, marching band, cheerleading or any other physical activity specified by the State Board of Education are exempt from this requirement. In addition, any student excused from physical education by a medical doctor for reasons relating to the health of the student is exempt from this requirement.”⁴

Another requirement would be for each local school board to adopt a school wellness plan for the health advancement of Mississippi’s employees and students. The school wellness plan “shall also promote increased physical activity, healthy eating habits and abstinence from the use of tobacco and illegal drugs through programs that incorporate healthy lifestyle choices.”⁴

HB 1118 would have appropriated state-source funds for the implementation of the different school wellness plans. It gave specific requirement criteria for the physical activity coordinator, which would be in charge of monitoring each school district’s compliance and be responsible for presenting a state activity plan each year to numerous health organizations within the state of Mississippi.

This legislation would have started after July 1, 2008. In February 2008, it was referred to the Education Committee, where it later died.

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Local Policy Updates



Significant — and successful— advocacy takes place at all levels of government, from neighborhood to federal. The Strategic Alliance’s ENACT database yields examples of policy wins during 2008 that affect schools, communities, states and tribal governments.

Following are summaries of several produced by searching the database at <http://preventioninstitute.org/sa/policies/index.php>

ISSAQUAH CITY COMPLETE STREETS ORDINANCE (ISSAQUAH CITY, WA)
Synopsis: Amends the municipal code to include bicycle and pedestrian facilities in future transportation planning.

Brief Description

- ▶ Stipulates that bicycle and pedestrian facilities must be included in the planning, engineering, design and construction of transportation facilities.
- ▶ Applicable to both transportation plans and transportation programs.
- ▶ Allows exceptions in the case of adverse environmental impacts or if the establishment of a facility would be contrary to public safety.

PHYSICAL EDUCATION IS A PRIORITY (LOS ANGELES COUNTY, CA)

Synopsis: Details the physical education (P. E.) requirements for the Los Angeles Unified School District.

Brief Description

- ▶ Recognizes the importance of physical activity and physical education in

- promoting health and academic achievement
- ▶ Requires schools to comply with California state standards, including setting minimum P.E. requirement per grade level and requiring classes be taught by credentialed P.E. teachers
- ▶ Instruction must include a variety of different activities
- ▶ Requires that students be prepared and tested in the California Physical Performance Test
- ▶ Establishes the Superintendent as responsible for implementing and monitoring P.E. standards, including developing a plan to implement the motion and deliver an annual report to the Board
- ▶ Requires P.E. facilities be constructed in accordance with the California Department of Education Guide to School Site Analysis and Development
- ▶ Charges the Superintendent and the Office of Legislation and Government Affairs to work with legislators to increase P.E. funding.

SAN FRANCISCO CLEAN AND SAFE NEIGHBORHOOD PARK BOND
Synopsis: Creates a \$185 million bond for the improvement of park and recreational facilities in San Francisco.

Brief Description

- ▶ Authorizes San Francisco to borrow \$185 million by issuing general obligation bonds for the construction, reconstruction and improvements of park and recreation facilities in the city
- ▶ Requires an increase in the property tax to pay for the bonds; permits landlords to pass 50 percent of the tax increase to tenants
- ▶ Dedicates specific dollar amounts to various projects, with most of the funds dedicated towards construction and improvement of neighborhood parks
- ▶ Also dedicates funds towards construction and improvement of waterfront park, park restrooms, athletic facilities, nature trails, community nominated projects, and

- park forestry
- ▶ Requires .01 percent of the funds to be spent on oversight; the Citizen’s General Obligation Bond Oversight Committee will review annually and report on the management of the bond program
- ▶ Requires a two-thirds majority vote for passage of the proposition

CHEROKEE NATION RESOLUTION (OKLAHOMA)

Synopsis: Supports a memorandum of understanding between the Cherokee Nation and the Eastern Band of Cherokees to promote strategies for healthy and active communities in policy and environmental practices.

Brief Description

- ▶ Formalizes a policy and organizational practice change approach to improving healthy eating and active living in tribal communities
- ▶ Supports the increased collaboration between two Cherokee tribes: Cherokee Nation and the Eastern Band of Cherokees
- ▶ Articulates that the purpose of collaboration is to share and exchange expertise and best practices and develop and implement strategies that support healthy eating and physical activity
- ▶ Supports collaboration on issues including:
 - Communities that support physical activity as part of every day life
 - Communities that support available and affordable healthy food
 - Schools and child care sites that promote healthy food and physical activity before, during and after school hours
 - Workplaces, health care organizations, and government institutions supporting healthy food and physical activity
- ▶ Recognizes that the above activities will serve to benefit tribe members and demonstrate to the federal government that the tribal government is a good steward of federal resources.

