

**Health Priority: Overweight, Obesity and Lack of Physical Activity
Objective 2: Physical Activity for Children and Adolescents (Template)**

Long-term (2010) Subcommittee Outcome Objective:

Between 2001 and 2010, increase the proportion of Wisconsin adolescents who report they engaged in at least 30 minutes of moderate physical activity, on five or more of the previous seven days, from 27 percent to 37 percent.

Long-term outcome objective updated as of: Sept 2004

| Wisconsin Baseline | Wisconsin Sources and Year |
|---|--|
| 27 % of student in grades 9 through 12 engaged in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. | Wisconsin Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention. 2001. |

| Federal/National Baseline | Federal/National Sources and Year |
|---|--|
| 27 % of student in grades 9 through 12 engaged in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. | Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention. 1999. |

| Related USDHHS Healthy People 2010 Objectives | | | |
|--|--|-------------------------|---|
| Chapter | Goal | Objective Number | Objective Statement |
| 22 - Physical activity and fitness | Improve health, fitness, and quality of life through daily physical activity | 22-6 | Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days |

| Definitions | |
|------------------------------|--|
| Term | Definition |
| Inclusive curricula/policies | To give equal opportunity and encouragement to all students regardless of their athletic ability or motor skills. Success is not measured by comparisons with other children, but by the individual child's own progress. |
| Diversity competence | Programs and services that are designed with the acknowledgment of diverse cultural beliefs, attitudes, behaviors, and group distinctiveness that require special, targeted strategies to enhance effectiveness. Diverse populations that may benefit from specialized approaches to overweight, obesity, and physical activity include rural/urban, racial/ethnic, age, gender, and disability status groups. |

| Definitions | |
|--------------------------------|--|
| Term | Definition |
| Motivational interviewing | A counseling technique that promotes active decision-making and personal responsibility for change. It is based on an assessment of readiness to change by determining importance of the change to the person and confidence in his/her ability to change. Motivational interviewing is a patient-centered, structured discussion about behavior change (Tziraki, 1994). |
| Certified fitness professional | This certification is through a nationally recognized organization such as the American College of Sports Medicine, American Council on Exercise, National Academy of Sports Medicine, and/or the National Strength and Conditioning Association. |

Rationale:

- Just 25 percent of adolescents in Wisconsin meet minimum physical activity recommendations (Centers for Disease Control and Prevention, 2000).
- Regular participation in physical activity during childhood and adolescence helps build and maintain healthy bones, muscles, and joints; helps control weight and reduce fat; prevents or delays the development of high blood pressure; reduces feelings of depression and anxiety (U.S. Department of Health and Human Services, 2000).
- Regular moderate physical activity reduces the risk of heart disease, diabetes, and high blood pressure and may also protect against lower back pain and some forms of cancer (U.S. Department of Health and Human Services, 2000).
- Participation in all types of physical activity declines strikingly as age or grade in school increases (U.S. Department of Health and Human Services, 1996).
- Daily attendance in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995 (U.S. Department of Health and Human Services, 1996).
- People with disabilities are less likely to engage in regular moderate physical activity than people without disabilities, yet they have similar needs to promote their health and prevent unnecessary disease (U.S. Department of Health and Human Services, 1996).
- Nationally, the percentage of young people who are overweight has doubled since 1980 (U.S. Department of Health and Human Services, 2000).
- Prevalence of type 2 diabetes, which is linked to excess body weight, is a new public health problem in children and adolescents (U.S. Department of Health and Human Services, 2000; U.S. Department of Health and Human Services, 2000). [Note: All students should be active for most of the class period and sedentary activity will be reduced.]
- The standard of daily physical education is a nationally established goal. (U.S. Department of Health and Human Services, 2000; U.S. Department of Health and Human Services, 1996).

Outcomes:

School-Based

Short-term Outcome Objective (2002-2004)

- Increase the percentage of schools with policies that promote physical activity. (To include policies such as inclusive curriculum, daily physical education, physical education time spent doing moderate physical activity, certified physical education teachers)

Medium-term Outcome Objectives (2005-2007)

- Increase the percentage of physical education teachers who use an inclusive curriculum
- Increase the percentage of schools with daily physical education.
- Increase the percentage of time in physical education that is spent doing moderate physical activity.
- Continue state certification of physical education teachers.
- Increase the percentage of schools that promote biking or walking to school. [Note: This is beneficial whether a one-time campaign or an ongoing effort.]

