

**To Promote Public Health Through Physical Activity  
Adopted 11/96**

Whereas, recognizing physical activity reduces the risk of morbidity and premature mortality including heart disease, diabetes, high blood pressure, colon cancer; improves mood and reduces feelings of depression and anxiety; helps control weight; helps build and maintain healthy bones, muscles and joints; improves strength in older adults thereby reducing the incidence of falls; improves stamina, muscle strength and quality of life in people with chronic, disabling conditions and reduces their joint pain and swelling; (1) and,

Recognizing that the National Institutes of Health and the American Heart Association have identified physical inactivity as one of four major risk factors for cardiovascular disease, the nation's leading cause of mortality (2,3); and

Knowing that more than 60% of adults do not achieve the recommended amount of regular physical activity and 25% of all adults are not active at all, falling short of Healthy People 2000 Objectives for physical activity (1,4); and

Knowing the nearly 50% of young people ages 12-21 are not vigorously active on a regular basis and only 19% of all high school students are physically active 20 minutes or more in physical education classes every day during the school week; and that high school enrollment in daily physical education classes dropped from 42% in 1991 to 25% in 1995 (1); and

Knowing that the American College of Sports Medicine, American Heart Association, American Medical Association and other health organizations have promulgated recommendations for physical activity since 1965 (1); and

Recognizing that the U.S. Preventive Services Task Force recommends health care providers counsel all patients on the importance of incorporating physical activities into their daily routines (5); and

Knowing that well-designed physical education classes in schools, programs in worksites, and counseling by health care professionals have been found effective in promoting Americans to become physically active (1); and

Knowing that people who are inactive can improve their health and well-being by becoming moderately active on a regular basis, and greater health benefits can be achieved by increasing the amount, duration, frequency, or intensity of physical activity (1); and

Recognizing that people with disabilities can participate in appropriate physical activity to reduce the risk of disabling conditions (1),

**THEREFORE BE IT RESOLVED: That SOPHE**

1. Urge schools to adopt comprehensive school health education programs, including regular physical education classes taught by qualified personnel and stressing the benefits and value of physical activity in health, family living and other appropriate classes. Such classes should also include parent education about the benefits of physical activity for youth and adults.
2. Urge administrators of elementary and secondary schools and higher education to promote policies and provide funding for programs that would provide teens and youth supervised access to facilities and equipment during non-school hours for competitive as well as non-competitive sports.
3. Urge employers to provide supportive worksite environments, policies and incentives for employees to incorporate moderate physical activity into their daily lives.
4. Urge national, state and local government officials, organizations and agencies to adopt policies, fund programs and create partnerships with other public/private groups to promote physical activity. Such programs should address environmental inducements for physical activity such as establishing and maintaining safe walking and bicycling paths, parks

and green spaces, swimming facilities, sidewalks with curbs, open schools for community recreation, fun runs/walks, par courses at interstate roadside rest stops, neighborhood watch programs to assure safety, and access to malls or other indoor locations for walking during inclement weather.

5. Urge senior centers, lifecare facilities and other community-based settings serving older adults to provide regular, structured physical activity programs taught by qualified personnel as part of their programs to promote a healthful lifestyle.
6. Urge health care professionals to incorporate counseling about physical activity as an essential component of all primary, secondary or tertiary health interventions with patients and the public, including the relationship of physical activity to other aspects of a healthful lifestyle such as diet.
7. Urge managed care organizations and health insurance carriers to offer financial incentives to plan participants who participate in a documented program of regular physical activity.
8. Urge Congress to appropriate federal funds to support federal and state programs such as the Behavioral Risk Factor Surveillance System to help monitor trends in physical activity, to implement the recommendations of the Surgeon General's Report on Physical Activity and Health, and to achieve the goals of Healthy People 2000.
9. Urge the National Institutes of Health, Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention (CDC) to fund research and programs to improve scientific understanding of the physical, environmental and behavioral dimensions of physical activity, and to disseminate the findings to professionals and the public.
10. Urge the CDC and the President's Council on Physical Fitness and Sports to conduct a nationwide campaign encouraging adults and youth to become more physically active.
11. Urge print and electronic media to regularly report on new research, programs, policies, tips, inspirational people or other news about moderate physical activity as part of an enjoyable and healthful lifestyle.

## **References**

1. U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.
2. National Institutes of Health. *Consensus Development Conference Statement on Physical Activity and Cardiovascular Health*, December 20, 1995, Bethesda, MD.
3. American Heart Association. *Statement on Exercise: Benefits and Recommendations for Physical Activity Programs for All Americans: A Statement for Health Professionals by the Committee on Exercise and Cardiac Rehabilitation of the Council on Clinical Cardiology*, American Heart Association. *Circulation*, 1992;86:340-344.
4. U.S. Department of Health and Human Services. *Healthy People 2000: Midcourse Review and 1995 Revisions*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, 1995.
5. U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2nd ed. Baltimore: Williams and Wilkins, 1996.

## National SOPHE Action Steps

Resolved that the following steps be taken by National SOPHE to implement this resolution:

1. Send resolution to all National SOPHE members, along with order information to receive the Surgeon General's Report on Physical Activity and Health and collateral materials.
2. Send resolution to all 17 SOPHE chapters for publication and promotion, along with a copy of the *Morbidity and Mortality Weekly Report* providing state specific data on physical activity. Urge chapter leaders to contact state physical activity coordinators working with CDC and/or the National Coalition to Promote Physical Activity:
3. Send letter and resolution to the following organizations:
  - National School Boards Association
  - National School Health Education Coalition
  - National Elementary Schools Association
  - National Association of Secondary Schools
  - American Schools Health Association
  - American College Health Association
  - Association of State and Territorial Directors of Health Promotion and Public Health Education
  - Association of State and Territorial Health Officials/state public health depts.
  - American Public Health Association
  - American Association for Health Education
  - International Union for Health Promotion and Education
  - National Coalition to Promote Physical Activity
  - Health Insurance Association of America
  - Association for Worksite Health Promotion
  - American Medical Association
  - American Nurses Association
  - American Association of Retired Persons
  - American Disability and Wellness Association
  - Other relevant groups
4. Seek funding to support SOPHE member continuing education opportunities on the Surgeon General's Report and to publish and disseminate SOPHE's "10 Tips to Change for Health and Fitness."
5. Sponsor some form of physical activity such as aerobics, walking or sports daily at all SOPHE Midyear and Annual Meetings.
6. Send letter and resolution to appropriate Congressional representatives. Work with Advocacy Committee to lobby Congress for 1998 appropriations for relevant government agencies/programs related to implementation of the Surgeon General's recommendations.

**Estimated Financial Impact:** \$1,500 (copying, postage, fitness activities at SOPHE 1997 meetings)

October 18, 1996

TO: Physical Activity Subcommittee  
Resolutions Committee

FROM: Lucy Forgione  
Elaine Auld

RE: **Draft SOPHE Resolution on Physical Activity**

Enclosed for your review and comment is a draft SOPHE resolution on physical activity and health. We have followed the standard SOPHE format for resolutions, although it is longer than the recommended 200 words. Nonetheless, we believe all the information contained herein is important and provides a firm foundation for future SOPHE action.

Please fax any comments on the resolution to Elaine Auld (202/408-9815) no later than **October 28**. Those providing comments will be listed among the resolution's sponsors.

After incorporating your revisions, the draft resolution will be forwarded to the entire SOPHE Board of Trustees and House of Delegates so that they have ample time to review it prior to our meeting on November 15.

Thank you in advance for your prompt attention and input.