General Information

“TRANSFORMING RESEARCH STRATEGIES FOR UNDERSTANDING AND PREVENTING OBESITY”

“Transforming Research Strategies for Understanding and Preventing Obesity” is a commentary article published in the October 15, 2008 issue of the *Journal of the American Medical Association (JAMA)* written by Terry T.-K. Huang, Ph.D., MPH, and Thomas A. Glass, Ph.D. The authors suggest modifications for existing research strategies to better combat obesity.

Currently, “most prevention efforts to date have focused on individually targeted strategies such as health education and behavioral skills training that turn out to be largely ineffective and unsustainable.”⁵

The authors suggest that research needs to catch up with vast changes in social, physical, economic and policy environments. These changes can be seen most recently in federal and state legislations. California has set a perfect example by passing SB 1420. This allows consumers to view nutrition data at various restaurants in the state, giving them a choice to purchase healthier meals, much like the choices consumers have at their local grocery.

The authors suggest that physical activity behaviors are negatively impacted at multiple levels, and not just at the prevention, health education or behavioral change levels. The different levels are:

- ▶ Interpersonal (family, peers, social networks)
 - Controlled child feeding styles
 - Stressful and time-constraining family demands
 - Unhealthful social norms of diet and activity
- ▶ Community (schools, worksites, institutions)
 - Unhealthy foods sold at schools, worksites, hospitals, and other

- institutions
 - Lack of physical education in schools
- ▶ Government (local, state, national)
 - Policies regarding food, agriculture, education, transportation, urban design, marketing, and trade

To combat each of these levels, the authors proposed four key areas that need greater attention in future research:

- ▶ Emphasis on hypotheses and questions that are cross-disciplinary and that connect multiple levels of risk factors across the biological and socioenvironmental continuum
- ▶ Research on upstream policy interventions and their downstream effects on food and physical activity behaviors
- ▶ Investment in capacity building and rigorous training of a new generation of multilevel scientists
- ▶ Global perspective on obesity research

Politically, the authors feel “policy interventions to be studied could range from food marketing controls, taxes on less healthy foods or ingredients, and incentives for healthy foods, to transportation, land zoning, and urban design policies aimed to increase the opportunities for active living, among others. Policy options can also be those that benefit multiple social and health goals. For instance, policies aimed at addressing poverty and neighborhood crime can potentially make communities more walkable and easily used for physical activity.”⁵

In conclusion, research funding for individual behavior change has failed. The authors want to see a strategy that is coordinated. The “solution needs to be multi-sectoral, including government, industry, the health care sector, communities, and individuals, and will require the synergy of grassroots mobilization and top-down policy change.”⁵

Health Policy: Selected Resources



Following is a sampling of the many online sources of information health-related public policy. Please suggest additional links by e-mailing them to policy@acsm.org

AMERICAN COLLEGE OF SPORTS MEDICINE

www.acsm.org

Founding organization of the Activity & Health Policy Network. Look under “Influence” on the ACSM home page for updates and links to advocacy sites (including AHPN).

Know Your Legislators

Effective advocacy requires you to know your elected officials and how to contact them. USA.gov is an interagency initiative with a great deal of information relating to government at all levels, including many links to resources. The site offers contacts for elected officials at www.usa.gov/Contact/Elected.shtml.

CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY
www.publichealthadvocacy.org

A nonpartisan nonprofit organization that raises awareness about critical public health issues and mobilizes communities to promote the establishment of effective state and local health policies.

CENTERS FOR DISEASE CONTROL AND PREVENTION
<http://www.cdc.gov>

A part of the U.S. Department of Health and Human Services, CDC is the primary federal agency for conducting and supporting public health activities in the United States.

THE COMMONWEALTH FUND
www.commonwealthfund.org

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

P.R. NEWswire PUBLIC INTEREST
www.prnewswire.com/publicinterest

Public news distribution service. Links include federal and state legislation, federal executive branch, agencies

ROBERT WOOD JOHNSON FOUNDATION
www.rwjf.org

Focuses on improving both the health of everyone in America and their health care, including how it is delivered, how it is paid for, and how well it does for patients and their families.

SOCIETY FOR WOMEN'S HEALTH RESEARCH
www.womenshealthresearch.org

The nation's only non-profit organization whose mission is to improve the health of all women through research, education and advocacy.

STATES IN ACTION: INNOVATIVE HEALTH POLICY
www.commonwealthfund.org

The States in Action bimonthly newsletter describes innovative state health programs from across the country.

STRATEGIC ALLIANCE ENACT LOCAL POLICY DATABASE
www.preventioninstitute.org

A coalition of nutrition and physical activity advocates which serves as an independent voice that is separate from, but able to influence, government and industry.

WASHINGTON HEALTH POLICY WEEK IN REVIEW
<http://www.commonwealthfund.org>

Selected stories from the Commonwealth Fund's daily newsletter *CQ HealthBeat*

WASHINGTONWATCH
www.washingtonwatch.com

Tracks bills and their economic impact

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IMPORTANT ADVICE FROM THE OFFICE OF THE SURGEON GENERAL

Here's a tool to improve your health.



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