

Health Priority: Overweight, Obesity and Lack of Physical Activity

Objective 3: Physical Activity for Adults (Template)

Long-term (2010) Subcommittee Outcome Objective:

Between 2000 and 2010, increase the proportion of Wisconsin adults who reported they engaged in any physical activities during the past month from 78 percent to 88 percent.

Long-term outcome objective updated as of: Sept 2004

| Wisconsin Baseline | Wisconsin Sources and Year |
|---|--|
| 22% of Wisconsin adults reported they engaged in no physical activities in the last month; 78% reported they had. | 2000 Wisconsin Behavioral Risk Factor Survey |
| 77% of Wisconsin adults are at risk for health problems associated with lack of physical activity. | 2000 Wisconsin Behavioral Risk Factor Survey |
| 8% of Wisconsin adults reported physical limitations in walking one block. | 2000 Wisconsin Family Health Survey |
| 12% of Wisconsin adults reported physical limitations in climbing a few flights of stairs. | 2000 Wisconsin Family Health Survey |
| 12% of Wisconsin adults reported physical limitations in bending, lifting, or stooping. | 2000 Wisconsin Family Health Survey |
| 21% of Wisconsin adults reported physical limitations in doing vigorous exercise. | 2000 Wisconsin Family Health Survey |

| Federal/National Baseline | Federal/National Sources and Year |
|---|--|
| 15 % of adults aged 18 years and older engaged in moderate physical activity for at least 30 minutes 5 or more days per week. | National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics, 1997 (age adjusted to the year 2000 standard population). |

| 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. | 22-2 | Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. |

| Definitions | |
|--------------------------------|--|
| Term | Definition |
| Diversity Competence | Refers to 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. |
| 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 American College of Sports Medicine, American Council on Exercise, National Academy of Sports Medicine, and National Strength and Conditioning Association. |

Rationale:

- In Wisconsin, 79.8 percent of adults are at risk for health problems due to lack of physical activity (Centers for Disease Control and Prevention, 1998).
- 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).
- Regular moderate physical activity also helps maintain functional independence of older adults and enhances quality of life for people of all ages (U.S. Department of Health and Human Services, 2000).
- More than 60 percent of U.S. adults do not engage in the recommended amount of activity (U.S. Department of Health and Human Services, 1996).
- The loss of strength and stamina attributed to aging is in part caused by reduced physical activity (U.S. Department of Health and Human Services, 1996).
- Physical inactivity is more common among: women than men; African American and Hispanic adults than white; older than younger adults; less affluent than more affluent people (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).
- Prevalence of overweight and obesity is rising dramatically. The obesity rate among Wisconsin adults was 11 percent in 1990 and has risen to 20 percent in 2000. Physical activity can help people to achieve and maintain a healthy weight (Centers for Disease Control and Prevention, 1998).
- A sedentary Wisconsin workforce will lead to compromised worker productivity due to increased risk for health problems (Colditz, 1999; National Institutes of Health; Pratt and Macera, 2000).

- The growing number of adults with the associated health problems listed above will lead to increased health care costs both in private insurance and state-supported health care (U.S. Department of Health and Human Services, 1996; Colditz, 1999).

Worksite and Senior Site Based

Short-term Outcome Objectives (2002-2004)

- Increase the proportion of worksites with physical environments that promote physical activity (e.g., amenities like bike racks, showers, marked/measured walking paths).
- Increase the proportion of worksites with policies that promote physical activity. For example:
 - Flexible work schedules
 - Financial benefits or discounts (directly or through insurance) for participation in physical activity.
- Increase the proportion of worksites with on-site and/or employer-sponsored physical activity programs (e.g., bike/walk to work events, classes).
- Increase the percentage of senior sites/centers that have opportunities for physical activity (e.g., organized walks, exercise classes).

Medium-term Outcome Objective (2005-2007)

- Increase the proportion of worksites and senior sites that promote physical activity (U.S. Department of Health and Human Services, 1996).

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

- Staff time from partner agencies to form and operate a local task force.
- Funding for task force to conduct outreach and education to worksites and to promote physical activity among Wisconsin’s workforce.
- Employer support of worksite wellness program through staff time and/or funding.

Participation/Reach

- Wisconsin adults
- Business associations
- Unions
- State and local governments
- Tribes
- City councils
- Insurance companies
- Media and marketing representatives
- Health professional organizations
- Wisconsin affiliates of the American Heart Association, American Cancer Society, and American Diabetes Association
- Senior centers
- Community leaders
- Occupational health nurses
- Physical activity professionals
- Wisconsin Association of Health, Physical Education, Recreation, and Dance (WAHPERD)

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

- Form local task force/coalition or similar entity.
- Conduct outreach and education to worksites about the benefits of promoting and supporting employee physical activity:
 - Cost-effectiveness
 - Best practices models from worksites with existing activities.
- Conduct media campaign to promote physical activity among working adults and older adults who are not working.
- Establish worksite wellness programs:
 - Based on input from employee surveys
 - Content should reflect diversity competence.

Environmental (Koplan and Dietz, 1999)

Short-term Outcome Objective (2002-2004)

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

Medium-term Outcome Objectives (2005-2007)

- 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 sidewalks that are safe from crime and injury.
- Increase the percentage of physical activity facilities that are available free of charge or at low cost.

