Trust for America's Health
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December 10, 2012

Katrina Butner, PhD, RD, ACSM, CES
Office of Disease Prevention and Health Promotion
Department of Health and Human Services
1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

RE: Request for comments on the draft Physical Activity Guidelines for Americans Mid-Course Report: Strategies for Increasing Physical Activity Among Youth

Dear Dr. Butner:

On behalf of Trust for America's Health (TFAH), we are pleased to submit comments on the draft *Physical Activity Guidelines for Americans Mid-Course Report: Strategies for Increasing Physical Activity Among Youth*. We support the Physical Activity Guidelines (PAGs) for Americans and are committed to sharing and promoting the guidelines as broadly as possible and to help educate the country about them.

TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. Each year, we and the Robert Wood Johnson Foundation (RWJF) issue *F as in Fat: How Obesity Threatens America's Future* to examine strategies for addressing the obesity crisis. As you know, childhood obesity rates have climbed dramatically in the past 30 years. Moreover, this change is having a major impact on the health of America's youth, and, for the first time in history, this generation is expected to live sicker and die younger than their parents. However, we can give them those years back. Programs around the country are helping to change our culture and encourage healthier nutrition and increased physical activity. The evidence shows that the goal is achievable, but only if there is sufficient investment in effective programs and policies to drive behavior change. We also likewise support the decision to focus specifically on strategies for youth as the primary topic of your report.

However, while your report provides an opportunity to discuss certain aspects of and strategies related to the PAGs, we will continue to advocate to Congress and with others about the need for a more periodic and routine examination and update of the PAGs themselves. Even in just the past few years, the scientific evidence-base and literature surrounding nutrition, physical activity, and the respective links to the obesity epidemic and related co-morbidities has grown significantly and should be used to inform the PAGs so that our resources to promote physical activity are being used as efficiently and effectively as possible.

The draft mid-course report rightfully recognizes that children encounter the availability and lack of physical activity across many different sectors and settings of their daily lives. We likewise commend the subcommittee's efforts in identifying several strategies to increase physical activity among youth in five critical settings – preschools, schools, community, family and

primary care – and offer our comments and suggestions to their key findings and recommendations.

1. **Preschool and Childcare:** Choosing to include children ages 3-5 along with their parents and caregivers in the mid-course report, is an important inclusion as we strongly believe that this subpopulation is an important target for early intervention and the establishment of lifelong healthy behaviors. We also support further work to establish physical activity standards for preschool and child care centers, as well as before and after school, tied to licensing, teacher training, and outcome assessment. This will increase our evidence base and provide further rationale for the importance of these programs.

   Additionally, in our *F as in Fat* report we identify programs using child care Quality Rating and Improvement Systems (QRIS) to increase physical activity and prevent obesity, and we think the subcommittee should explore this intervention. States have begun incorporating nutrition, physical activity, and screen time standards into child care QRIS.[1] QRIS are a voluntary approach to improving the quality of early care and education programs, and are designed to incentivize improvement through voluntary, market driven actions.[2] Many states are making progress in including nutrition, physical activity and screen time standards into QRISs, yet there are challenges including lack of staff training and capacity, increased implementation and monitoring cost, absence of tools and methods to monitor providers' achievements of standards, and stakeholder resistance.[3]

2. **Schools:** TFAH strongly supports the subcommittee's recommendations for enhanced physical education in all schools which will engage students in health-promoting physical activity and teach them the knowledge and skills necessary for a lifetime of physical activity. We also agree that activity breaks should be considered. In our *F as in Fat* report we highlighted these breaks to combat obesity in schools because they are a proven way to increase physical activity among students as well as enhance academic achievement.[4] We also support the included active transportation recommendations, especially Safe Routes to School, and recommend including additional wording on overcoming safety and liability issues since this can be a barrier for implementation. Moreover, we would note that active transportation options have the co-benefit of many other health and non-health outcomes, including cleaner air and less school traffic.

3. **Built Environment and Multiple Sectors:** As with active transportation to schools, we stress that changes to the overall built environment offer the potential to increase activity

[1] Gabor V and Mantinan K. *State Efforts to Address Obesity Prevention in Child Care Quality Rating and Improvement Systems.* Washington, D.C.: Altarum Insistute, 2012.
[2] Ibid.
[3] Ibid
[4] Mahar MT, Murphy SK, Rowe DA, et al. Effects of a classroom-based program on physical activity and on-task behavior. *Medicine and Science in Sport and Exercise*, 38(12): 2086-94, 2006.

for all youth. To do that, however, it will require a wide-scale effort to tackle physical inactivity and obesity. We believe the National Prevention Strategy, in particular the recently-finalized Federal Action Plan, should be fully implemented across all of the participating federal agencies. Nevertheless, as the subcommittee continues to explore strategies to increase physical activity in the built environment, we remind you that they must also consider adding wording concerning safety and liability.

4. **Media campaigns and technology:** We support the subcommittee's recommendation to integrate technology and social media to reach children with key messages. We also agree additional evidence and approaches are needed to understand the potential of active gaming to decrease physical inactivity.

5. **Addressing Key Research Gaps:** The subcommittee is correct to recognize the need of longitudinal assessments and rigorous evaluation of policies and programs related to youth physical activity. We also believe the community, home and family, and primary care providers offer great opportunities to increase physical activity and reduce obesity.

   As we continue to consider effectiveness of strategies and interventions to promote physical activity, the subcommittee should look at success stories from the Centers for Disease Control and Prevention (CDC) Community Transformation Grant program (CTGs), which include a performance measure for all funded nutrition and physical activity programs to reduce the rate of obesity among their target populations by 5 percent. The grants require communities to use evidence-based approaches and include an evaluation to ensure they meet measurable, achievable outcomes.

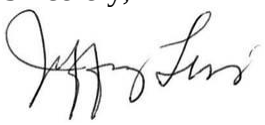
   The family and home play a preeminent role in establishing lifelong healthy habits, including regular physical activity, in children to prevent obesity. However, it is important to note that the built environment, crime, education, health care access, and unemployment are often more important in determining whether families have time or the inclination to exercise together. We must acknowledge and help address these issues within the context of our work to achieve the PGAs.

   The subcommittee concludes there is insufficient evidence that strategies implemented in primary care settings increase physical activity among youth. Under the Affordable Care Act, starting in 2014, public and private insurers will be required to cover preventive services recommended by the U.S. Preventive Services Task Force. Yet as recognized under one of the strategic directions of the National Prevention Strategy, we know much more can and should be done to link clinical and community preventive services and settings. This will require that we not only do a better job of public education and outreach regarding the availability of services, but also ensuring that our health care financing system is prepared to incentivize appropriate uptake of preventive services and other strategies to promote healthier choices regarding physical activity.

In the complete revision of the PGAs by 2018, sedentary behavior is an example of an area of research that must also be incorporated into the guidelines. Differences among those who are obese and active versus those who are lean and inactive have and will continue to offer additional insight to sedentary behaviors and the related health consequences.

We congratulate the Office of Disease Prevention and Health Promotion, the President's Council on Fitness, Sports, & Nutrition, and the subcommittee for an excellent mid-course report on the Physical Activity Guidelines for Americans. We look forward to supporting your efforts when the report is released. If you have questions or wish to receive a detailed briefing on the *F as in Fat* report, please contact Jack Rayburn, Government Relations Representative, by phone at (202) 223-9870 ext. 28, or via email at jrayburn@tfah.org. The full report and related information is also available on our website at http://www.healthyamericans.org/report/100/. Thank you in advance for considering our views.

Sincerely,



Jeffrey Levi, PhD
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