

ACTIVE TEXAS 2020

Taking Action to Promote Physical Activity



© DIRECTORS FOR HEALTH PROMOTION AND EDUCATION, Hallie P. Duke, PhD (WFH)

12/31/2009

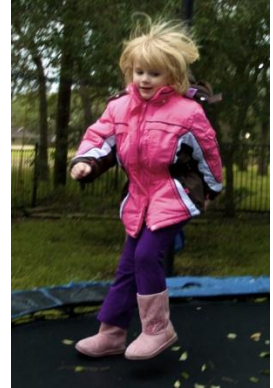
TABLE OF CONTENTS

Acknowledgements	iv
Executive Summary	1
<i>U.S. Guidelines for Physical Activity</i>	5
Document Navigation: Finding What You Are Looking For in Active Texas 2020	7
Strategies for Local Leaders in Texas	7
Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	9
Why a Physical Activity Plan for Texas?	10
SHARED PRIORITY FOR ACTION TO INCREASE HEALTH THROUGH PHYSICAL ACTIVITY	11
Eight Principles Guiding Active Texas 2020	11
Section 2: The History and Future of Active Texas 2020	19
Maximizing State and Local Leadership Efforts to Develop a State-Wide Framework	19
The Conceptual Basis for the Structure of ACTIVE TEXAS 2020	21
The Future for Active Texas 2020	22
Section 3: Measuring Goals and Objectives for Physical Activity in Texas	25
State Goals and Objectives	25
Local Goals and Targets	28
Section 4: The Imperative for Leadership And Collaboration.....	30
Overview- Background.....	31
Strategies for Local Leaders in Texas	33
Section 5: Establishing Community Goals and the tools to achieve and measure them	36
Overview- Establishing Effective Plans.....	37
Assessment and Prioritization within Communities	37
Goal and Objective Setting for each community.....	38
Selecting Evidence-based Strategies to reach community-specific Objectives	39
Definition of Measures for each community’s targets	39
Strategies for Local Leaders in Texas	41

Reaching Priority Populations	42
Research on Priority Populations and Physical Activity	44
Section 6: Selecting Evidence-based Strategies	46
Overview – Background	46
Strategies for Local Leaders in Texas	48
Other resources with Best Practices	52
Strategies for Reaching Priority Populations	55
Section 7: Getting the Resources and Sustaining the Program	57
Overview - Background	57
Return on Investment	57
Strategies for Local Leaders in Texas	61
Section 8: Implementing the Community Plan to Promote Physical Activity and Improve Health.	66
Appendix 1: Action Steps Toward Healthier Texas Communities	68
Appendix 2: Building a state-wide plan: Overview of the Active Texas 2020 Method	71
Appendix 3: Measuring Physical Activity in the Population.....	73
HP 2010 Objectives	75
Appendix 4: Physical Activity Guidelines	78
Appendix 5: Current Resources in TExas to Promote PHysical Activity	80
Endnotes	82

ACKNOWLEDGEMENTS

- In the development of Active Texas 2020, leadership and partnership have played critical role
- The leadership of the Governor’s Advisory Council on Physical Fitness
- The Austin's Mayor's Fitness Council contributed significant resources and opportunities by including the Active Texas 2020 at the Fit City Summit
- UT and UTHSC-H SPH
- Directors of Health Promotion and Education
- Hallie P. Duke, PhD



EXECUTIVE SUMMARY

THE VISION: TEXAS WILL SUCCEED IN EFFORTS TO IMPROVE HEALTH BY MAKING PHYSICAL ACTIVITY A HEALTH PRIORITY ACROSS THE STATE.

THE TIME TO TAKE ACTION – TO MAKE PHYSICAL ACTIVITY A HEALTH PRIORITY FOR TEXAS – IS NOW.

We will know that physical activity is a health priority in Texas when,

- ❏ state *policies, legislation, and funding* enables and establishes physical activity promotion initiatives;
- ❏ state government officials *coordinate across sectors* – health, education, transportation, parks and recreation – to promote increased physical activity as a priority;
- ❏ non-profit, professional, and other organizations establish *an advocacy agenda* to make physical activity accessible to all people in Texas; and
- ❏ Texas universities and health science centers establish a physical activity *research agenda* and become engaged with local efforts to develop, implement, and evaluate physical activity promotion efforts.

TEXAS WILL SEE THE BENEFITS OF IMPROVED HEALTH AND WELLBEING WHEN PHYSICAL ACTIVITY IS A HEALTH PRIORITY IN COMMUNITIES ACROSS THE STATE.

We will know that physical activity is a health priority in Texas communities when

- ❏ local leadership teams in all communities identify and promote opportunities to make physical activity a prominent part of all health projects, initiatives, and policy making in their community;
- ❏ local leadership teams promote a cross-sector integration of efforts to form an integrated system of physical activity promotion;
- ❏ local policies are established that promote health through increased physical activity;
- ❏ local leaders and advocates recognize the role of physical activity in improving health, well being, and quality of life in their community and work to promote physical activity in all areas of community life; and
- ❏ community members make choices daily to utilize resources that are available, to overcome barriers, and to include physical activity in their daily routine.

WHY DOES TEXAS NEED PHYSICAL ACTIVITY TO BE A HEALTH PRIORITY?

Physical activity improves health

- ❏ By preventing a variety of serious chronic diseases in individuals who have no known disease and for whom there is no significant risk of disease;
- ❏ by reducing risk of serious chronic diseases in individuals with known risks and by reducing the worsening of any existing disease; and,
- ❏ as a treatment for existing, acute diseases.



Recent national efforts have established physical activity as a priority for action. The [2008 Physical Activity Guidelines for Americans](#), the Guide to Community Preventive Services for Physical Activity, and the emerging

[US National Physical Activity Plan](#) individually and collectively have given much needed national-level traction toward making physical activity a health priority. Like tobacco use and nutrition, physical activity is a key health promotion and disease prevention strategy. In fact, existing chronic disease strategies in Texas mention physical activity promotion as a prominent part of the solution to major health problems that afflict so many Texans such as diabetes, heart disease and some cancers.



It is precisely *because* physical activity is a critical component of health promotion or disease prevention or reduction strategy for so many of these chronic conditions or diseases that an “action plan” for physical activity promotion in Texas is necessary. Although the other health promotion plans recommend that physical activity is a crucial part of impacting most chronic health conditions, the plans don’t provide specific strategies for *how* to achieve higher activity levels in the population. If major improvements in the health of Texans are to be achieved, physical activity promotion *must* be a health priority in the state.

PURPOSE OF A PHYSICAL ACTIVITY PLAN FOR TEXAS

ACTIVE TEXAS 2020 assumes that state and local leaders across Texas share a sense of priority for improving health. Another Active Texas 2020 assumption is that a key strategy to improve health is by increasing physical activity in individuals and population groups.

Guided by these fundamental assumptions, ACTIVE TEXAS 2020 has been designed to inform and support community leaders across Texas to take action and make changes that will increase physical activity in their communities. ACTIVE TEXAS 2020 is designed to support the goals of other health promotion and disease prevention plans by providing the information, resources, strategies, and tools that will help local health officials and other community leaders to set goals and implement plans that will make it easier for more people to become more physically active.

ACTIVE TEXAS 2020 is built on the following principles:

- increasing physical activity will improve the health of individuals and throughout the state.
- making the healthier choice the easier choice in local communities where people live, work, pray and play is everyone’s business, and
- a successful approach to making community change is one that engages and seeks leadership, collaboration, partnerships; relies on the scientific evidence base; and consistently evaluates effectiveness.

SETTING GOALS AND MEASURING PROGRESS TOWARD INCREASED PHYSICAL ACTIVITY IN TEXAS

The 2008 [Guidelines for Physical Activity for Americans](#), published by the Department of Health and Human Services provide the scientific basis for the health benefits for physical activity. Further, the Guide to

Community Preventive Services recommendations for Physical Activity provide a foundation for proven strategies for physical activity and outline what ACTIVE TEXAS 2020 seeks to achieve. These guidelines identify measurable behavior patterns in individuals that will change as communities implement changes that lead to increased physical activity. Consistent with the principle that “All Health Is Local”, and in order to encourage communities to move forward on their physical activity promotion initiatives, ACTIVE TEXAS 2020 seeks only to support and enable effective evaluation of local objectives. To that end, ACTIVE TEXAS 2020 is a call to action and a framework for making physical activity a health priority in the state of Texas. ACTIVE TEXAS 2020 provides resources, tools, and strategies for defining objectives and developing ways to measure those objectives. Local development of goals, objectives, and measures is anticipated to stay localized within each community. Efforts will **not** be made to directly tie local evaluation to the state- and national-level indicators.

THE CORE ELEMENTS OF ACTIVE TEXAS 2020

The Imperative for Leadership and Collaboration

The critical first step to effectively improve the health of a community through increased physical activity is to establish a coordinated leadership effort that can ensure collaborative investment of resources within that community. The approach selected by any given community should be shaped by the local community’s size, resources, needs, and interests.

Establishing Community Goals and the Tools to Achieve and Evaluate Them

Having established a leadership strategy that provides effective coordination of resources and efforts, a community will be poised to assess local priorities, set goals and targets, and to define the measures they will use to track progress.

Selecting Evidence-based Strategies

Consistent with the guiding principles, Active Texas 2020 strongly recommends utilizing strategies that have been demonstrated to achieve gains in physical activity and improved health. Both for the purposes of effectively improving health and for supporting good proposals for funding, implementing evidence-based interventions is the most effective way to use limited resources. Many proven and promising interventions are available to achieve better health and to get the greatest return for the investment of resources and effort.



Reaching Priority Populations

In towns and cities across Texas, the playing field for physical activity is not a level one. Access to safe and healthy environments to be active in vary across communities throughout the state. A key reason for using population-based approaches is to increase community leaders’ ability to reach beyond cultural differences and socioeconomic barriers that adversely affect some areas of their community more than others. The planning

process that includes assessment, goal and objective setting, strategy selection, and evaluation must include a continuous focus on needs of priority populations.



Getting the Resources and Sustaining the Program

With clear targets and a plan to achieve them, a community leadership team and the respective sector representatives working to implement programs will be more fully prepared to articulate how requests for funding will be used. One of the guiding principles of Active Texas 2020 is “All Health is Local.” Generally speaking, an ancillary guiding principle might be “all funding for local health improvement is local.” While some federal and state funding resources may subsequently be available for local use, it is best to focus initially closer to home.

Return on Investment

We know that physical activity improves health. We know how much physical activity each week is critical to health improvement. We also know that improving health reduces costs; that is, costs to individuals’ well-being, costs to employers, and more. Community leaders promoting physical activity initiatives are in a uniquely strong position when it comes to advocating for their initiatives. Science that ties increased physical activity to health improvements is solid; and the evidence is strong that investments in improving health through physical activity results in cost savings for individuals and employers and more.

In Active Texas 2020, the processes and resources recommended for use by local leaders to increase physical activity in a community include four components that work together in a recurring cycle:



AN ADDITIONAL WORD ON LEADERSHIP

At the Fit City Summit in January 2009, local leaders in Texas asked for leadership. They asked for leadership and direction from state-level officials to provide a common direction and focus for their own local leadership and coordination efforts. Perhaps the single most important factor in successful leadership will be establishing a team, or “action team,” led by community organizers who are passionate about the topic; success depends on a group of passionate advocates that will lead and not give up. The work is consistently challenging and labor-intensive, both in terms of the work to establish and maintain an effective leadership team and the ongoing work putting a local plan together, moving ahead with policies, environmental change, promotion, and then programmatic efforts and evaluation. Whichever strategy is selected to develop a leadership team, emphasis must be given to both sustainability and scalability in structure, which means that ongoing funding and resources should be a high priority. This reality requires that these leaders be advocates who can and will stay engaged and who are determined to succeed.

U.S. Guidelines for Physical Activity

CHILDREN AND ADOLESCENTS (AGED 6–17)

- Children and adolescents should do 1 hour (60 minutes) or more of physical activity every day.
- Most of the 1 hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity on at least 3 days per week.

ADULTS (AGED 18–64)

- Adults should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.
- Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.
- Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.

OLDER ADULTS (AGED 65 AND OLDER)


- Older adults should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. People without diagnosed chronic conditions (such as diabetes, heart disease, or osteoarthritis) and who do not have symptoms (e.g., chest pain or pressure, dizziness, or joint pain) do not need to consult with a health care provider about physical activity.

<http://www.health.gov/paguidelines/>

DOCUMENT NAVIGATION: FINDING WHAT YOU ARE LOOKING FOR IN ACTIVE TEXAS 2020

This figure appears at the beginning of each Section in Active Texas 2020 to serve as an anchor. The highlighted section title indicates where that section fits into the overall document structure.

Active Texas 2020 Document Overview		
	Section 1: Take Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
		Section 5: Establishing Community Goals and the tools to achieve and measure them
	Section 2: The History and Future of Active Texas 2020	Section 6: Evidence-based Strategies
		Section 7: Getting the Resources and Sustaining the Program
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 8: Implementing the Community Plan to Promote Physical Activity

Teal Headings Indicate Critical Points

LAVENDER TABLES PROVIDE DESCRIPTIONS OF CONCEPTS OR IMPORTANT TOOLS USED IN ACTIVE TEXAS 2020

- Component parts are described in the body of the table.

YELLOW TEXT BOXES HIGHLIGHT AND ENHANCE

Yellow text boxes provide clarifying information intended to enhance or provide examples of the information found in the nearby text.

STRATEGIES FOR LOCAL LEADERS IN TEXAS



Each section has a heading called “Strategies for Local Leaders” that is accompanied by an image of the State. The information that follows this heading describes the recommended approach to developing locally defined and tailored plans to increase physical activity in the population. Under this heading, there are also tales listing resources local community leaders may consider using in developing, implementing, and evaluating their plans.

TEAL TABLES PROVIDE RESOURCES THAT WILL SUPPORT LOCAL LEADERS

- Descriptions with hyperlinks populate the body of the table.


Sections 4 – 8 also have a table that boils down the possibilities into a few, straightforward action steps. The complete set of Action Steps toward Healthier Texas Communities can be found in Appendix 1.

Action Steps toward Healthier Texas Communities

Phases of Developing and Implementing Plans




Objective of that phase

A. Recommended steps to implement each phase.

Active Texas 2020 Document Overview		
	Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
		Section 5: Establishing Community Goals and the tools to achieve and measure them
	Section 2: The History and Future of Active Texas 2020	Section 6: Selecting Evidence-based Strategies
		Section 7: Getting the Resources and Sustaining the Program
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 8: Implementing the Community Plan to Promote Physical Activity





SECTION 1: TAKING ACTION TO IMPROVE HEALTH IN TEXAS THROUGH INCREASED PHYSICAL ACTIVITY

Texas will succeed in efforts to improve health by making physical activity a health priority across the state. A well-established body of evidence demonstrates that

-  increasing physical activity **will** improve health and wellbeing;
-  increasing physical activity **will** reduce the burden of disease in all populations; and
-  improved health and reduced disease burden **will** reduce health care costs for individuals and employers.

THE TIME TO TAKE ACTION – TO MAKE PHYSICAL ACTIVITY A HEALTH PRIORITY FOR TEXAS – IS NOW.

We will know that physical activity is a health priority in Texas when,

-  state policy and law-makers create *policies, legislation, and funding* that establishes or enables physical activity promotion initiatives;
-  state government officials *coordinate across sectors* – health, education, transportation, parks and recreation – to promote increased physical activity as a priority;
-  non-profit, professional, and other organizations establish *an advocacy agenda* that makes physical activity accessible to all people in Texas; and
-  Texas universities and health science centers establish a *research agenda* that contributes increasingly to the body of evidence of



physical activity benefits and best practices for promoting physical activity and become engaged with local efforts to develop, implement and evaluate physical activity promotion efforts.