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

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

Participation/Reach

- Adults and families from target populations
- Neighborhood associations
- Community leaders and businesses
- Department of Transportation
- City and county planners
- School administrations
- Faith communities
- Occupational health nurses
- University of Wisconsin Extension
- Institutions of higher education
- Local health departments
- Tribes
- Department of Health and Family Services, Division of Public Health
- YMCA
- Athletic clubs, parks, and recreation departments
- Department of Natural Resources

- American College of Sports Medicine
- American Council on Exercise
- Other health professional organizations
- Wisconsin Association of Health, Physical Education, Recreation and Dance (WAHPERD)

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

- Local task forces/coalitions (or similar entities) made up of the target population(s) will do grassroots advocacy for policy and environmental change.
- Conduct focus groups with adults.
- 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.)*

- Staff 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
- Wisconsin affiliates of the American Heart Association, American Lung Association, American Diabetes Association, and the American Cancer Society

- University of Wisconsin
- Institutions of higher education
- Medical schools
- American College of Sports Medicine
- American Council on Exercise
- State Medical Society
- Wisconsin's Chronic Disease Prevention and Health Promotion Cardiovascular Disease Grant
- Wisconsin Association of Health, Physical Education, Recreation and Dance (WAHPERD)

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.

Medium-term Outcome Objective (2005-2007)

- Decrease the proportion of adults with no leisure time physical activity.

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

- Focus groups with the target population to assess opportunities and barriers to physical activity.
- Funding for promotional campaigns, local taskforces, and focus groups.
- Time to attend focus groups.
- Local volunteers for special events.
- Form local task force/coalition or similar entity.

Participation/Reach

- Adults and family members
- Community leaders
- Marketing specialists and media
- Governor's Council on Physical Fitness and Health
- Wisconsin Affiliates of the American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society
- Health professional organizations

- YMCA and other service organizations
- 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
- Faith communities
- Family resource centers
- Local health departments
- Tribes
- Department of Health and Family Services, Division of Public Health

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 adult member of the target population.
- Conduct promotional campaigns that:
 - Promote special events (e.g., No TV Week, Bike to Work Week, local walks/runs).
 - Encourage routine, moderate physical activity.
 - Promote families being active together.
 - Reflect diversity competence.

Evaluation and Measurement

This objective is currently measured by the Behavior Risk Factor Survey. Baseline (1998) data will be compared to the most recent data available in 2010 to measure success toward this objective.

Work Site and Senior Site Based

- The Behavior Risk Factor Survey currently measures no leisure time physical activity among adults.
- In addition, a survey instrument will be developed and sent to worksites and senior sites to assess progress on all other short-term and medium-term outcomes.

Environmental

Work with community-based task forces 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, their hours, days of availability, indoor/outdoor (seasonality).
- Safety of existing facilities from crime and injury.
- Safety of existing and planned neighborhoods from crime and injury.
- Physical activity facilities available free or low-cost.

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

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 (on staff or by formal referral linkage).
- *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 task forces 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 is already gathered on the Behavioral Risk Factor Surveillance System. The other outcomes listed here will be recommended for inclusion in this survey instrument and/the Family Health Survey.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Intentional and Unintentional Injuries and Violence: Physical activity areas/facilities that are free and 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 task force 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: Evaluation measures for this objective include ongoing monitoring of physical activity status.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: This objective includes investigation of the baseline for areas including accessibility to physical activity facilities, current programs/policies in the community, and community "walkability." Focus groups are recommended to investigate issues regarding sedentary lifestyle.

Educate the public about current and emerging health issues: The general public is targeted for an educational/promotional campaign on physical activity. In addition, specific training/education is recommended for worksites and health care providers.

Promote community partnerships to identify and solve health problems: Much of this objective relies on the formation of local task forces/coalitions, which represent a wide variety of community partners.

Create policies and plans that support individual and community health efforts: Key outcomes include worksite and health care system policies that promote physical activity and the development of insurance policies that cover physical activity services.

Link people to needed health services: The health care system objectives include forming linkages to certified fitness professionals that will enhance public access to such services.

Assure a diverse, adequate, and competent workforce to support the public health system: The training of health care providers on motivational interviewing and awareness of local resources will assure their competence to provide services in the area.

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: Worksite/senior center-based services greatly enhance accessibility as does access to community based facilities (e.g., schools). In addition, the environmental outcomes described rest on increasing accessibility to physical activity facilities.

Connection to the Three Overarching Goals to Healthiest Wisconsin 2010

Protect and promote health for all: The enhancement of community capacity and individual motivation for physical activity promote the health of the entire population.

Eliminate health disparities: Throughout this objective, there is an emphasis on accessibility, particularly on the basis of cost. In addition, the local and state promotional campaigns that are described are intended to reflect diversity competence in regard to the target populations.

Transform Wisconsin's public health system: Through creating a coordinated statewide effort to address this health problem.

Key Interventions and/or Strategies Planned:

The key interventions and strategies that will be used to promote physical activity for adults fall into 4 categories: worksite and senior site; environmental; health care system; and sedentary lifestyle. Strategies include forming local coalitions to conduct outreach and education to promote physical activity among adults and to seek funding for these activities. Increasing employer support of worksite wellness and increasing the number of worksites that actively promote physical activity is a key outcome. Additionally, communities need to have safe and accessible facilities for adults to be physically active. Such facility changes may include public access to schools, churches, malls, hotel and community centers, paths for walking and biking, and sidewalks that are safe from crime and injury.

The health care system also plays an integral part of promoting physical activity among adults by increasing the knowledge, awareness, and skills of health care providers in counseling patients to be more physically active. Health care providers need to be aware of the physical activity facilities and certified fitness professionals in the community and have formalized referral linkages and seek insurance coverage for counseling regarding physical activity.

Another aspect of increasing physical activity among adults is to decrease time spent engaged in sedentary activities such as watching TV, using computers, and other media. Encouraging families to be physically active together is another key strategy to promoting physical activity. These strategies will decrease the proportion of adults with no leisure time physical activity.

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