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Funding for hiring staff to support statewide coalition.
- Staff time from partner agencies to provide local and statewide leadership.
- Leadership/collaboration/partnerships to develop and implement trainings, educational campaign(s), and grassroots organizing. Recommended partners include: Division of Public Health and Department of Public Instruction.
- School staff time to attend trainings and/or meetings.
- Student and staff time to conduct and participate in focus groups.
- Time in the school day for more physical education and time during physical education for more physical activity.
- Funding for focus groups, training(s), and educational campaigns.
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Participation/Reach

- Parents and children
- Parent Teacher Organizations
- Wisconsin Intercollegiate Athletic Association
- Department of Public Instruction
- Department of Health and Family Services
- Division of Public Health
- Governor’s Council on Physical Fitness and Health
- Physical education teachers
- School administration
- Wisconsin Association of Health, Physical Education, Recreation and Dance
- Local health departments
- Tribes
- American College of Sports Medicine
- American Council on Exercise

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Form statewide coalition to provide leadership related to physical activity in children and adolescents.
- Conduct focus groups with children and adolescents regarding interests in, opportunities for and barriers to physical activity.
- Key informant interviews with administrators and physical education teachers about the opportunities for and barriers to increasing physical activity in the school setting.
- Training for physical education teachers and coaches on inclusive curriculum.
- Educational campaigns and/or meetings with school administrators, legislators, teachers, and community members to advocate for and inform regarding school policies that promote physical activity. Content should reflect diversity competence in school policies and training.
- Grassroots community advocacy for policy change which includes: parents; Parent-Teacher Associations; Parent-Teacher Organizations; school representatives; and physical education teachers.

Environmental

Short-term Outcome Objectives (2002-2004)

- Increase the percentage of schools with facilities that encourage/promote walking and/or biking to school (bike racks, sidewalks, and trails).
- Increase the percentage of public facilities (e.g., schools, churches, malls, hotels, other community centers) available for physical activity, including extended hours and all seasons.
- Increase the percentage of walking/biking areas, parks, and playground areas that are safe from crime and injury.
- Increase the percentage of physical activity facilities that are available free of charge or at low cost.

Medium-term Outcome Objective (2005-2007)

- Increase the percentage of communities with safe and accessible physical activity facilities.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Funding for hiring staff to support statewide coalition.
- Volunteer time, including key leadership, in participating communities.
- Funding or other resources to support free/low-cost membership or participation.
- Law enforcement participation.
- Funding for facilities improvement to prevent injury and improve safety.

Participation/Reach

- Families and parents from target populations
- Youth organizations/groups
- Neighborhood associations
- Community leaders and businesses
- Department of Transportation
- City planners
- School administration
- Faith-based communities
- University of Wisconsin Extension

- Local health departments
- Tribes
- Department of Health and Family Services
- Division of Public Health
- Young Men's Christian Association
- Athletic clubs
- Parks and recreation departments
- Department of Natural Resources
- American College of Sports Medicine; American Council on Exercise
- Wisconsin Association of Health, Physical Education, Recreation and Dance

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Conduct focus groups with children and adolescents regarding environmental barriers and potential solutions related to physical activity.
- Local coalitions made up of the target population(s) will do grassroots advocacy for policy and environmental change.
- Local community health advocates will seek funding for facility development and/or improvement.
- Increase Neighborhood Watch and policing activity.
- Assure diversity competence in policies and programs at participating sites.

Health Care System (Simon-Morton, 2001)

Short-term Outcome Objectives (2002-2004)

- Increase health care provider knowledge, awareness and skills for motivational interviewing.
- Increase health care providers' knowledge of physical activity facilities and certified fitness professionals in the community.
- Increase the percentage of health care institutions with formalized referral linkages to certified fitness professionals.
- Increase insurance coverage of counseling regarding physical activity.

Medium-term Outcome Objective (2005-2007)

- Increase the percentage of health care system policies that promote physical activity.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Time to develop and implement training.
- Health care provider time to attend training.
- Health care institutions' capacity to offer services – funding to hire staff or establishment of contracts for services.
- Staff and volunteer time of statewide coalition leadership to organize advocacy efforts regarding insurance coverage.

Participation/Reach

- Healthcare providers

- Health professional organizations
- Department of Health and Family Services
- Division of Public Health
- Department of Regulation and Licensing
- Insurance companies
- Local health departments
- Tribes
- Governor's Council on Physical Fitness and Health
- American Heart Association
- American Lung Association
- American Diabetes Association
- American Cancer Society
- University of Wisconsin
- Institutions of higher education
- Medical schools
- Employers
- American College of Sports Medicine
- American Council on Exercise
- State Medical Society.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Training for health care providers on motivational interviewing.
- Integration of information on the health benefits of physical activity and skills in motivational interviewing into the curriculum for health care professionals.
- Dissemination of information regarding physical activity facilities and programs to health care providers.
- Advocacy and policy development for insurance coverage.
- Health care institutions have identified referral sources for physical activity counseling, either through hiring of staff or establishment of formal referral linkages.