All of these changes at the state-level will provide critical and necessary support to local leaders who will create changes in communities that individuals will use to increase their activity levels and create health benefits.

TEXAS WILL SEE THE BENEFITS OF IMPROVED HEALTH AND WELLBEING WHEN PHYSICAL ACTIVITY IS A HEALTH PRIORITY IN ALL COMMUNITIES ACROSS THE STATE.

We will know that physical activity is a health priority in Texas communities when

- local leadership teams in all communities identify and promote opportunities to make physical activity a prominent part of all development projects, initiatives, and policy making in their community;
- local leadership teams promote a cross-sector integration of efforts to promote physical activity, efforts that connect organizations and people across a variety of sectors and settings (such as businesses, workplaces, faith centers, and neighborhoods) to form an integrated system of physical activity promotion;
- local policies are established that promote health through increased physical activity (such as city planning, zoning, and transportation policies that include the provision of sidewalks, bike lanes, more mixed use parks and facilities, and safe routes to school);
- local leaders and advocates recognize the role of physical activity in improving health, well being, and quality of life in their community and work to promote physical activity in all areas of community life.

All of these changes will support individuals making choices to utilize resources that are available, to overcome barriers, and to include physical activity in their daily routine.

WHY A PHYSICAL ACTIVITY PLAN FOR TEXAS?

You may be asking, “Why do we need a physical activity plan? Aren’t there already plans that state quite clearly that physical activity is a key element to achieve improved health for key problems in the state such as obesity, heart disease, diabetes and some cancers?” It is true that a number of plans at the federal and state levels include physical activity as part of a larger picture of reducing obesity and reducing chronic diseases such as diabetes, cardiovascular disease, cancer, promoting wellness, and many more. They justifiably do so because increased physical activity levels help reduce the diseases and conditions that each plan targets.

It is precisely *because* physical activity is a critical component of a health promotion or disease prevention or reduction strategy for so many of these chronic conditions or diseases that a “plan” for physical activity promotion is necessary.

- Although the disease-specific plans recommend that physical activity is a crucial part of impacting most chronic health conditions, the plans don’t provide specific strategies for **how** to achieve higher activity levels in the population.

Irrespective of the disease of focus, changing the policies or built environment of a community to reduce barriers and promote physical activity opportunities for individuals requires coordinated efforts across sectors within a community. Those efforts must be implemented at the local level in communities where people live, work, play, worship, and gather.

PURPOSE OF A PHYSICAL ACTIVITY PLAN FOR TEXAS

ACTIVE TEXAS 2020 is designed to support the goals of all of the disease-specific plans by providing the information, resources, strategies, and tools that will help local health officials and other community leaders to set goals and implement plans that will make it easier for more people to become physically active.

EMPHASIS ON 2020

As a health improvement effort that strives to change the health of populations, Active Texas 2020 focuses on the target of the year 2020 in order to

- provide sufficient time for leadership and plans to be established as well as for environmental and systems change to be implemented and
- set a timeframe in which substantial population health change can be both achieved and documented.

Additionally, focus on 2020 aligns Active Texas 2020 with other national and state health promotion efforts.


- Active Texas 2020 has been created to promote health through increased physical activity; and it is intended to support and coordinate with other health promotion and improvement efforts in Texas with the same goals. Maybe include a few examples of which efforts it coincides with.

SHARED PRIORITY FOR ACTION TO INCREASE HEALTH THROUGH PHYSICAL ACTIVITY

ACTIVE TEXAS 2020 assumes that state and local leaders across Texas share a sense of priority for improving health and that a key strategy to improve health is by increasing physical activity. Guided by that assumption, ACTIVE TEXAS 2020 has been designed to inform and support community leaders across Texas to take action and make change that will increase physical activity in their communities.

EIGHT PRINCIPLES GUIDING ACTIVE TEXAS 2020

ACTIVE TEXAS 2020 is built on a foundation of eight key principles that guided the approach to its development and that shaped the selection of the tools and resources included in Part 2 of ACTIVE TEXAS 2020: Strategies and Tools for Local Leaders. These principles address the conceptual and the practical, the theoretical and the scientific considerations relevant to making systemic changes to improve health.

-  These principles were established to ensure that the concepts and theories behind the best intentions to improve health will contribute to a focus on effective leadership, evidence-based recommendations, and actionable strategies.

GUIDING PRINCIPLES OF ACTIVE TEXAS 2020

1. Physical Activity Improves Health
2. Public Health Approaches to Increasing Physical Activity are Needed to Improve Populations' Health
3. Make the Healthier Choice the Easier Choice
4. All Health is Local
5. Health is Everyone's Business
6. Prioritize Leadership, Collaboration, and Partnerships
7. Work from the Evidence Base
8. Evaluate Effectiveness

ONE. PHYSICAL ACTIVITY IMPROVES HEALTH.

A substantial body of research demonstrates the health benefits of physical activity. The 2008 [Physical Activity Guidelines for Americans](#) summarizes the science regarding the influence of physical activity on health. The overwhelming scientific evidence regarding the wide-ranging health benefits of regular physical activity are clear.

- The Guidelines report highlights that regular physical activity improves aerobic capacity, muscular strength, agility and coordination, and metabolic functioning; physically active individuals have a strongly reduced risk of cardiovascular disease, ischemic stroke, type 2 diabetes, colon and breast cancer, osteoporosis, depression, and fall-related injuries.¹



The [Physical Activity Guidelines Advisory Committee](#) (PAGAC) created a database of research on the impact of physical activity on health outcomes and key populations such as: all-cause mortality, cardiorespiratory health, metabolic health, energy balance, musculoskeletal health, functional health, cancer, mental health, adverse events, youth and understudied populations. The PAGAC and its subcommittees were charged to conduct a systematic review of the scientific literature relating physical activity to health.

- In summarizing the overall benefit of physical activity, the committee reports very strong scientific evidence based on a wide range of well-conducted studies that show physically active people have higher levels of health-related fitness and a lower risk profile for developing a number of disabling medical conditions than people who are inactive.

Physical activity also improves health by reducing exacerbation of existing diseases and operating as a treatment for existing, acute diseases. Multiple studies have demonstrated that physical activity interventions result in positive changes in physical and mental health outcomes for patients with cardiovascular diseaseⁱⁱ, arthritisⁱⁱⁱ, type 1 and type 2 diabetes^{iv}, and cancer^v.

TWO. PUBLIC HEALTH APPROACHES TO INCREASING PHYSICAL ACTIVITY ARE NEEDED TO IMPROVE THE HEALTH OF POPULATIONS.

The [Guide to Community Preventive Services](#) summarizes eight recommended or strongly recommended strategies that are scientifically proven to increase physical activity. These strategies range from working with people one-on-one for counseling to improve physical activity to policy and environmental strategies that allow easier access to places to be active in a community.

Helping individuals to increase their activity levels is necessary and helpful but has proven insufficient to make significant change in activity levels at the individual or population level. In addition to individual-level change, we must begin to use approaches that change the places where individuals live, work, pray, and play in their community to support them in consistently being more active.

Historically, we have seen major successes in improving health of groups of individuals or communities (i.e., populations) when the strategy employed addressed all individuals and groups within a population. For example,

Across Texas, the playing field for easy access to physical activity resources is not a level one.

- Establishing city-wide systems for water management made clean, safe water available and significantly improved health by limiting exposure to numerous infectious and deadly diseases.
- The CDC lists fluoridation of drinking water as one of the top ten achievements of the 20th century^{vi}. Fluoridation began in 1945 and benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to dental care.
- Vaccines have been used to eradicate deadly and disabling diseases when they were not only used for communities or nations, but indeed, when they were systematically distributed world-wide.

If we want to see significant change in physical activity levels in communities across Texas, we must adopt the public health or population-based mind set.

As we have seen with vaccines and other public health innovations, there are some parts of a community that have more ready access to resources that will improve their health than others. In towns and cities across Texas, the playing field for physical activity is not a level one. Often, the socioeconomic circumstances of individuals or the allocation of city resources across neighborhoods leads to resources or barriers that allow more or less access to physical activity.

- Some families can afford reliable transportation and membership to gyms and other families live where it's not safe to walk to school or play in the local park.

Using a public health approach that focuses on populations must also focus on increase community leaders' ability to reach beyond cultural differences and socioeconomic barriers that adversely affect some areas of their community more than others.

THREE. MAKE THE HEALTHIER CHOICE THE EASIER CHOICE.

As we work to increase individuals' and populations' access to physical activity, we must think of strategies that remove barriers, that make it easier to be active – so easy that people choose the active option over less healthy options. This requires focusing on making change in the places where people live, work, pray, and play. Some evidence already points to the success of these types of strategies (e.g., point of decision). Ongoing efforts to increase physical activity must go farther and create more options and remove more barriers. For example



- The CDC has implemented the [StairWELL](#) to Better Health program that makes the stairwells in CDC buildings aesthetically pleasing and enjoyable to use.
- Primary care and other physicians can include exercise when designing treatment plans for patients, including using the [Exercise Readiness & Prescription Pad](#) provided by Exercise is Medicine at the same time that they write other prescriptions or orders.
- Bicyclists in a downtown area will often lock their bikes up to railings next to buildings or to posts that hold parking meters or street signs. Cyclists' reasons for doing this, even when there were traditional bike racks nearby, included that common bike rack designs didn't allow convenient use of high-security "U" locks; that the racks often weren't located right where they were needed; locking to a railing was easier than figuring out a complicated rack; and typical "wheel-bender" bike racks that hold the front or rear wheel are feared by cyclists who value their bikes. In Missoula, Montana, they have installed hundreds of inexpensive, simply designed bike racks that address these concerns, making it easier for more cyclists to reach their destination on their bike.
http://www.activelivingresources.org/assets/simple_bike_rack.pdf

FOUR. ALL HEALTH IS LOCAL.

The emphasis for improving health through increased physical activity must be at the community level. National and state health officials can and should provide a scientific and policy context with information, tools, and resources to make changes that will improve health. However, **local leaders hold the power to make necessary changes for individuals to live a healthier lifestyle and for populations to achieve better health.**

- It's about the safety of sidewalks on the way to school.
- It's about easy access to parks and pools.
- It's about kids being safe while parents are active.
- It's about the flexibility to walk for 30 minutes at work.
- It's about the health care system reinforcing the benefits of physical activity at all levels.

It's about the places and spaces where people live out their daily lives – their community.

FIVE. HEALTH IS EVERYONE'S BUSINESS.

The national discussion of medical costs often highlights the financial impact of major disease on individuals and rising health care costs on the national economy. However, the health of individuals has financial, social, and emotional impact on the individuals, their families, their employer, and the community they live in long before the impact on the state and the nation can be measured.

- *In 2000 in the US, the health costs of overweight and obesity were estimated at \$117 billion. Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension.^{vii}*
- *In Texas, the cost of obesity was \$ 3.3 billion in 2005 and is estimated to be \$ 15.8 billion annually in 2025. (Texas Comptroller)*
- *Being overweight increases yearly per person health care costs by \$125, while obesity increases costs by \$395^{viii}.*
- *Physical inactivity contributes to numerous physical and mental health problems and is responsible for an estimated 200,000 deaths per year^{ix}.*
- *Direct medical expenditure of CVD due to physical inactivity in year 2001 was estimated to be \$23.7 billion^x*

Improving the health of populations will have significant positive effect on individual's physical and emotional health and well-being, on businesses' productivity, on health insurance costs, and on communities' growth and quality of life.

"Municipal leadership is essential to developing and sustaining effective interventions that promote physical activity, access to healthy foods in a community, and smoking cessation. As elected officials, we are in a prime position to advocate for policy that can educate, promote, and encourage community health."

Former Austin Mayor, Will Wynn

- 📖 If you own a small business ...
 - 📖 If you run a large business ...
 - 📖 If you serve the public as an elected official ...
 - 📖 If you're a professional athlete ...
 - 📖 If you are a physician ...
 - 📖 If you're a community leader...
 - 📖 If you're a single parent ...
 - 📖 If you work in a school ...
 - 📖 If you have a body ...
- your health and the health of people in your community affect *your* bottom line.

SIX. PRIORITIZE LEADERSHIP, COLLABORATION, AND PARTNERSHIPS.

Time and time again, successful changes across communities have resulted from effective leadership through partnerships. The National Association of County and City Health Officials sponsored the creation of leadership tools and networks to facilitate leadership, collaboration, and partnerships specifically for the improvement of health in communities across the nation. The result is an internet-based resource for local leaders called [Leadership for Health Communities](#).

Success in making change in communities to promote physical activity will also require community leaders to create collaborative partnerships with a diverse set of partners; such as elected officials, business leaders, faith-based organizations, medical professionals, non-profits, school districts, neighborhoods and more.



Including a variety of partners will bring more ideas, options, and resources to the planning table that will contribute to the shared goal of increasing physical activity. By joining forces, limited resources can be used more effectively and efficiently to achieve goals.

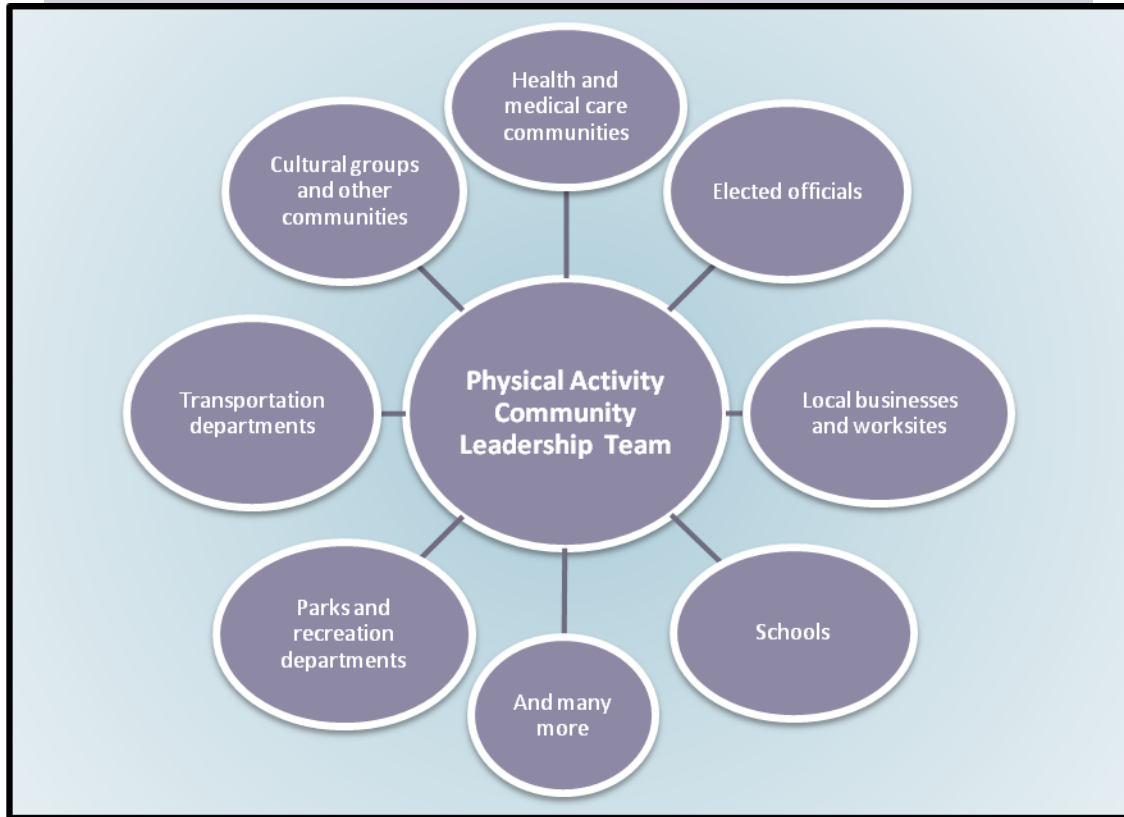
SEVEN. WORK FROM THE EVIDENCE-BASE.


Active Texas 2020 is recommending practices that have evidence to demonstrate their effectiveness. The [Guide to Community Preventive Services](#) (the Community Guide) describes eight recommended or strongly recommended practices that have been proven to be effective in improving physical activity using a variety of approaches. The Community Guide also includes promising practices on which research and evaluation is ongoing. Active Texas 2020 highlights the practices in the Community Guide and other resources that have evidence to document their effectiveness in promoting physical activity. The reality we face is that resources for preventive services such as increasing physical activity are limited. Using those resources to implement proven practices is the most cost effective approach.

EIGHT. EVALUATE THE EFFECTIVENESS.

Fundamentally, evaluating the effectiveness of any implemented strategy is a core element of public health practice. Practically, as communities in Texas step out and make changes to increase physical activity and health, the evaluation of the strategies used is critical to understanding how the population's health has changed with certain interventions. The evaluation should provide further evidence of which practices are effective in increasing activity and which are not. Documenting the evaluation and impact of different strategies provides opportunities to replicate and adapt strategies for other communities and change other strategies to work toward progressively more effective efforts to increase physical activity levels and improve health.

SUCCESS IN MAKING CHANGE IN COMMUNITIES TO PROMOTE PHYSICAL ACTIVITY WILL ALSO REQUIRE COMMUNITY LEADERS TO CREATE COLLABORATIVE PARTNERSHIPS WITH A DIVERSE SET OF PARTNERS.



Active Texas 2020 Document Overview		
	Section 1: Take Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
	Section 2: The History and Future of Active Texas 2020	Section 5: Establishing Community Goals and the tools to achieve and measure them
		Section 6: Selecting Evidence-based Strategies
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 7: Getting the Resources and Sustaining the Program
		Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 2: THE HISTORY AND FUTURE OF ACTIVE TEXAS 2020

Maximizing State and Local Leadership Efforts to Develop a State-Wide Framework

STATE LEADERSHIP

After evaluating Texas’ alarming health statistics, Governor Perry found that no cohesive organization existed at the state level to promote physical fitness initiatives for the state. For that reason, Governor Perry created the [Governor’s Advisory Council on Physical Fitness](#) (GACPF) in 2001. The GACPF advises the Governor on matters relating to physical fitness and sports, health and nutrition education, and strategies to encourage community efforts to increase physical activity.

At the suggestion of GACPF members, Governor Perry worked with legislators in 2007 to pass funding for the development of local physical fitness councils. This legislation directed the Texas Department of State Health Services to make available \$400,000 per year in grants to local mayors’ councils for the development and implementation of wellness and fitness programs in communities across the state. In 2009, the Texas Legislature funded another \$400,000 per year in grants for another group of communities to establish mayor’s fitness councils.

Healthier America Project (Trust for America’s Health)

A New Vision and Agenda (September 2007)

The enormity of the health and economic stakes involved in preventing chronic disease demands action. Wellness and prevention are achieved locally, but the transformation required to make it a national priority requires federal leadership and resources. Working in close collaboration with all stakeholders, public and private, the federal government can promote a new national vision of wellness and prevention, mobilize the needed resources, and generate the knowledge America needs to sharply reduce the human and economic burden of chronic disease.

LOCAL LEADERSHIP

(We might want to reference this **as an example** given there are other communities who are proactive by doing so we show a modicum of political correctness and are not too focused on the Austin community) Former Austin Mayor Will Wynn established the Mayor's Fitness Council in October 2004 to raise awareness of the cost of health care, to support prevention of chronic diseases and better health in Austin, and to promote the city of Austin as a healthy place to live and work. The primary goal of this effort was to make Austin "The Fittest City in the U.S." The Austin Mayor's Fitness Council created



a tool, the [Austin Fitness Index](#) (AFI), designed to help organizations get a sense of where they stand in terms of their healthy lifestyles, and to track their improvements over time. The AFI measures the Four Pillars of Health that may influence a person's success in choosing healthy lifestyles: physical activity, nutrition, healthy weight, and tobacco-free living. Additionally, the Austin Mayor's Fitness council developed a [Fit City Kit](#) designed to help other cities create mayor's fitness councils for healthier hometowns.

PRIME OPPORTUNITY IN AUSTIN

After a year of activity on the GACPF grants, the Austin Mayor's Fitness Council hosted the *Texas Fit City*

Summit: Strategies for Health and Fitness on January 13, 2009. The Fit City Summit gathered elected officials, city management, organizations and health and fitness professionals from across the State who share common goals of encouraging healthy lifestyles and creating livable communities.

During the day-long, summit community members engaged in thoughtful conversations about relevant and timely topics targeting demonstrable improvements in health and fitness in Texas communities. The conversations were constructed and led in a manner that would guide participants'

understanding of the crucial elements needed to create effective and sustainable positive change toward



promoting healthier lifestyles and support plans on how to achieve that change.

In one of the two tracks^{xi} planned for the summit, the Fit City track presented the concept of a state-wide planning

Community Sectors Represented at the Fit City Summit in January 2009

- health and medical care communities,
- built environments,
- worksites,
- schools,
- parks and recreation departments,
- transportation departments,
- hard to reach populations and other communities, or
- diversity and priority populations.

effort to increase physical activity to leaders of Texas cities and other government and health professionals in the state. In this track, the concept and vision for *Active Texas 2020* was presented: to improve the health of Texas citizens by building a statewide plan, utilizing public and private partnerships to integrate resources, and coordinating an effective and sustainable movement in the adoption of healthy lifestyles.

BUILDING THE ACTIVE TEXAS 2020 FRAMEWORK

Fit City Summit Focus Group Questions

- What do you think about having a statewide PA plan? How would you want it to work for you?
- What have been your successes and challenges in promoting and increasing PA in your communities?
- What tools and resources would you want to find in a state plan?

Working from the Active Texas 2020 principles, Active Texas 2020 organizers utilized the Fit City Summit not to tell local leaders what they need to do in their communities to increase physical activity, but to ask those leaders what tools and resources would help them, what barriers they face, and what strategies have proven successful for them. During the Texas Fit City Summit, Texas municipal and local leaders and health professionals participated in focus groups that were structured to answer those questions.

Members of the Governor’s Physical Fitness Council served as focus group facilitators. The participants self-selected participation in discussions that focused on different community sectors in which physical activity occurs and can be promoted. Analysis of the feedback from Texas municipal leaders at the Active Texas Summit resulted in the structure for a set of tools and information to support physical activity promotion at the community level.

THE CONCEPTUAL BASIS FOR THE STRUCTURE OF ACTIVE TEXAS 2020

Numerous national and state level plans have promoted physical activity to local health officials, health professionals, and to individuals. To date, however, simply promoting physical activity as a key element of success in the fights against chronic diseases has not proven sufficient.

ACTIVE TEXAS 2020 focuses on **community-level change**. Local and community-driven goals and targets should shape the local policies, community programs, and environmental structures and systems that will best serve the needs of the people living in each community. Each community will need to assess and make decisions about the changes that need to be made to make it easier for individuals to choose a more physically active lifestyle.



Each community will have its own priorities and faces relatively unique challenges. As a state-level planning tool, ACTIVE TEXAS 2020 provides structure, information, resources, and tools that local leaders can use to develop their own community-driven action plans. The emphasis on

community-level action is intended to fill a gap in planning efforts because it is unlikely that state-level planning efforts can realistically generate the kind of real changes necessary to alter people's behaviors around fitness. Those changes can only happen at the local level.

Once local leaders have changed policies, developed programs tailored to each community, and/or built facilities that make physical activity easier and safer, the messages that people have received about physical activity can take root. In those conditions, individuals face fewer barriers and can make changes for themselves and their families.

ACTIVE TEXAS 2020 FOCUSES ON ACTION BY COMMUNITY LEADERS

Elected officials and other community leaders must create the context for changes in individuals' physical activity to occur. Changes to the environment or context in communities may start with collaborative partnerships, funding, or enabling policies. In fact, these steps may be necessary before the implementation of programmatic or environmental changes, which will directly promote physical activity.

The strategies and priorities laid out in the remainder of ACTIVE TEXAS 2020 are grouped based on the types of action that local officials requested at the Fit City Summit in early 2009. ACTIVE TEXAS 2020 articulates the actions that local leaders must take to make change in their communities that will enable and support individuals making choices to improve their physical activity.

THE FUTURE FOR ACTIVE TEXAS 2020

Active Texas 2020 is an action plan that is only useful if it enables local leaders to take action to make their communities healthier. Overtime, the online Active Texas 2020 will continue to grow and improve. A state-level leadership team will continue to listen to local leaders to shape and refine the information provided. As new resources and tools are identified, links will be added for use by local leaders. Other tools will be created to enhance and improve collaboration across Texas communities. The best growth of Active Texas 2020 will occur when local leaders sign on, update information on the Active Texas 2020 website and begin to network with their colleagues and peers in other communities.

Active Texas 2020
Concept Model

State-level leadership
and coordination

Active Texas 2020
Plan Dissemination
(Information, tools,
and resources)

leads
to

Local leaders working
together across sectors to

Change Policies

- Schools
- Municipalities
- Workplace
- Health care

Create Community
Programs

- Faith Organizations
- Parks and Recreation
- Health and social services

Change Environmental
Systems

- Transportation systems
- Parks and recreation
- Outdoor life

leads
to

Individuals
changing their
behavior

- Adults
- Children
- Older adults

Changes
individuals make
in daily routines
and use of leisure
time that
increase physical
activity will lead
to health
improvements.

AT2020 Concept Model in Words

*Active Texas 2020 creates a platform
for local leaders to make community-
specific changes in local policies,
community programs, and
environmental supports that will
ultimately lead to changes in
individual behavior.*

AUSTIN MAYOR'S FITNESS COUNCIL: WE'RE CHANGING PERSONAL LIFESTYLE CHOICES

Yes, individuals do choose what to eat, how much to move, and whether to smoke. However, research shows that we are greatly influenced by our access to healthy lifestyles.

- Is there a fruit bowl available or do I have to eat from a vending machine?
- Is there a gym or park or exercise opportunity nearby, or do I have to drive a long distance, and pay to play?

The recent landmark decision by soda companies in partnership with public health experts to remove high sugar soft drinks from public schools is an excellent example of the power of industry to impact the public's health. This decision came on the heels of an enormous amount of research pointing at the detriment of consumption of excess calories from high fat and high sugar products, and the virtual pandemic of obesity observed among America's children.


The solution? Change the environment to support healthier behaviors.

The Mayor's Fitness Council Partner Certification Program supports similar initiatives to change the environment, one agency at a time, to support healthier lifestyles. The program focuses on four critical areas, known as the Four Pillars of Health: physical activity, nutrition, healthy weight, and tobacco-free living. For each pillar, the program encourages organizations to maintain a culture that encourages healthy lifestyle choices and to provide the support needed to execute evidence-based intervention policies and system changes in each of the four pillars of health.

<http://www.ci.austin.tx.us/fitness/partner.htm> (1995)

The 2008 Physical Activity Guidelines for Americans Toolkit provides resources that will complement what organizations are doing now to encourage people in their communities to get the amount of physical activity they need, based on the Guidelines and their own goals.

Visit <http://www.health.gov/paguidelines/toolkit.aspx>.

Active Texas 2020 Document Overview		
	Section 1: Take Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
	Section 2: The History and Future of Active Texas 2020	Section 5: Establishing Community Goals and the tools to achieve and measure them
		Section 6: Selecting Evidence-based Strategies
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 7: Getting the Resources and Sustaining the Program
		Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 3: MEASURING GOALS AND OBJECTIVES FOR PHYSICAL ACTIVITY IN TEXAS

The state of Texas will succeed in increasing physical activity when many communities across the state are successful in implementing strategies that lead to increased physical activity in their populations. The primary role of ACTIVE TEXAS 2020 is to enable and support effective local planning and implementation of strategies to increase physical activity in communities that will make the changes that will ultimately affect the measures that are tracked at the state and national level.



The US Guidelines for Physical Activity provide a foundation for what ACTIVE TEXAS 2020 seeks to achieve. These guidelines identify measurable behavior patterns in individuals that will change as communities implement changes that lead to increased physical activity.

STATE GOALS AND OBJECTIVES

In the broadest sense, the goal of ACTIVE TEXAS 2020 is to increase physical activity across the state; more specifically, the goal is to have the majority of Texans meet the US Guidelines for Physical Activity. As more and more Texans reach that goal, the health benefits to the population will increase.

While everyone will acknowledge the value of this goal, the statement does not provide enough information or structure to make plans to achieve it. Any health improvement initiative must use specific objectives which will provide focus for efforts *and* indicators of whether or not the goal is being achieved. Currently, however, there are no data collection systems tailored to collect the specific levels of activity articulated in the US Guidelines for Physical Activity.

To track progress toward the goal of increasing levels of physical activity in Texas, ACTIVE TEXAS 2020 will rely on the objectives and measures established by the Healthy People 2020 initiative and the data resources reported in that initiative. The deliberative process that leads to the final objectives and measures of Healthy People 2020 is a collaborative, multidisciplinary approach based on the best available science and measurement resources. The Healthy People 2020 physical activity objectives, measures, and the information gathered to monitor them will be periodically reported on the ACTIVE TEXAS 2020 website.

By relying on this national resource, Active Texas 2020 maintains the focus of its efforts on supporting community leaders in developing their own systems to promote physical activity. ACTIVE TEXAS 2020 strongly encourages each local community to establish its own goals and targets to provide the community-specific focus and to develop plans and strategies to achieve those targets.



BACKGROUND INFORMATION ON MEASURING PHYSICAL ACTIVITY IN THE POPULATION

Public health scientists and professionals use the word “indicator” to describe the aspects of health that are measured with the intention of telling us something about the health of a population. For example,

- An “indicator” of physical activity is the number of minutes of vigorous activity a sample group of individuals experience in a single week.
- An “indicator” of disease is the number of individuals with a confirmed diagnosis of type 2 diabetes.

When scientists have collected data on these (and many other) [indicators](#) from a wide enough sample of the population, they can describe reasonably well the overall state of health of that population. More importantly, however, is the critical role health indicators such as these play in determining whether programs have successfully achieved their objectives to improve health.

A number of federal agencies invest resources in programs to improve health and to track indicators of physical activity in the population. Several state health departments have also established initiatives to track indicators of physical activity as an indicator of the health of the populations they serve.

For both 2000 and 2010, a nation-wide initiative to improve health called Healthy People established national objectives for improving health using a variety of sources for indicators to track achievement of those objectives. HP 2010 dedicated one chapter to tracking increases in physical activity levels in the population as an indicator of improving health in the US population.

- 📄 The goal statement for physical activity in Healthy People 2020 is to improve health, fitness, and quality of life through daily physical activity.