Sedentary Lifestyle

Short-term Outcome Objectives (2002-2004)

- Decrease the percentage of time spent watching TV, using computers, and other media.
- Increase the number of trips made by biking or walking.
- Increase the percentage of families that are physically active together.
- Increase proportion of existing youth programs (e.g., Scouts, 4-H) that incorporate physical activity into their programming.

Medium-term Outcome Objective (2005-2007)

- Decrease the percentage of children and adolescents with a sedentary lifestyle.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Funding for promotional campaigns.
- Local volunteers for special events.

- Time and commitment from role models.
- Participation of existing youth programs.

Participation/Reach

- Parents and children
- Community leaders
- Marketing specialists
- Media
- Governor's Council on Physical Fitness and Health
- American Heart Association
- American Lung Association
- American Diabetes Association
- American Cancer Society
- Young Men's Christian Association
- Service organizations
- Parks and recreational departments
- Department of Natural Resources
- Scouts/clubs
- University of Wisconsin Extension
- American College of Sports Medicine
- American Council on Exercise
- Faith-based communities
- Family resource centers
- Local health departments
- Tribes
- Department of Health and Family Services
- Division of Public Health
- Institutions of Higher education
- Wisconsin Association of Health, Physical Education, Recreation and Dance

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Conduct focus groups with children and adolescents regarding options for limiting sedentary activity and increasing physical activity.
- Conduct promotional campaigns that:
 - Promote special events such as TV-Turnoff Week (TV-Turnoff website); Walk to School events (Centers for Disease Control and Prevention); local walks/runs.
 - Recognize physically active role models.
 - Promote families being active together.
 - Assure diversity competence.

Program-Based

Short-term Outcome Objectives (2002-2004)

- Increase the percentage of organizers/coaches of youth sports and physical activity programs who are aware of the importance of inclusive policies.
- Increase the percentage of children and parents who are aware of physical activity programs and how to access them.
- Increase the percentage of parents' and children's knowledge of the benefits of physical activity.
- Increase the percentage of children with a positive attitude regarding physical activity.

Medium-term Outcome Objectives (2005-2007)

- Increase the percentage of children who participate in youth sports and physical activity programs.
- Increase the percentage of families who are physically active together.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time to organize media campaign and promotional efforts and conduct training.
- Funding for promotional/media activities, training.
- Time investment from program organizers and coaches to attend training.

Participation/Reach

- Youth sports organizations
- Parents and children
- Media
- Marketing specialists
- Governor's Council on Physical Fitness and Health
- American Heart Association
- American Lung Association
- American Diabetes Association
- American Cancer Society
- Young Men's Christian Association
- Parks and recreation departments
- Department of Natural Resources
- Scouts/clubs
- University of Wisconsin Extension
- Institutions of Higher Education
- American College of Sports Medicine
- American Council on Exercise
- Wisconsin Association of Health, Physical Education, Recreation and Dance

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Conduct focus groups with children, adolescents, and parents regarding interest in and barriers to participation in youth sports and activity programs.
- Promote activity programs such as Badger State Games and local sports teams (e.g., soccer, tennis, softball).

- Conduct a media campaign regarding joining activities, benefits of physical activity, and attitudes towards physical activity.
- Provide training and/or information for program organizers/coaches on inclusive sports.
- Assure diversity competence within the programs.

Evaluation and Measurement of Long-Term Objective

Adolescent data for this objective is currently measured by the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System. 1999 baseline data will be compared to the most recent data available in 2010 to measure success toward this objective.

There is currently no state-specific data on physical activity in children younger than high-school age. A system is needed to gather and track this information, either through development of a survey or by adding questions to existing surveys.

School-Based

- School Health Education Profile (SHEP) currently tracks practices and policies related to physical activity in schools.
- In addition, a survey instrument will be developed and sent to schools to assess progress on all other short-term and medium-term outcomes.

Environmental

Work with community-based coalitions and/or local public health agencies to administer a formal or informal survey assessing the community environment to include:

- Public facilities available for physical activity; hours, days of availability, indoor/outdoor facilities; seasonality.
- Safety of existing facilities from crime and injury.
- Safety of existing and planned neighborhoods from crime and injury.
- Inclusion of walking and biking paths and sidewalks in existing and planned neighborhoods.
- Physical activity facilities available free or low-cost.