HP2010 objectives are selected by public health scientists and professionals as being the efforts that will best support achievement of the goal and that provide the best available measures of physical activity in the US population. These measures come in two basic types:

- 📄 Indicators of physical activity in individuals and
- 📄 Indicators of change in policy or the environment.

Examples of HP 2010 physical activity objectives are listed below. For each of these objectives there is one or more indicators available or in development:

Example Healthy People Physical Activity (PA) Objectives

- 📄 Increase the proportion of adults who engage regularly, preferably daily (at least 5 days/wk), in moderate PA for at least 30 min. per day
- 📄 Increase trips to school of 1 mile or less in children and adolescents 5-15 years
- 📄 Increase the proportion of adolescents who view TV 2 or fewer hours on a school day

Example Healthy People Policy and Environmental Change Objectives

- 📄 Increase the proportion of schools requiring daily PA for all students; for Middle and junior high schools; for Senior high schools.
- 📄 Increase the proportion of worksites offering employer-sponsored PA and fitness programs.
- 📄 Increase the proportion of the Nation's public and private schools that provide access to their PA spaces and facilities for all persons outside normal schools hours (before and after the school day, on weekends, and during summer and other vacations).



A complete listing of [Healthy People 2010 Objectives and Targets for Physical Activity](#) can be found in Appendix 2.

LOCAL GOALS AND TARGETS

To the extent possible, local communities should use the US Guidelines for Physical Activity to inform the priorities for action in their community. This means that local goals and objectives should be supported by planning strategies that increase the number of

- 📄 children and adolescents (ages 6 – 18) getting one hour or more of moderate- or vigorous-intensity physical activity each day and doing muscle-strengthening activities three days per week;
- 📄 adults (ages 18 – 64) getting at least 30 minutes of moderate to vigorous activity at least 5 days a week (even if it is in episodes of at least 10 minutes spread throughout the week) and doing muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week; and
- 📄 older adults getting 30 minutes of moderate to vigorous activity at least 5 days a week (if their health status permits) and doing exercises that maintain or improve balance if they are at risk of falling.

To achieve these results, each community will have to work to

- 📄 determine the priority physical activity needs in their community (priority populations, sectors, or resources),
- 📄 establish targets for increased physical activity levels in their population (such as higher activity levels in school-aged children, more workplace wellness activities for adults, or more trails and sidewalks), and
- 📄 design strategies that will both address the local priority and that will increase the number of individuals who are achieving the US Guidelines for Physical Activity.

ACTIVE TEXAS 2020 PRINCIPLE FOR LOCAL-LEVEL MEASUREMENT

Consistent with the principle that “All Health Is Local” and in order to encourage communities to move forward on their physical activity promotion initiatives, ACTIVE TEXAS 2020 seeks only to support and enable effective evaluation of local objectives. To that end, ACTIVE TEXAS 2020 provides resources, tools, and strategies for defining targets and developing ways to measure those targets.

- 📄 Development of local goals, objectives, and measures is anticipated to stay localized within each community. Efforts should not necessarily be made to directly tie local evaluation to the state- and national-level indicators.
- 📄 Local leaders should establish a variety of objectives and measures to track the success of their community’s unique programs and initiatives.

Note: Sections 4 – 8 of ACTIVE TEXAS 2020 are dedicated to providing detailed instructions and resources for how to carry out these and other critical steps.

- State-level targets should inform local planning efforts so that those local efforts will contribute to the overall success of increasing physical activity in Texas, however, no stipulation or requirements will be established in this regard.




The rationale for this approach is based on the fact that the science that ties improvements in health through increased physical activity is firmly established and unquestionable. A demonstration of achievements of increasing systems and programs that will increase physical activity at the local level will be assumed to be making contributions to increasing the prevalence of physical activity and achieving the associated health benefits for people across the state. Any benefit derived from the effort to require local measures to link to state and national indicators would be lost to the extreme effort it would take to directly tie local and state/national measurement efforts; that effort would be better spent on interventions and programs for physical activity promotion.

APPROACHES TO LOCAL MEASUREMENT

Several approaches to measurement provide local leaders with options for demonstrating progress toward the goal of increasing physical activity. The range of approaches that are available and recommended should make it easier for local leaders to get started on a path to improving health in their community without getting overburdened by evaluation processes.

- Before an intervention actually begins, a needs assessment determines who needs the program, how great the need is, and how that need can be met. Formative evaluation approaches allow for the examination of how well a program is conceptualized to meet the needs of a community and how well it was implemented based on the plan. As the intervention is implemented, a process evaluation will examine the effectiveness of the process used to deliver each program or intervention.
- Other evaluation methods examine and summarize the results or outcome of a program or set of interventions. These evaluation plans are best established at the beginning of a program so the appropriate information can be collected from the beginning. Outcome and impact evaluations are used to investigate whether the program caused demonstrable effects in general or on specifically defined target outcomes. Cost-effectiveness and cost-benefit analyses define the efficiency of a program by quantifying the outcomes in terms of dollar costs and later savings.

Both of these evaluation approaches will be described for use at the local level.

Active Texas 2020 Document Overview		
	Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
	Section 2: The History and Future of Active Texas 2020	Section 5: Establishing Community Goals and the tools to achieve and measure them
		Section 6: Selecting Evidence-based Strategies
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 7: Getting the Resources and Sustaining the Program
		Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 4: THE IMPERATIVE FOR LEADERSHIP AND COLLABORATION

At the Fit City Summit in January 2009, local leaders in Texas asked for leadership. They asked for leadership and direction from state-level officials to provide a common direction and focus for their own local leadership and coordination efforts. By working across sectors to reflect the full range of opportunities to promote physical activity, by setting guiding principles for state efforts to promote physical activity, and by establishing targets for improvement in physical activity in Texas, ACTIVE TEXAS 2020 represents a culmination of leadership efforts at the state level.



The critical first step to effectively improve the health of a community through increased physical activity is to establish a coordinated leadership effort that can ensure collaborative investment of resources within that community. While each single effort may make a contribution, a lack of coordination presents the risk of duplication of efforts and missed opportunities for more effective use of resources. There are a variety of forms this local leadership coordination can take within a community, whether they are formal bodies such as mayor’s

fitness councils or less formal networks of interested people and professionals. The approach selected by any given community should be shaped by the local community’s size, resources, needs, and interests.

OVERVIEW- BACKGROUND

ACTIVE TEXAS 2020 plays a role in providing state-level leadership for local action by enabling and supporting effective leadership and action at the local level. Collaboration at the state level among various agencies and interest groups will contribute to more effective state-level leadership and support for collaborative and coordinated local action. **The will and desire of community leaders to convene partners from a variety of sectors, to develop partnerships, to try new programs, and to change local ordinances or policies is what is needed most.**

RECENT ASSESSMENT OF LOCAL GOVERNMENT IMPACT ON HEALTH IN THE U.S.

The Institute of Medicine (IOM) Committee on Childhood Obesity Prevention^{xii} was convened in 2008 to identify promising ways to address the problem of childhood obesity with a focus on local activities and leadership. The IOM cited two reasons for establishing this committee:

1. local governments are experienced in promoting children’s health, as they historically have implemented policies intended to ensure, among other things, that children are immunized or they wear helmets when riding a bike; and
2. local governments—with jurisdiction over many aspects of land use, food marketing, community planning, transportation, health and nutrition programs, and other community issues—are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights.

Because of the highly influential position of local government on the health of children (and families), the IOM charged the committee to identify proven and promising practices that local governments could use to improve children’s health. The IOM committee reviewed published literature, examined reports from organizations that work with local governments, heard presentations from experts on the role of local government in obesity prevention, and explored a variety of tool kits that have been developed for communities and their leaders.



The actions recommended by this committee for local implementation are highlighted in the IOM Committee’s report because they are within the jurisdiction of local governments; are likely to directly affect children; are based on the experience of local governments or sources that work with local governments; take place outside of the school day; and have the potential to promote healthy eating and adequate physical activity.

“Promoting children’s healthy eating and activity will require the involvement of an array of government officials, including mayors and commissioners or other leaders of counties, cities, or townships. Many

departments, including those responsible for public health, public works, transportation, parks and recreation, public safety, planning, economic development, and housing will also need to be involved.”

[Local Government Actions to Prevent Childhood Obesity \(this is a link\)](#)

This report and its recommendations reflect the complex network of local officials, leaders, and professionals that must work in collaboration to successfully impact the health of a population in a community. In this case, the focus was on the role of local government on children’s health; however, the principle of working in a coordinated fashion across multiple sectors – both public and private – applies to making local changes for the purpose of improving health of the whole population.

IMPORTANCE OF DIVERSITY ON THE LEADERSHIP TEAM

As important as the role of local governments is in improving health, a much broader list of organizations will be required to attain the resources and the breadth of perspective needed to make changes necessary to increase physical activity. The table below lists not only the diverse sectors that should be represented, but also the types of organizations in each sector that should be included. The role of local businesses should not be underestimated, both in terms of the “captive audience” of employees who will benefit from worksite wellness programs, but also in terms of their support for the community’s leadership and planning efforts. An effectively diverse leadership team should include local business representatives, particularly those who have access to other local or regional, or even state-wide businesses that can directly support the physical activity initiative to improve health.



Effective Leadership and Collaboration Require a Diverse Leadership Team	
Sectors to Represent	Types of Organization to Include
<ul style="list-style-type: none"> • Health • Education • Transportation • Health care • Parks and Recreation • Built Environment • Worksites 	<ul style="list-style-type: none"> • Local, regional, and state-wide government officials • Local, regional, and state-wide businesses • Health care providers • Professional organizations • Hospitals • Local school district officials • Community college or university officials.

STRATEGIES FOR LOCAL LEADERS IN TEXAS



Perhaps the single most important factor in successful leadership will be establishing a team, or “action team,” led by community organizers who are passionate about the topic; success depends on a group of passionate advocates that will lead and not give up. The work is consistently challenging and labor-intensive, both in terms of the work to establish and maintain an effective leadership team and the ongoing work putting a local plan together, moving ahead with policies, environmental change, promotion, and then programmatic efforts and evaluation. Whichever strategy is selected to develop a leadership team, emphasis must be given to both sustainability and scalability in structure, which means that ongoing funding and resources should be a high priority. This reality requires that these leaders be advocates who can stay engaged and who are determined to succeed.

Leading health organizations at the national level have long recognized the importance of developing collaborative networks at the local level to achieve community-level changes that will support improvements in the populations’ health. The Centers



for Disease Control and Prevention, the Robert Wood Johnson Foundation, and the National Association of County and City Health Officials, among other organizations, have created tools and resources to support local leadership coordination. The following resources available from national organizations may be helpful to local leaders who are forming a local leadership team and initiating a physical activity promotion plan.

TOOLS FOR DEVELOPING LOCAL LEADERSHIP AND COLLABORATION

[Promoting Physical Activity- A Guide for Community Action: A Step-by-Step Guide to Communitywide Behavior Change](#)

Promoting Physical Activity is targeted to state and local governments, transportation, health and community planners, exercise specialists and health professionals, community groups, businesses, schools, colleges and universities, recreational programs and community leagues, social service organizations, and any other professionals or volunteers who wish to promote physical activity and healthier lifestyles in their community, agency, or organization.

Promoting Physical Activity shows you how to facilitate behavior change both from an individual and a

community perspective. Using a social marketing and behavioral science approach to intervention planning, the text guides you step-by-step in addressing your target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions. By discovering what matters most to the people you want to reach, you'll be able to create physical activity programs and messages that your specific audience wants, needs, and is ready for.

[The Healthy People 2010 Tool Kit \(A Field Guide for Health Planning\)](#) contains a section on building a foundation of leadership. This section of the Tool Kit provides suggestions and tools to build a strong foundation for planning.

[NACCHO Model Practice Database](#)

The National Association of County and City Health Officials reviews multiple public health programs across the nation as a model practices. The model practices are available in the Model Practices Database, which allows you to benefit from other local experiences, to learn what works, and to ensure that resources are used wisely on effective programs that have been implemented with good results.

Among the model practices is the Land Use and Health Team, a collaborative effort in the tri-county, mid-Michigan area that involves planners, university faculty, business and public health. The purpose of the Team is to educate and engage the community regarding impacts of community design on health, and facilitate improvement through refinement and promotion of a health impact assessment tool. The most important element of this practice is involvement of a broad based team of interested stakeholders who represent expertise and resources.

[The Alliance to Make US Healthiest](#) is a non-partisan organization that facilitates partnerships between national and grassroots efforts, fosters innovative actions, and connects individuals to spark a nationwide social movement to make the U.S. the healthiest nation in a healthier world.

[Active Living Resource Centers](#) provide information and resources to help individuals, neighborhood groups, and community partnerships create communities that promote physical activity. Active Living Resource Center is part of the Robert Wood Johnson Foundation (RWJF) Active Living programs, launched in 2002, that are designed to work together to increase physical activity throughout communities.

The [Your Community](#) section of the Active Living Resources website provides specific strategies and tools for reaching the people who make decisions that affect neighborhoods and people throughout your community, no matter how large or small. Specific resources include:

- [Achieving Buy-In](#)
- [Create An Advisory Board](#)
- [Community Master Planning](#)
- [Getting Projects Implemented](#)
- [Model Ordinances](#)

- [Community Assessment](#)

[Convergence Partnership Peer Network](#) is a collaborative organization that strives to change policies and environments to better achieve the vision of healthy people living in healthy places. Major funders include the Robert Wood Johnson Foundation, the CDC, and the Prevention institute.

[Childhood Obesity: Harnessing the Power of Public and Private Partnerships](#) describes leading collaborations between state health agencies and private health plans in addressing childhood obesity. The report features three collaborative obesity prevention programs to illustrate the importance of strong partnerships in health.

CURRENT LEADERSHIP EFFORTS IN TEXAS COMMUNITIES

The Fit City Summit (January 2009) participants will be surveyed regarding the types of leadership and coordination they have used in their communities. In the near future the [Active Texas 2020](#) website will post how leadership teams in other cities are structured and what those teams are doing to promote physical activity.


Action Steps to Increase Physical Activity in Texas

1. Establish a Leadership Team

I. **Establish a leadership team to promote physical activity as a health priority.**

Objective: Develop collaborative networks to achieve community-level changes that will make improvements in the populations' health.

- A. Find out if there is an existing team promoting physical activity.
 - If there is, ensure it is fully diverse and represents all population groups in community.
 - If there is no team, start one; find others in your community who share a commitment to improving health and build a team that can promote physical activity throughout the community.
- B. Once you have a team, establish a vision and focus around making physical activity a health priority.

Active Texas 2020 Document Overview		
	Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
		Section 5: Establishing Community Goals and the tools to achieve and measure them
	Section 2: The History and Future of Active Texas 2020	Section 6: Selecting Evidence-based Strategies
		Section 7: Getting the Resources and Sustaining the Program
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 5: ESTABLISHING COMMUNITY GOALS AND THE TOOLS TO ACHIEVE AND MEASURE THEM

A leadership structure is critical to effective goal setting and implementation of health promotion activities.



Having established a leadership strategy that provides effective coordination of resources and efforts, a community will be poised to assess local priorities, set goals and targets, and to define the measures they will use to track progress. With a collaborative leadership structure in place, a community can more effectively identify local priorities and shared goals that reflect each community’s priority needs and populations.

The goal of Active Texas 2020 is to make physical activity a health priority in the state and to increase physical activity in a manner consistent with the US Physical Activity Guidelines. As a state-level planning tool, ACTIVE TEXAS 2020 will track the objectives for physical activity promotion in the Healthy People 2020 initiative, which is also linked to the Physical Activity Guidelines. The Healthy People 2020 objectives and targets should inform local planning efforts so that local efforts will support state-wide success.

Warning:

Without leadership and coordination – and a great deal of political will – establishing a common direction for action (through *shared* goals and target; and then establishing and tracking measures, will be virtually impossible.

OVERVIEW- ESTABLISHING EFFECTIVE PLANS

The processes described below are consistent with the Active Texas 2020 guiding principles because they reflect the core practices of public health. The public health approach includes assessing current health status of a population, identifying the health improvement need of that population, implementing an intervention to meet that need, evaluating that intervention, and then starting the cycle over again.

In Active Texas 2020, the processes and resources recommended for use by local leaders to develop their community-specific plans to increase physical activity in a community includes four components:

1. Assessment and Prioritization within Communities
2. Goal and Objective Setting for Each Community
3. Selecting Evidence-based Strategies to Reach Community-specific Objectives (in Section 7)
4. Definition of Measures for Each Community's Objectives

The simplest summary of the public health intervention process is

1. *assess*, 2. *implement*, 3. *evaluate*. *Repeat.*



One of the most important things an effective leadership team will do in a community is to develop a sufficiently comprehensive plan to achieve their goals. These steps build on each other to establish a plan that will increase success of the efforts and allow local leadership teams to reliably demonstrate the beneficial outcomes of the efforts. *Each of these components is a critical part of the whole process. Omitting one part may limit the success of the community's health improvement efforts and the local leaders' ability to reliably demonstrate the impact of the efforts.*

As important as a sense of urgency is to gaining momentum toward a healthier community, thorough planning serves as the foundation for successful efforts. No doubt, it would be easy to run out and begin intervention efforts in situations where it looks easy (ah, the allure of low hanging fruit). And, it would feel good to be "doing something" rather than "just planning." However, without sufficient assessment, planning, and coordination, the true priority needs will not be identified, and therefore not selected for intervention; the chance for ineffective resource allocation will increase; and the risk of being unable to measure and demonstrate impact will be significantly greater.

ASSESSMENT AND PRIORITIZATION WITHIN COMMUNITIES

In order to effectively address the needs of the whole population and the most critical needs in the community, local leaders must first understand the full range of needs, resources, and gaps in the community. A diverse leadership structure brings multiple benefits, one of which is a broad perspective on an assessment of the

community's needs and priorities. Multiple approaches are possible, but a community leadership team should select a method that will assist them in answering the following questions:

- 📄 What are the community's current resources and programs that promote physical activity? What types of resources and programs are they? Who do they target (children, families, workers, etc.)? Who has access to these resources?
- 📄 What are the differences in neighborhoods' assets, if any? Which groups in the community face the greatest challenges in gaining access to physical activity programs or infrastructure?
- 📄 Which target group or neighborhood has the greatest need?

Once these questions have been answered, the next step is to identify goals, and the objectives that will demonstrate achievement of the goals.

A Low-tech Option for Assessment of Community Physical Activity Resources

Get out a map of your community and colored thumb tacks. Use a different colored tack for each type of physical activity resource, program, or facility. When you're done, you'll have a broad picture of where there are more and less resources and a starting point for further assessment and investigation.

GOAL AND OBJECTIVE SETTING FOR EACH COMMUNITY

Once local leaders understand the priority needs in their community, setting shared goals for improving health through physical activity promotion will provide a common reference point for inspiration and leadership as they work through the development and implementation of the strategies they ultimately choose. Goals are broad statements that describe the future vision of a desired state, in this case, a future of an increasingly physically active community. Because changing health of a population will take years to achieve, establishing goals maintains focus on the community priorities throughout long-term health improvement processes.

Objectives are statements of how local leaders will achieve the goals. Objectives are more focused regarding who will be targeted (e.g., children, adults, pregnant women), what change is needed (e.g., increase or decrease in a type of activity); and when that change is desired (e.g., by 2015 or 2010). Establishing objectives specific to the community's




The [Texas Cancer Plan](#) is a statewide blueprint for cancer prevention and control in Texas. It is a consensus-based, strategic document used by public and private cancer control organizations, and provides a planned, evidence-based approach to preventing cancers and reducing the impact of cancer on Texans.

physical activity promotion goals is central to providing a basis for understanding whether specific goals are being achieved and to meeting priority needs using the most efficient use of resources on interventions that will effectively achieve the goals.

SELECTING EVIDENCE-BASED STRATEGIES TO REACH COMMUNITY-SPECIFIC OBJECTIVES

For each objective a community decides to strive toward, the community's implementation plans should include interventions that tie directly to that objective. Given the likelihood of a community working with limited resources and the desire to have the greatest possible impact, communities should start with interventions that have scientific basis for effectiveness.

-  Section 6 provides extensive and specific information about evidence-based strategies for increasing physical activities in different populations.

The [Physical Activity Evaluation Handbook](#) provides tools for state and local agencies and community-based organizations that are evaluating physical activity programs.

DEFINITION OF MEASURES FOR EACH COMMUNITY'S TARGETS

Before getting started on the intervention strategies, community leaders should establish procedures and tools to measure progress. Initially, it is critical to ensure that each measure or indicator has validity to represent achievement of the objectives. Establishing measures and tools before interventions begin provides confidence that over time the information necessary to show progress will be collected. Without these tools established prior to implementation, local leaders run the significant risk of being unable to demonstrate effective implementation or any form of impact.

With that admonition stated, community leaders are encouraged to define achievable evaluation and measurement strategies for their physical activity promotion efforts. As described in Section 3, a variety of forms of evaluation are available. Tools that include these methods of evaluation are provided below.

HEALTHY PEOPLE 2010 DEFINITIONS FOR KEY PLANNING COMPONENTS

<i>Key Planning Component</i>	<i>Answers the question</i>
<p>GOALS are <i>broad and lofty statements of general purpose to guide planning.</i></p> <ul style="list-style-type: none"> For example: Increase quality physical education classes in the local elementary school. 	<p>What do you want to happen?</p>

OBJECTIVES offer specific and measurable milestones, or targets. Also, objectives set deadline; narrow the goal by adding "who, what, when, and where;" clarifies by how much, how many, or how often.

How will we know if we reached the goal?

- For example: By 2020, increase the number of children in this community who are participating in 30 minute PE classes 5 days per week. Target for 2020, 100% of schools in local school districts have policies requiring PE classes for grades K-8.

Strategies specify the type of activities that must be planned, by whom, and for whom.

How will the objective be reached?

- For example: Work with school boards of each district in the community to establish policies requiring PE classes 5-days per week in grades K-8.

APPLYING THESE EXAMPLES TO THE APPROACH FOR LOCAL MEASUREMENT RECOMMENDED IN ACTIVE TEXAS 2020...

Background

In order to demonstrate achievement of the objective, objectives need a baseline (where the community is now, or the first data point in the tracking continuum) and a target (the desired end point amount of change, reflected by a number or percentage).

In outcome or impact evaluation, the baseline and target would focus on the health outcomes of the individuals who participate in the intervention, or even a change in the number of injuries/falls in among 50+ adults in the community as compared to previous years.

In formative evaluation, objectives can be measured simply by demonstrating the implementation of evidence-based interventions and the participation rates for each intervention. Participant satisfaction may also be measured as a part of a formative evaluation strategy.

Active Texas 2020 Approach

A community's baseline could be established by assessing the number of programs or facilities that offer strength and flexibility training to adults over 50, and potentially the number of adults utilizing those programs at the time of the assessment.

The target in a community could be to demonstrate an increase in the number of programs available and that utilization is high enough to sustain the program (i.e., the program is not only offered, but is used by the target population regularly).

Contribution to Improving Health in Texas

Active Texas 2020 is encouraging the use of evidence-based practices because the health benefits have already been demonstrated. Therefore, investing the resources necessary to conduct comprehensive surveillance of the 50+ adults in the community regarding their current physical activity and health outcomes over time is unnecessary. It is sufficient to demonstrate increasing access and utilization of physical activity resources because the health benefits to individuals and the community are assumed to be achieved.

The [Physical Activity Evaluation Handbook](#) provides tools for state and local agencies and community-based organizations that are evaluating physical activity programs. The tools are provided to support the demonstration of program outcomes and continuously improve physical activity promotion programs. Program evaluation serves another important purpose: it enhances our knowledge of the resources, methods, and strategies necessary to increase physical activity.

STRATEGIES FOR LOCAL LEADERS IN TEXAS



National and professional associations have created a variety of tools designed specifically to accomplish one or all of the steps articulated above. Several resources and toolkits available focus specifically on physical activity promotion, some in combination with strategies to improve nutrition. Some of the available resources and toolkits are general health improvement planning tools that could be readily adapted to a focus on physical activity promotion.



TOOLS TO SUPPORT COMMUNITY PLANNING

[Promoting Physical Activity: A Guide for Community Action](#)

Promoting Physical Activity shows you how to facilitate behavior change both from an individual and a community perspective. Using a social marketing and behavioral science approach to intervention planning, the text guides you step-by-step in addressing your target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions. By discovering what matters most to the people you want to reach, you will be able to create physical activity programs and messages that your specific audience wants, needs, and is ready for.

[Exercise is Medicine™ Action and Promotion Guide](#)

The Exercise is Medicine is an initiative designed to improve counseling activities by physicians and other health care professionals. The Exercise is Medicine Action and Promotion Guide provides tips and tools to plan your own Exercise is Medicine local event or activity during Exercise is Medicine Month in May or throughout the year, including a PowerPoint slide deck.

[ENACT: Environmental Nutrition and Activity Community Strategies](#)

Conduct assessments and select priorities for changing a particular environment. Learn more about best practices and promising approaches strategies to improve nutrition and physical activity environments:

Childcare, School, After School, Community, Workplace, Government, and Healthcare.

[The Healthy Communities Tool Kit](#) captures the lessons learned from the cities of Moses Lake and Mount Vernon in the State of Washington as they mobilized their communities to create environments that make it easier for residents to be physically active and choose healthy foods.

Toolkit 1: [Developing an Action Plan](#)

Toolkit 2: [Implementing and Evaluating Success](#)

[Mobilizing for Action through Planning and Partnerships](#) (MAPP) is a community-driven strategic planning tool for improving community health. This tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

[Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide](#)

Categories 5 and 6 address strategies to create safe communities that support physical activity and strategy to encourage communities to organize for change.

[The American Fitness Index](#) provides an evidence- and science-based measurement of state health and fitness at the community level for various communities throughout the U.S.

[Action on the Social Determinants of Health: Learning from Previous Experiences](#)

This resource provides a look at how to improve some of the world's poorest communities by changing the social conditions in which people live and work through the lens of Millennium Development Goals (MDGs).

[The Community Health Promotion Handbook: Action Guides to Improve Community Health](#)

The handbook is an evidence-based tool that includes action guides that provide public health practitioners interested in health promotion with the necessary "how to" guidance to implement effective community-level strategies.

REACHING PRIORITY POPULATIONS

In towns and cities across Texas, the playing field for physical activity is not a level one. A key reason for using population-based approaches is to increase community leaders' ability to reach beyond cultural differences and socioeconomic barriers that adversely affect some areas of their community more than others. Given the multiple sectors and systems (external influences) and values and preferences (internal

Texas community leaders must reach beyond cultural differences and socio-economic barriers that adversely affect some areas of their community more than others.

influence) that affect a persons' ability to be physically active on a consistent basis, understanding how to reach various neighborhoods and cultural groups will be a critical part of improving the health of the whole community.

The planning process that includes assessment, goal and objective setting, strategy selection, and evaluation must include a continuous focus on needs of priority populations; these populations may differ based on the geographic areas of the community that experience differences in access, on cultural differences (which may or may not coincide with neighborhood differences), and on the impact of the multiple sectors that influence access and utilization of physical activity promoting resources.



In its review of barriers to physical activity, Healthy People 2010 reports the most common barriers to be a lack of time, a lack of access to convenient facilities, and a lack of safe environments in which to be active^{xiii}; each of these barriers is associated to some degree with the economic factors that distinguish populations within a community. Healthy People 2010 identified another external factor that plays a key role in people's physical activity: distance.

"Regular physical activity depends, in part, on the availability and proximity of community facilities and on environments conducive to physical activity. ... People are unlikely to use community resources located more than a few miles away by car or more than a few minutes away by biking or walking."

SOCIAL DETERMINANTS OF HEALTH

"Any case of a disease results from a long and complex chain of characteristics, circumstances, and events. The terms used to refer to the stages in this causal chain are not well agreed upon, however. Causal factors are loosely grouped into precipitating causes, which refer to agent factors, such as a virus, and some aspects of the host, such as inadequate nutrition, which increases susceptibility. Determinants account, in some measure, for the underlying rates of disease in a population, while variations in these rates are explained by risk factors.

The social determinants of health include socioeconomic circumstances, social structure and function, and cultural factors. Social determinants refer to broad patterns and not to individual details—the state of being married would constitute a risk factor for some conditions, while the cultural and economic circumstances that lead to high divorce rates might form a social determinant of mental health in a particular population.

Our understanding of the social determinants of health remains in its infancy; there is little understanding of many details relating to how health is determined. Social epidemiology is still looking for its Pasteur to explain the processes involved.

Current explanations are akin to stating that a car works when you put gasoline in and turn the key."

~ Ian McDowell (<http://www.enotes.com/public-health-encyclopedia/social-determinants>)

RESEARCH ON PRIORITY POPULATIONS AND PHYSICAL ACTIVITY

The body of research on how best to promote physical activity in different economic and cultural groups is growing, and needs to continue to do so. In an examination of two systematic reviews of the literature (one of which covered 43 studies), the author, Terry Bazzarre concluded that the reviews demonstrate that there have been relatively few high-quality studies of physical activity interventions within African American and Native American populations, which are at an increased risk for obesity^{xiv}. The available research offers suggestions for strategies and directions to consider. However, the body of work on promoting physical activity to different priority populations is not sufficiently robust to provide the same level of confidence in the efficacy of these practices as those provided in the Community Guide.

Crespo et al report that, in and of themselves, social class indicators like education, family income, occupation, employment, poverty and marital status do not seem to explain higher prevalence of inactivity during leisure time among African Americans and Mexican Americans^{xv}. If this finding is borne out in further research, in making plans to increase physical activity among different cultural groups, community leadership teams will need to consider more than the economic factors associated with different parts of the city.

Summary From Healthy People 2010: Populations With Low Rates of Physical Activity

Women generally are less active than men at all ages.

People with lower incomes and less education are typically not as physically active as those with higher incomes and education.

African Americans and Hispanics are generally less physically active than whites.

Adults in northeastern and southern States tend to be less active than adults in North-Central and Western States.

People with disabilities are less physically active than people without disabilities.

By age 75, one in three men and one in two women engage in *no* regular physical activity.

Action Steps to Increase Physical Activity in Texas

2. Set Goals and Objectives for Each Community

II. Assess local physical activity assets, resources, gaps, and barriers.

Objective: Identify available resources, assets, and facilities that promote physical activity; and identify gaps and barriers that need to be overcome.


- A. Gather information about what physical activity resources are available in your community.
 - Where are the physical activity facilities in town (trails, parks, gyms, sidewalks)? Which are free and easy to access? What are the barriers to accessing them?
 - What policies or ordinances support physical activity, and which don't? Is PE required for school children? Are new zoning and development projects required to consider health and physical activity impact?
 - What are local businesses, colleges or universities, hospitals, government or other organizations doing to promote physical activity?
- B. Document the assets and resources, gaps and barriers, and begin to share the information with a variety of community leaders and ask them to fill in more information so the assessment is complete. Then, get their ideas about what more could be done.