Note: Tools currently available include Walkability Checklist from the U.S. Department of Transportation, www.nhtsa.dot.gov (U.S. Department of Transportation, 1997)

Health Care System

- *To assess third party payer coverage:* Develop and implement a survey of third party payers to measure coverage of physical activity counseling services.
- *To assess health care institutions' services:* Develop and implement a survey of health care institutions to measure availability of physical-activity professionals who are either on staff or through formal referral linkages.
- *To assess individual health care providers' skills and practices:* Recommend Bureau of Health Information survey of licensed health care providers include questions to measure
 - Knowledge, awareness, and skills in motivational interviewing.
 - Counseling and referral practices.

- *To assess individual health care provider knowledge of local physical activity resources:* Work with community-based coalitions and/or local public health agencies to administer a formal or informal survey assessing the community environment to include knowledge of local physical activity facilities and professionals.

Sedentary Lifestyle

- Data on sedentary lifestyle for adolescents is currently gathered on the Youth Risk Behavior Survey.
- The other outcomes listed here will be recommended for inclusion in this survey instrument and the Family Health Survey.

Program-Based

- Work with community-based coalitions and/or local public health agencies to administer a formal or informal survey assessing the community environment recommended to include:
 - Awareness of programs.
 - Knowledge of benefits of physical activity.
 - Attitude toward physical activity.
- Develop and implement a survey of major youth sports organizations to measure number of participants.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Intentional and unintentional injuries and violence: Physical activity areas/facilities that are free safe from injury.

Social and economic factors that influence health: Physical activity facilities that are available free of charge or at low cost.

Coordination of state and local public health system partnerships: Statewide coalition of all key players and statewide coordination/networking of local initiatives.

Sufficient, competent workforce: Build local capacity for grassroots advocacy for policy change. Enhance health care provider knowledge and skills regarding physical activity counseling and referral. Increase availability and systems linkages to physical activity professionals from health care system. Increase cultural competency and/or diversity of workforce.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems. The recommended local survey will allow for monitoring of physical activity facilities in local communities.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community. Plans include identification of physical activity sites that are safe/unsafe.

Educate the public about current and emerging health issues. The promotional campaign described targets children and families with education about physical activity. In addition,

training(s)/education is planned for physical education teachers and coaches, school administrators and teachers, and health care professionals.

- Educational campaigns and/or meetings with school administrators, legislators, teachers, and community members to advocate for and inform regarding school policies that promote physical activity.
- Conduct a media campaign regarding joining activities, benefits of physical activity and attitudes towards physical activity.

Promote community partnerships to identify and solve health problems. Critical to this objective is the formation of community partnerships in the form of child/family physical activity promotion coalitions at both the state and local level.

Create policies and plans that support individual and community health efforts. School policies that promote physical activity are recommended, as are policies for insurance coverage of physical activity services, health care system policies that promote physical activity and youth sports program policies on inclusiveness.

Link people to needed health services. Health care institutions formalizing referrals to certified fitness professionals will enhance the public's access to such services.

Assure a diverse, adequate, and competent workforce to support the public health system. Objectives related to training for health care providers on motivational interviewing and local community resources will enhance their capacity on this arena.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services. The outcome objectives include a thorough evaluation of their impact.

Assure access to primary health care for all: Assurance of access to free or low cost physical activity facilities is included in the objective.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and Promote Health for all: These recommendations are designed to promote the health of all children and adolescents in Wisconsin by increasing their physical activity level.

Eliminate Health Disparities: The importance of diversity competence is underscored in the community based promotional campaigns encouraging children and families to be physically active.

Transform the Public Health System. Through creating a coordinated statewide effort to address this health problem.

Key Interventions and/or Strategies Planned:

The strategies that will be used to increase physical activity among children and adolescents fall into 5 categories: schools, environmental, health care system, sedentary lifestyle, and program based. Strategies include gathering assessment data from children, adolescents, parents, school administrators, and parents regarding interests in, opportunities for, and barriers to, physical

activity. Strategies also include professional development for physical education teachers and coaches on using inclusive curricula; training for health care providers on motivational interviewing; integration of information on the health benefits of physical activity; and building skills in motivational interviewing into the curriculum for health care professionals.

Strategies also include the formation of local coalitions made up of the target population(s) to do grassroots advocacy for policy and environmental change. Also, local community health advocates will seek funding for facility development and/or improvement and educational campaigns will promote physical activity and reduce sedentary behavior (e.g., like watching TV).

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