Identifying the

II. Set goals, objectives, and targets to meet local priority needs.

Objective: Establish shared goals provide a vision for where the community is going together and objectives and targets that will be tracked to demonstrate progress toward the goals.

- A. Based on an open review of the community's assessed assets and gaps, work within the leadership team to identify physical activity priorities and to establish goals to meet the community's priority needs.
- B. For each of the goals, articulate the objectives that will articulate how the goal will be reached.
- C. For each objective, establish measurable targets that indicate when objectives are being reached.

Active Texas 2020 Document Overview		
	Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
	Section 2: The History and Future of Active Texas 2020	Section 5: Establishing Community Goals and the tools to achieve and measure them
		Section 6: Selecting Evidence-based Strategies
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 7: Getting the Resources and Sustaining the Program
		Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 6: SELECTING EVIDENCE-BASED STRATEGIES



Consistent with the guiding principles, Active Texas 2020 strongly recommends utilizing strategies that have been demonstrated to achieve gains in physical activity and improved health. Both for the purposes of effectively improving health and for supporting good proposals for funding, implementing evidence-based interventions is the most effective way to use limited resources. Many proven and promising interventions are available to achieve better health and to get the greatest return for the investment of resources and effort.

OVERVIEW – BACKGROUND

With physical activity as the focus, community leaders who strive to improve health of their community have a distinct advantage: there is a substantial body of evidence for what works. To get farther faster, ACTIVE TEXAS 2020 recommends using what has been proven to work and practices that show promise in a growing body of research.

The Task Force on Community Preventive Services has developed the Guide to Community Preventive Services (the Community Guide) with the support of the U.S. Department of Health and Human Services (including the CDC) in collaboration with public and private partners. The Task Force recommends a wide range of evidence-based strategies to improve community health through prevention efforts, one of which focuses on physical activity. The strategies recommended in the Community Guide support the objectives set out in Healthy People 2010.

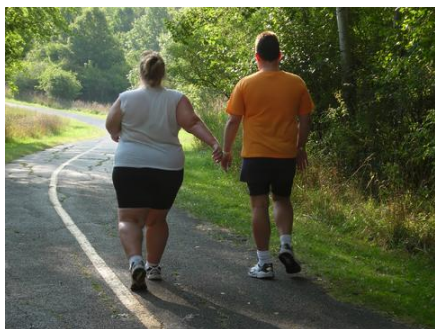
Community Guide recommendations are based primarily on the effectiveness of interventions, which was determined by a systematic review of scientific literature. The review included several considerations:

- 📄 effectiveness of an intervention with information about other potential benefits and harms,
- 📄 the applicability of the intervention in a variety of settings and populations, and
- 📄 economic analyses of effective interventions.

(Note: Economic information is included in descriptions of interventions in the Community Guide in support of informed decision making, but generally does not affect the strength of the Task Force’s recommendation.)^{xvi}

The Task Force evaluated the evidence of effectiveness of 11 selected types of interventions that were grouped into three larger strategies for increasing physical activity:

- 📄 behavioral and social approaches,
- 📄 environmental and policy approaches, and
- 📄 informational approaches



The work of the Task Force is ongoing and evaluations of additional interventions are still in progress, including the effectiveness of urban form (design) and land-use planning approaches and changes to transportation and travel infrastructure and policy.^{xvii}

From the Recommendations to Increase Physical Activity in Communities, Task Force on Community Preventive Services

“Choosing interventions that are well matched to local needs and capabilities and then carefully implementing those interventions are vital steps for increasing physical activity at the community level.

In setting priorities for the selection of interventions to meet local objectives, recommendations and other evidence provided in the *Community Guide* should be considered along with such local information as resource availability, administrative structures and policies, and economic and social environments of organizations and practitioners.

Taking into consideration local goals and resources, the use of strongly recommended and recommended interventions should be given priority for implementation.”



In the remainder of this section, the recommended and strongly recommended strategies from the Community Guide will be briefly described with links to the full descriptions on The Community Guide website. To remain true to the guiding principles, the major emphasis here will be to provide examples of how the recommended strategies could be adapted for implementation at a community level.

Given the wide range of community size in Texas and the likelihood of limited resources, being able to adapt the evidence-based practices to fit the various capacities of communities across Texas is worthy of consideration. When making such adaptations, a well intended community could inadvertently alter any of the evidence-based practices to the point of losing the core qualities that make them successful. None of the suggested adaptations presented below should be considered prescriptive; these examples are intended only to illustrate how adaptations can be made without distorting the qualities of the practice that are considered most crucial to its effectiveness.

[Ways to Use the Community Guide](#)

- **Policies** Legislation, organizational policies...
- **Programs or Services** Planning, preventive services, employee health and wellness...
- **Funding** Grant development, funding proposals...
- **Research** Identifying gaps, setting priorities, study quality...
- **Education** Course development, training...
- **General Use** Identify what works, use resources wisely, build community support...

The Community Guide's recommended strategies are grouped here in the three larger strategies for increasing physical activity:

- 📖 behavioral and social approaches,
- 📖 environmental and policy approaches, and
- 📖 informational approaches.

STRONGLY RECOMMENDED BEHAVIORAL & SOCIAL APPROACHES TO INCREASING PHYSICAL ACTIVITY

SCHOOL-BASED PHYSICAL EDUCATION

TO INCREASE THE AMOUNT OF TIME STUDENTS SPEND DOING MODERATE OR VIGOROUS ACTIVITY IN PE CLASS, THESE PROGRAMS SEEK TO CHANGE PE CURRICULA BY MAKING CLASSES LONGER OR HAVING STUDENTS BE MORE ACTIVE DURING CLASS. ESSENTIALLY, WHEN IT IS DONE RIGHT, SCHOOL PE WORKS TO GET KIDS ACTIVE.

SOCIAL-SUPPORT IN COMMUNITY SETTINGS

INTERVENTIONS THAT FOCUS ON CHANGING PHYSICAL ACTIVITY BEHAVIOR THROUGH BUILDING, STRENGTHENING, AND MAINTAINING SOCIAL NETWORKS THAT PROVIDE SUPPORTIVE RELATIONSHIPS FOR BEHAVIOR CHANGE (E.G., SETTING UP A BUDDY SYSTEM, MAKING CONTRACTS WITH OTHERS TO COMPLETE SPECIFIED LEVELS OF PHYSICAL ACTIVITY, OR SETTING UP WALKING GROUPS OR OTHER GROUPS TO PROVIDE FRIENDSHIP AND SUPPORT).

INDIVIDUALLY-ADAPTED BEHAVIOR CHANGE

INDIVIDUALLY-ADAPTED HEALTH BEHAVIOR CHANGE PROGRAMS TEACH BEHAVIORAL SKILLS TO HELP PARTICIPANTS INCORPORATE PHYSICAL ACTIVITY INTO THEIR DAILY ROUTINES. THE PROGRAMS ARE TAILORED TO EACH INDIVIDUAL'S SPECIFIC INTERESTS, PREFERENCES, AND READINESS FOR CHANGE.

MAKING THESE YOUR OWN

THE DIFFERENCE BETWEEN URBAN AND RURAL SETTINGS WILL REQUIRE ADAPTATION OF A STRATEGY THAT FOCUSES ON SOCIAL-SUPPORT. THE KEY IS TO UNDERSTAND THE POPULATION OR POPULATIONS WITHIN A GIVEN COMMUNITY.

- IN A SMALL, RURAL COMMUNITY WITH A LIMITED NUMBER OF, BUT WELL-ATTENDED CHURCHES, CREATING A SOCIAL SUPPORT NETWORK WITHIN THOSE CHURCHES AND A COLLABORATION AMONG CHURCHES MIGHT BE A WAY OF TARGETING A LARGE PORTION OF THE POPULATION. ALSO, INCORPORATING FAITH-BASED TEACHINGS WITH THE HEALTH EDUCATION INFORMATION ABOUT PHYSICAL ACTIVITY MIGHT REACH THE INDIVIDUALS WHO REGULARLY ATTEND THOSE CHURCHES.
- CREATING SOCIAL SUPPORT NETWORKS IN AN URBAN AREA WILL PROBABLY REQUIRE TAILORING DIFFERENT STRATEGIES TO DIFFERENT NEIGHBORHOODS. IN A CITY WITH A GROWING "DOWN-TOWN" RESIDENCY PROGRAM, THE SOCIAL NETWORK AND NEEDS WILL BE DIFFERENT THAN IN THE SUBURBS OR A HISTORICAL DISTRICT. TALKING TO THE RESIDENTS OF THOSE NEIGHBORHOODS WILL PROVIDE INSIGHT INTO INTERESTS AND NEEDS.

STRONGLY RECOMMENDED ENVIRONMENTAL & POLICY APPROACHES TO INCREASING PHYSICAL ACTIVITY

CREATE OR ENHANCE ACCESS TO PLACES TO BE ACTIVE AND COMBINE WITH INFORMATIONAL

OUTREACH

THESE INTERVENTIONS INVOLVE THE EFFORTS OF WORKSITES, COALITIONS, AGENCIES, AND COMMUNITIES IN ATTEMPTS TO CHANGE THE LOCAL ENVIRONMENT TO CREATE OPPORTUNITIES FOR PHYSICAL ACTIVITY. SUCH CHANGES INCLUDE CREATING WALKING TRAILS, BUILDING EXERCISE FACILITIES, OR PROVIDING ACCESS TO EXISTING NEARBY FACILITIES.

COMMUNITY-SCALE URBAN DESIGN LAND USE POLICIES & PRACTICES

COMMUNITY-SCALE URBAN DESIGN LAND USE POLICIES AND PRACTICES INVOLVE THE EFFORTS OF URBAN PLANNERS, ARCHITECTS, ENGINEERS, DEVELOPERS, AND PUBLIC HEALTH PROFESSIONALS TO CHANGE THE PHYSICAL ENVIRONMENT OF URBAN AREAS OF SEVERAL SQUARE MILES OR MORE IN WAYS THAT SUPPORT PHYSICAL ACTIVITY. THEY INCLUDE POLICY INSTRUMENTS SUCH AS ZONING REGULATIONS, BUILDING CODES, OTHER GOVERNMENTAL POLICIES, AND BUILDERS' PRACTICES; AND DESIGN ELEMENTS THAT ADDRESS

- *PROXIMITY OF RESIDENTIAL AREAS TO STORES, JOBS, SCHOOLS, AND RECREATION AREAS*
- *CONTINUITY AND CONNECTIVITY OF SIDEWALKS AND STREETS*
- *AESTHETIC AND SAFETY ASPECTS OF THE PHYSICAL ENVIRONMENT*

STREET-SCALE URBAN DESIGN LAND USE POLICIES & PRACTICES

STREET-SCALE URBAN DESIGN AND LAND USE POLICIES INVOLVE THE EFFORTS OF URBAN PLANNERS, ARCHITECTS, ENGINEERS, DEVELOPERS, AND PUBLIC HEALTH PROFESSIONALS TO CHANGE THE PHYSICAL ENVIRONMENT OF SMALL GEOGRAPHIC AREAS, GENERALLY LIMITED TO A FEW BLOCKS, IN WAYS THAT SUPPORT PHYSICAL ACTIVITY.

- *POLICY INSTRUMENTS EMPLOYED INCLUDE:*
 - *BUILDING CODES*
 - *ROADWAY DESIGN STANDARDS*
 - *ENVIRONMENTAL CHANGES*
- *DESIGN COMPONENTS INCLUDE:*
 - *IMPROVED STREET LIGHTING*
 - *INFRASTRUCTURE PROJECTS TO INCREASE SAFETY OF STREET CROSSING*
 - *USE OF TRAFFIC CALMING APPROACHES (E.G., SPEED HUMPS, TRAFFIC CIRCLES)*
 - *ENHANCING STREET LANDSCAPING*

POINT-OF-DECISION PROMPTS

ESSENTIALLY, SIGNS PLACED BY ELEVATORS AND ESCALATORS THAT ENCOURAGE PEOPLE TO USE NEARBY STAIRS FOR HEALTH BENEFITS OR WEIGHT LOSS. THESE PROMPTS CAN BE EXTENDED TO ANY OTHER SETTING WHERE PEOPLE HAVE A CHOICE BETWEEN AN ACTIVE AND AN INACTIVE WAY FORWARD. FOR EXAMPLE, WALKING TO THE NEXT BUS STOP, WALKING INSTEAD OF DRIVING TO THE GROCERY STORE, ETC.

MAKING THESE YOUR OWN

IN ANY STATE, UNCONTROLLABLE FACTORS SUCH AS THE WEATHER CAN BE A SIGNIFICANT FACTOR AROUND WHICH HEALTH PROMOTION PLANNING SHOULD OCCUR. IN SOUTH TEXAS, HEAT IS THE MOST SIGNIFICANT WEATHER CONCERN. WHILE PEOPLE IN THE RIO GRANDE VALLEY ARE ACCUSTOMED TO THE HIGH TEMPERATURES OF THE SUMMER MONTHS, ANYONE CAN BE SUSCEPTIBLE TO THE ADVERSE EFFECTS OF EXERTION IN THE HEAT.

- *WHEN DEVELOPERS WORK WITH LOCAL OFFICIALS TO CREATE A NEW NEIGHBORHOOD AND THE ASSOCIATED RETAIL ESTABLISHMENTS, CONSIDERATION FOR HOW TO PROMOTE PHYSICAL ACTIVITY SHOULD TAKE HEAT INTO ACCOUNT: PARKS AND PLAYGROUNDS NEED COVERED AREAS TO PROTECT PEOPLE FROM THE SUN; FAST GROWING TREES SHOULD BE PLANTED ALONG SIDEWALKS AND OTHER FOOT-TRAFFIC AREAS; AMONG THE BUILDINGS CREATED, INCLUDE A SIMPLE COMMUNITY CENTER WITH A VARIETY OF ROOMS THAT CAN BE USED FOR FITNESS ACTIVITIES.*

RECOMMENDED INFORMATIONAL APPROACHES TO INCREASING PHYSICAL ACTIVITY

COMMUNITY-WIDE CAMPAIGNS TO INCREASE PHYSICAL ACTIVITY ARE INTERVENTIONS THAT:

- *ESTABLISH IMPLEMENTATION STRATEGIES THAT INCLUDE MULTIPLE COMMUNITY SECTORS;*
- *INCLUDE HIGHLY VISIBLE, BROAD-BASED, MULTI-COMPONENT STRATEGIES (E.G., SOCIAL SUPPORT, RISK FACTOR SCREENING, OR HEALTH EDUCATION);*
- *MAY ALSO ADDRESS OTHER CARDIOVASCULAR DISEASE RISK FACTORS, PARTICULARLY DIET AND SMOKING; AND*
- *INCLUDE MEDIA CAMPAIGNS AS PART OF A BROADER, MULTI-SECTOR APPROACH. LARGE-SCALE, INTENSE, HIGHLY VISIBLE, COMMUNITY-WIDE CAMPAIGNS WITH MESSAGES DIRECTED TO LARGE AUDIENCES THROUGH DIFFERENT TYPES OF MEDIA, INCLUDING TELEVISION, RADIO, NEWSPAPERS, MOVIE THEATERS, BILLBOARDS, AND MAILINGS.*

MAKING THESE YOUR OWN

A COMMUNITY-WIDE CAMPAIGN SHOULD FOCUS ON THE PRIORITY NEEDS OF THAT COMMUNITY WHEN IT DESIGNS A MULTI-SECTOR STRATEGY. "YOU CAN'T BE ALL THINGS TO ALL PEOPLE," THE OLD SAYING GOES. IT'S TRUE TOO FOR IMPROVING HEALTH. FOCUSING FIRST ON PRIORITIES, THEN DEVELOPING THE STRATEGY AND COMMUNICATION PLAN THAT WILL BEST FIT THE COMMUNITY AND ITS PRIORITIES WILL SUPPORT BETTER RESULTS AND OUTCOMES.

- IF A COMMUNITY WANTS TO GET KIDS TO BE MORE ACTIVE OUTSIDE OF SCHOOL, THE PARTNERS AND THE TARGETED MEDIA WILL BE DIFFERENT THAN IF IMPROVING FITNESS AND STRENGTH IN THE SENIOR POPULATION IS IDENTIFIED AS THE GREATEST NEED.

Cardiovascular Disease and Stroke Prevention in Texas

The mission of the [Texas Council on Cardiovascular Disease and Stroke](#) is to educate, inform and facilitate action among Texans to prevent cardiovascular disease and stroke and to reduce the human and financial toll of these diseases.

The [Texas Plan to Reduce Cardiovascular Disease and Stroke, 2008](#) focuses on four key strategies to prevent and treat cardiovascular disease and stroke: (1) Surveillance, Data and Outcome Management, (2) Health Education and Outreach, (3) Community Policy and Environmental Changes, and (4) Clinical Prevention and Treatment Services.

OTHER RESOURCES WITH BEST PRACTICES

As stated above, the Task Force on Community Preventive Services developed the Community Guide with the support of the U.S. Department of Health and Human Services (including the CDC) in collaboration with public and private partners. While the Community Guide has had a prominent place in Active Texas 2020 recommendations to this point, other federal agencies, professional organizations, and advocacy groups have made tools and best- or model-practices available to support and encourage the promotion of physical activity for consideration. Some of these resources are provided below.



[NACCHO Model Practice Database](#)

The National Association of County and City Health Officials (NACCHO) reviewed multiple public health programs across the nation as model practices. The model practices are available in the Model Practices Database, which allows you to benefit from other local experiences, to learn what works, and to ensure that resources are used wisely on effective programs that have been implemented with good results.

Partnership for Prevention: [Places for Physical Activity: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults—An Action Guide](#)

Partnership for Prevention: [School-Based Physical Education: Working with Schools to Increase Physical Activity Among Children and Adolescents in Physical Education Classes—An Action Guide](#)

Partnership for Prevention: [Social Support for Physical Activity: Establishing a Community-Based Walking Group to Increase Physical Activity Among Youth and Adults—An Action Guide](#)

[Promoting Better Health for Young People through Physical Activity and Sports \(2000\)](#)

Recognizing the critical need to improve the health of young people, President Clinton issued a directive to the Secretary of Health and Human Services and the Secretary of Education to work together to identify "strategies to promote better health for our nation's youth through physical activity and fitness."

[National Blueprint: Increasing Physical Activity among Adults Age 50 and Older](#)

Blueprint partner organizations have identified 18 high priority strategies for increasing physical activity among adults age 50 and older.

[Active for LifeSM Online](#) is a flexible program offered by the American Cancer Society that encourages employees to be more physically active on a regular basis.

[CDC's LEAN Works! - A Workplace Obesity Prevention Program](#) is a **FREE** web-based resource that offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs, including an obesity cost calculator to estimate how much obesity is costing your company and how much savings your company could reap with different workplace interventions.

[Building Healthier Communities: Local Nutrition and Physical Activity Programs](#) summarizes programs created by various local public health agencies (LPHAs) that encourage a healthy lifestyle.

[Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services](#) supplies a summary of the Community Guide recommendations, briefly describes how the reviews were conducted, and provides information that can help in applying the interventions locally.

[Adolescent Obesity: Towards Evidence-Based Policy and Environment Solutions](#)

This supplement of the *Journal of Adolescent Health* presents research that documents trends toward healthier foods and more physical activity in schools through school policy changes.

[Complete Streets](#) is one of the community policy strategies for obesity prevention recommended by the CDC. This article also advises other changes to enhance infrastructure to support walking and biking, improved access to public transportation, etc.

[Jointuse.org](#) provides the tools and resources advocates need to launch successful joint use agreements, allowing for shared use of public spaces like schools with community members once schools are closed. This interactive website is dedicated to helping create safe places for children in all communities to play and be active.

[Local School Wellness Policies: How Are Schools Implementing the Congressional Mandate?](#) This research brief put forth by RWJF details key research results for school wellness programs and policies.

[Does the Built Environment Influence Physical Activity? Examining the Evidence -- Special Report 282](#)

Research increasingly shows a link between physical activity and the "built" environment -- buildings, roads, parks, and other structures that physically define a community -- but more research is needed to assess whether the built environment affects people's actual levels of physical activity, says a new report from the National Academies' Transportation Research Board and Institute of Medicine.

A GROWING EVIDENCE-BASE OF STRATEGIES TO PROMOTE PHYSICAL ACTIVITY AMONG CULTURAL GROUPS

Interventions that focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for positive behavior change are among those with evidence that substantiates their effectiveness. Examples include setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support). These interventions have consistently been found to promote adherence to physical activity programs across all populations.

A small, but growing body of research is available that evaluates the effectiveness of outreach of physical activity programs in localized communities and ethnic groups. In these works, two key themes emerge: social support, particularly from family, and culturally sensitive messages.



Social support in African American communities has been found to be effective when it takes on two

particular characteristics: family focus and faith-based components.

- 📖 Interventions which build social support are found to increase PA in African American women^{xviii}.
- 📖 In African Americans, family is highly valued and greatly influences the ability or inability to exercise. Interventions providing a variety of PA choices with a spiritual base that are available to the entire family in a convenient and a safe place, such as a church, are important to them^{xix}.
- 📖 Interventions to increase PA among preadolescent African American girls are enhanced with a parental component to encourage support and self efficacy for daughter's PA^{xx}.
- 📖 After school obesity prevention program (and dance classes) with family based interventions was successful in increasing PA in African American girls^{xxi}.
- 📖 Addition of faith based component to culturally tailored intervention has improved results for increasing PA in African Americans^{xxii}.
- 📖 Child targeted program and/or parents (caregiver) targeted program (with main focus on knowledge and behavior change skills to increase PA) were feasible, acceptable and efficacious in increasing PA in preadolescent African American girls^{xxiii}.

For both African Americans and Mexican Americans, the limited available research shows that strategies that address cultural values may result in more effective physical activity interventions. For example,

- Culturally sensitive interventions (like use of culturally sensitive signs for stair use) have been successful in promoting PA among African Americans in urban settings^{xxiv}.
- Mexican Americans regard PA as prescriptive for restoring health and often cite family responsibilities and family attitudes which promote/prohibit them from being active. So, PA interventions need to be tailored to their cultural values^{xxv}.

STRATEGIES FOR REACHING PRIORITY POPULATIONS



Consistent with the recommendations above, community leaders who desire to reach the whole community should start by establishing effective and diverse leadership. Including on your leadership team community leaders that represent the interests and ideas of different neighborhoods or cultural groups, including faith-based organizations, will better enable reaching all priority populations. Every community, and the sub-populations within that community, will have their own unique character and priorities. No single tool can be offered that would substitute working directly with community members to identify the environmental, social, and cultural issues that are important to them. That said, a number of tools are available for consideration and use to help address these needs.

RESOURCES AND TOOLS FOR REACHING PRIORITY POPULATIONS

[African American Collaborative Obesity Research Network - Community Tools](#)

[Exercise Attitudes and Behavior: A Survey of Midlife and Older Adults](#)

This report summarizes findings from two surveys of the views of Americans age 50 and older toward staying fit, including their overall perceptions of health and wellness, attitudes toward physical activity, etc.

[Salud America! Preventing Obesity Among Latino Children](#) provides a comparison of old and new strategies to prevent obesity among this population.


Action Steps to Increase Physical Activity in Texas

3. Select Strategies to Reach Community-specific Objectives

V. Choose evidence-based intervention strategies that will achieve local objectives and targets.

Objective: Complete the community plan to promote physical activity by choosing evidence-based intervention strategies that will achieve desired results.

- A. Review the Community Guide to Preventive Services recommended strategies and other national best- and promising-practices resources to identify strategies that will support local goals and objectives.
- B. Working in the leadership team, choose the strategies the community will implement to achieve local goals and objectives.
 - With the help of public health professionals, make appropriate adaptations to strategies to fit the community's specific character and needs.
 - Ensure that the plan addresses the needs of the ethnic and cultural groups in neighborhoods across the community.
- C. Document these strategies in your community's physical activity plan.
 - Link the strategies directly to the goals, objectives, and targets in the plan.

Active Texas 2020 Document Overview		
	Section 1: Taking Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
		Section 5: Establishing Community Goals and the tools to achieve and measure them
	Section 2: The History and Future of Active Texas 2020	Section 6: Selecting Evidence-based Strategies
		Section 7: Getting the Resources and Sustaining the Program
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 8: Implementing the Community Plan to Promote Physical Activity

SECTION 7: GETTING THE RESOURCES AND SUSTAINING THE PROGRAM



With clear targets and a plan to achieve them, a community leadership team and the respective sector representatives will be more fully prepared to articulate how requests for funding will be used. This will make receiving funding through proposals to foundations or government agencies as well as to move to implementation quickly for more results.

OVERVIEW - BACKGROUND

One of the guiding principles of Active Texas 2020 is “All Health is Local.” Generally speaking, an ancillary guiding principle might be “the majority of funding for local health improvement is local.” While federal funding is made available for health improvement and chronic disease prevention efforts, they are typically targeted at state-level organizations such as state agencies or universities. While some of those resources may subsequently be available for local use, it is best to focus initially closer to home.

RETURN ON INVESTMENT

Working from the evidence-base, we know that physical activity improves health. We also know that improving health reduces costs: costs to individuals’ well-being, costs to employers, and more. Community

leaders promoting physical activity initiatives are in a uniquely strong position when it comes to advocating for their initiatives. That is because the science tying increased physical activity to health improvements is solid; and the evidence is strong that investments in improving health through physical activity results in cost savings for individuals, employers, and more. The evidence is clear and available. The next step is to incorporate it into the messages and proposals to support community-based initiatives.

THE COST OF OBESITY IN TEXAS

In Texas, the cost of obesity was \$ 3.3 billion in 2005 and is estimated to be \$15.8 billion annually in 2025^{xxvi}.

“(The 2005) figure includes the cost of health care, absenteeism, decreased productivity and disability. Being overweight or obese increases one’s risk of acquiring costly chronic illnesses such as diabetes, heart disease, hypertension, stroke, osteoarthritis, gallbladder disease, asthma, sleep apnea and certain cancers. These diseases cost employers – directly in higher health care costs and indirectly through lost productivity when workers are out sick, disabled or simply not functioning up to standard.

Most of the cost of private health insurance is borne by America’s employers. Since 2001, their health insurance premiums have risen by an average of 68.2 percent.”

In another 10-15 years, many of today’s overweight children will enter the work force as overweight or obese adults. This will present a considerable cost to their employers, community, and families. Currently, many Texas companies are adopting a prevention strategy in their focus on health care in an effort to reduce future health care costs for preventable diseases. Successful programs use a variety of incentives to employees, such as lower health insurance deductibles or company-paid gym fees, and make other programs available that encourage employees to choose healthy lifestyles. These programs may take up to three years to show a return on investment, but those returns can be significant when they materialize.



What's Good For the Worker is Good For the Company

Retailer L.L. Bean instituted daily, mini-exercise breaks 15 years ago throughout its assembly plant with great results, Yancey says. The breaks were five minutes each, three times a day. At the end of the shift, the company found a 30-minute return on productivity for an investment of 15 minutes of physical activity. "The number of bags and shoes that they do not produce in those 15 minutes," Dr. Toni Yancey of UCLA says, "they actually get back and then some." Source: [National Public Radio, February 2009](#).

MEASURING AND DEMONSTRATING RETURN ON INVESTMENT

When evaluating the financial benefits of implementing a health improvement program in a corporate or community setting, the “return on investment” is typically measured or reported in terms of the factors (not an exhaustive list):

- 📄 Reduction in major medical costs for those who are regularly physically active compared to those who report being inactive,
- 📄 Reduction in average number of disability days for those who are regularly physically active compared to those who report being inactive,
- 📄 Reduction in direct disability dollar costs,
- 📄 Cost-benefit ratio of dollars spent to dollars saved [(Average operating cost per participant) compared to (Average combined savings per participant)],
- 📄 Reduction of short-term sick leave, and
- 📄 Increased productivity on the job.

Planning for Diabetes Prevention in Texas

The [Texas Diabetes Council](#) addresses issues affecting people with diabetes in Texas and advises the Texas Legislature on legislation that is needed to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education. The Texas Diabetes Council's [Plan to Prevent and Control Diabetes in Texas](#) endorses a comprehensive approach to diabetes.

Research on the return on investment or financial benefit of implementing wellness or health improvement programs in communities, schools, and corporate settings has included a full range of wellness programs. For example, in 1983, Travelers Insurance Company provided the *Taking Care Program* to all of its 36,000 employees and retirees nationwide over a four year period. The comprehensive interventions included

- a) health risk appraisal,
- b) medical reference text,
- c) monthly health newsletter,
- d) quarterly media blitzes that used educational brochures, videotapes, posters on various health issues,
- e) weight loss contests, aerobic classes, HTN screening,
- f) fitness equipment & resources, and
- g) health and lifestyle management courses – smoking cessation, weight control, stress management.






In the Travelers evaluation, the overall return on investment for this program was estimated to be a savings of **\$3.4 for each \$1 spent**. Given the breadth and variety of program interventions at each location, the magnitude of savings may vary, but the return on the investment was clear^{xxvii}.

Summarized from a meta-analysis in 1989, this table lists programs implemented by corporation that produced a wide range of cost savings using a variety of interventions^{xxviii}.

Company	Intervention	Return on each \$1.00 invested
NY Telephone Company	Health Promotion	\$1.95
Metropolitan Life Company	Smoking cessation	\$3.15
ALLEF	Wellness Program	\$2.16
Equitable Life Company	Stress relaxation	\$5.52
Motorola Company	Health Promotion	\$3.00
Kennecott Copper Company	Life style	\$5.78
Blue Cross Indiana Company	Health Promotion	\$2.51

Evaluation of the exact cost savings from initiatives designed to increase physical activity specifically have been more limited, but the direct cost of inactivity have been estimated for the US as a whole.

-  Direct cost of inactivity (defines conservatively as absence of leisure time PA) was \$24 billion in 1995 in the US^{xxix}.
-  Direct cost of physical inactivity in 2000 was estimated to be \$76.6 billion. Active people were defined as those doing moderate to vigorous PA ≥ 3 times/wk for ≥ 30 min/session; all others were considered inactive, which makes the estimates conservative^{xxx}.
-  Direct medical expenditure of CVD due to physical inactivity in year 2001 was estimated to be \$23.7 billion. These estimates were also assumed to be conservative as categorization was dichotomous into active and inactive and persons with physical limitations were excluded^{xxxi}.

ROI Evidence in Smaller, More Focused Populations

Health Care Cost Reductions With Changes in Physical Activity in an Older Adult Cohort^{xxxii}

Conclusions: Long term physical activity (over at least two years) as well as more recent uptake of physical activity is associated with lower health care charges among older members of a managed care organization. These cost savings may persist for some time, even if physical activity is stopped or reduced. Implications: Since both the uptake and maintenance of physical activity are associated with reduced health care expenditures within a relatively short time, initiatives to increase and maintain physical activity among older adults enrolled in health plans has the potential to yield a good return on investment.

FOR YOUR CONSIDERATION: [Prevention for a Healthier America: Community Disease Prevention and Health Reform](#)

A presentation that focuses on community-level prevention, with an emphasis on return on investment and policy implications.

by Jeffrey Levi, PhD, New York Academy of Medicine, April 7, 2009



STRATEGIES FOR LOCAL LEADERS IN TEXAS



A diverse leadership team should include individuals who represent major institutions in the community, whether they represent large or small businesses; community colleges or universities; community hospitals; city or county elected officials; or local health foundations or endowments. These representatives will play a central role in the success of a community-wide physical activity promotion effort not only for their ability to cultivate support from a wide-range of organizations and people, but also for their ability to identify and cultivate potential funding and resource opportunities. As part of each community's leadership structure, these representatives will be in a good position to focus attention on a number of local resources that are situated to best support local initiatives.

Type of Local Leader	Primary Engagement Strategies
Local and regional business leaders	Perhaps they might be considered non-traditional health promotion partners, but business owners are among a leadership team's best assets. They not only employ people who can benefit from worksite physical activity programs, but they have interests in supporting initiatives that help people in their community thrive. Finding the win-win for a business or group of businesses can build the sustainability necessary for a leadership team and the ongoing physical activity promotion efforts. A given business may be able to support the cause as special event sponsor or by providing business-specific support to the PA promotion effort (such as printing, PSA production, meeting coordination or space, etc.).
Community-based foundations or endowments	The leadership team promoting physical activity should learn about the focus and priorities of the foundations and endowments in their community and to identify if they have health, or more specifically physical activity as a key objective and/or funding priority. If the members of the leadership team are unfamiliar with local

foundations, they can target a [Community Foundation](#), which are specifically designed for local giving. Most medium-large cities have one. Starting with the local Community Foundation for guidance and advice will help identify resources in the community specifically interested in funding a local physical activity promotion project.

Local colleges and/or universities

Including representatives from local colleges and/or universities can bring a unique set of assets to a community health improvement initiative.

- Academic departments such as health education, fitness and kinesiology, and sports psychology (and more) can offer the expertise of faculty and graduate students. Given that these individuals chose the topic for a career, they may be among the effort's more ardent supporters.
- Also, as a major organization in the community, the administrative leadership of the university will not only have a workforce that will benefit from a worksite wellness program, but also they will have resources to provide support (if only meeting space) as well as connections to business leaders who may also find multiple benefits from supporting the community health improvement initiative.

Local government

The full range of local government offices should be considered for inclusion in the development of a strategy to improve health through increased physical activity, not just the health department. Multiple sectors must be included to define and achieve the community's goals.

- Governance bodies, such as city councils and commissioner's courts, can effectuate policy changes that promote increased physical activity (such as zoning and resource allocation).
- Mayors' offices alone can be a key organizing and leadership force to promote fitness and health.
- School boards can change policies regarding physical activity for school-age children (k-12).
- Parks and recreation departments will implement and maintain built environment and promote access to facilities that promote physical activity.
- Local law enforcement will promote and support security to ensure that a lack of safety is not a barrier to people and families being physically active.
- City and urban planning departments (where available) can be included to shape the development of new built

environments.

In an environment and economy of limited resources, local leaders can use the following resources to support their cases for requests for resources and to conduct their own ROI assessments as they implement their physical activity promotion initiatives.



Return on Investment Information, Resources, and tools

Recognizing the benefit of demonstrating ROI, in 2009 the National Association of Chronic Disease Directors published [A Practical Guide to Return on Investment](#). The tool presents seven steps with specific instructions for each:

- Step One – Prepare for ROI
- Step Two – Plan Your Work
- Step Three – Gather Credible Evidence
- Step Four – Isolate Program Impact and Justify Your Conclusions
- Step Five – Do the Math—Calculate the ROI
- Step Six – Communicate Your Results and Lessons Learned
- Step Seven – Make ROI Routine

[Quantifying the Cost of Physical Inactivity](#)

East Carolina University provides this tool that provides an estimate of the financial cost of physical inactivity to a particular community, city, state, or business. Companion resources and information are also available to identify strategies to re-allocate resources and plan for healthier workplaces and communities that are more supportive of physical activity.

As part of the [LEAN Works program \(Leading Employees to Activity and Nutrition\)](#), the CDC offers cost calculators in two formats:

- Use the [Obesity Cost Calculator Worksheet](#) to gather information to input into the cost calculator.
- Use the [Obesity Cost Calculator](#) to figure out how much obesity costs your company and how much you could save by implementing an obesity prevention program in your workplace.

[ROI Calculator from Wellsteps: Health Care Costs, Absenteeism, Presenteeism](#). In this tool, business managers enter company specific information and calculate their costs associated with obesity and inactivity of their employees.

[Wellness Council of America](#) is a national not-for-profit organization working with serve business leaders, workplace wellness practitioners, public health professionals and consultants of all kinds to improving the health and well-being of all working Americans. Key elements of their mission include

- Promoting corporate membership;
- Producing leading-edge worksite wellness publications and health information;
- Conducting trainings that help worksite wellness practitioners create and sustain results-oriented wellness programs; and
- Creating resources that promote healthier lifestyles for all working Americans.

Members can acquire [Free resources](#) and purchase a broad array of resources and tools to promote worksite wellness, among those are return on investment tools.

[Measuring Economic Value of an Urban Park System](#)

The Trust for Public Land's Center for City Park Excellence identified seven attributes of city park systems that provide economic value and that can be measured.

[Corporate Wellness Return on Investment \(ROI\)](#) provides information about the cost-benefit analysis of Workplace Wellness Programs.


Action Steps to Increase Physical Activity in Texas

3. Select Strategies to Reach Community-specific Objectives

V. Pursue resources to support the strategies chosen to meet local priorities.

Objective: Procure resources to support the implementation of the strategies that will meet the priority needs identified in the assessment and planning process.

- A. Using the resources and information available through the local leadership team, identify potential sources of funding and other support for the chosen strategies that will achieve local goals and objectives.
 - Primarily focus on identifying local funding sources such as local health foundations or large businesses in the community.
 - Explore possible state or national funding sources through government or health foundations.
- B. Submit requests for funding and support using the community's goals, objectives, targets and strategies to communicate how funds will be used.
 - Convey briefly but thoroughly the results of the community assessment to support the proposal.
 - Use information on the evidence-based strategies and the demonstrable return on investment of physical activity to provide the reviewer with the confidence that the strategies will achieve the desired outcomes.
- C. Prepare to implement and track progress toward the strategies supported by funding agencies.

Active Texas 2020 Document Overview		
	Section 1: Take Action to Improve Health in Texas through Increased Physical Activity	Section 4: The Imperative for Leadership and Collaboration
	Section 2: The History and Future of Active Texas 2020	Section 5: Establishing Community Goals and the tools to achieve and measure them
		Section 6: Selecting Evidence-based Strategies
	Section 3: Measuring Goals and Objectives for Physical Activity in Texas	Section 7: Getting the Resources and Sustaining the Program
		Section 8: Implementing the Community Plan to Promote Physical Activity

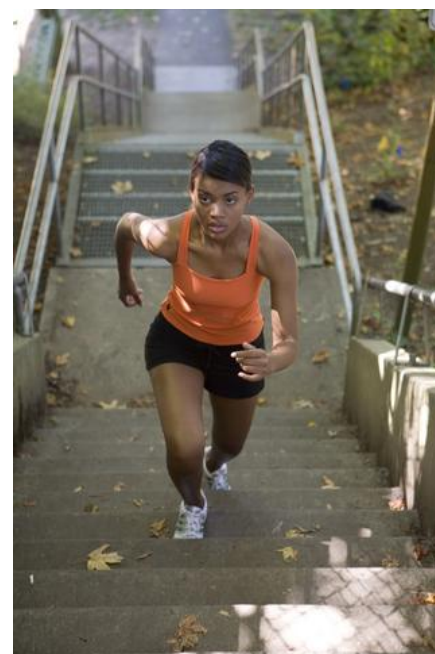
SECTION 8: IMPLEMENTING THE COMMUNITY PLAN TO PROMOTE PHYSICAL ACTIVITY AND IMPROVE HEALTH.

After the leadership team has assessed needs and priorities, set goals, objectives, and measures, chosen evidence-based strategies, and procured resources necessary to begin working toward the objectives, it is time to begin implementing the plans established. It bears repeating that the leadership team will need to be tenacious and persistent in the long-term process to get to this point – and to continue past it with cycles of re-evaluation, re-assessment, re-prioritizing, choosing new strategies, and then starting the cycle over again.

This step seems small relative to the others described above; that is because the success of this step depends entirely on the effective implementation of the previous steps.

MAINTAIN CONTACT AMONG SUMMIT PARTICIPANTS / COMMUNITY LEADERS

Visit [Active Texas 2020](#) online for information sharing statewide.



Action Steps to Increase Physical Activity in Texas

4. Implement and Evaluate the Plan

VI. Implementation and Evaluation	Objective: Initiate implementation of strategies chosen by the community leadership team to begin increasing physical activity in the population. A. Systematically begin implementing strategies; execute the plan.
VII. Evaluate the Program	Objective: Implement the evaluation plan , gathering the information designed to evaluate the effectiveness and reach of the interventions. A. Implement the evaluation plan; begin gathering information as planned. B. Analyze the information and report to the community leadership team.

Action Steps to Increase Physical Activity in Texas

1. Establish a Leadership Team

I. Establish a leadership team to promote physical activity as a health priority.

Objective: Develop collaborative networks to achieve community-level changes that will make improvements in the populations' health.

- A. Find out if there is an existing team promoting physical activity.
 - If there is, ensure it is fully diverse and represents all population groups in community.
 - If there is no team, start one; find others in your community who share a commitment to improving health and build a team that can promote physical activity throughout the community.
- B. Once you have a team, establish a vision and focus around making physical activity a health priority.

2. Set Goals and Objectives for Each Community

II. Assess local physical activity assets, resources, gaps, and barriers.

Objective: Identify available resources, assets, and facilities that promote physical activity; and identify gaps and barriers that need to be overcome.

- A. Gather information about what physical activity resources are available in your community.
 - Where are the physical activity facilities in town (trails, parks, gyms, sidewalks)? Which are free and easy to access? What are the barriers to accessing them?
 - What policies or ordinances support physical activity, and which don't? Is PE required for school children? Are new zoning and development projects required to consider health and physical activity impact?
 - What are local businesses, colleges or universities, hospitals, government or other organizations doing to promote physical activity?
- B. Document the assets and resources, gaps and barriers, and begin to share the information with a variety of community leaders and ask them to fill in more information so the assessment is complete. Then, get their ideas about what more could be done.

II. Set goals, objectives, and targets to meet local priority needs.

Objective: Establish shared goals provide a vision for where the community is going together and objectives and targets that will be tracked to demonstrate progress toward the goals.

- A. Based on an open review of the community's assessed assets and gaps, work within the leadership team to identify physical activity priorities and to establish goals to meet the community's priority needs.
- B. For each of the goals, articulate the objectives that will articulate how the goal will be reached.
- C. For each objective, establish measurable targets that indicate when objectives are being reached.

3. Select Strategies to Reach Community-specific Objectives

X. Choose evidence-based intervention strategies that will achieve local objectives and targets.

Objective: Complete the community plan to promote physical activity by choosing evidence-based intervention strategies that will achieve desired results.

- A. Review the Community Guide to Preventive Services recommended strategies and other national best- and promising-practices resources to identify strategies that will support local goals and objectives.
- B. Working in the leadership team, choose the strategies that the community will implement to achieve local goals and objectives.
 - With the help of public health professionals, make appropriate adaptations to strategies to fit the community's specific character and needs.
 - Ensure that the plan addresses the needs of the ethnic and cultural groups in neighborhoods across the community.
- C. Document these strategies in your community's physical activity plan.
 - Link the strategies directly to the goals, objectives, and targets in the plan.

X. Pursue resources to support the strategies chosen to meet local priorities.

Objective: Procure resources to support the implementation of the strategies that will meet the priority needs identified in the assessment and planning process.




- A. Using the resources and information available through the local leadership team, identify potential sources of funding and other support for the chosen strategies that will achieve local goals and objectives.

	<ul style="list-style-type: none"> • Primarily focus on identifying local funding sources such as local health foundations or large businesses in the community. • Explore possible state or national funding sources through government or health foundations. <p>B. Submit requests for funding and support using the community’s goals, objectives, targets and strategies to communicate how funds will be used.</p> <ul style="list-style-type: none"> • Convey briefly but thoroughly the results of the community assessment to support the proposal. • Use information on the evidence-based strategies and the demonstrable return on investment of physical activity to provide the reviewer with the confidence that the strategies will achieve the desired outcomes. <p>C. Prepare to implement and track progress toward the strategies supported by funding agencies.</p>
4. Implement and Evaluate the Plan	
VIII. Implementation and Evaluation	<p>Objective: Initiate implementation of strategies chosen by the community leadership team to begin increasing physical activity in the population.</p> <p>A. Systematically begin implementing strategies; execute the plan.</p>
IX. Evaluate the Program	<p>Objective: Implement the evaluation plan , gathering the information designed to evaluate the effectiveness and reach of the interventions.</p> <p>A. Implement the evaluation plan; begin gathering information as planned.</p> <p>B. Analyze the information and report to the community leadership team.</p>

First – Ask the right questions.

If you ask questions that are too general, you'll get answers and information that the responder wants to give. If you ask specific, targeted questions, you'll get the answers and information you need.









Texas' Focus Group Questions

-  What do you think about having a statewide PA plan? How would you want it to work for you?
-  What have been your successes and challenges in promoting and increasing PA in your communities?
-  What tools and resources would you want to find in a state plan?

Second – Collect the Ideas.

The community leaders self-selected participation in focus groups that discussed these questions as they pertained to a variety of community sectors in which physical activity occurs and where it can be promoted.







Community Sectors

-  health and medical care communities,
-  built environments,
-  worksites,
-  schools,
-  parks and recreation departments,
-  transportation departments,
-  hard to reach populations and other communities , or
-  diversity and priority populations.

Third – Analyze the information gathered and transform those ideas into a set of tools for local leaders.

Real-time transcription of the focus group discussions, as well as additional note-taking by facilitators and participants, provided a large body of information that documented local leaders' experience promoting physical activity in each of those community sectors. The data were compiled and analyzed using a qualitative analysis approach.

At the Texas Fit City Summit in January 2009, Texas municipal leaders said they wanted a state-level plan that would help them:

-  Build leadership and collaboration capacity,
-  Establish community goals and measures aligned with state goals and measures,
-  Acquire resources and sustain programs,
-  Implement evidence-based strategies,
 -  Reach priority populations, and
 -  Maintain connections with other active community leaders.



TEXAS' LOCAL LEADERS DEFINED THE STRUCTURE OF ACTIVE TEXAS 2020

This feedback from local leaders at the Fit City Summit in 2009 directly shaped the structure of Active Texas 2020. These leaders expressed the need for a “plan” that not only told them where we need to be going as a state and where to focus attention and resources, but a “tool” that would enhance their success by showing

them how to achieve the goals they set for their communities. Active Texas 2020 has been designed to be an action plan that gives local leaders the resources and tools they need to take action for a more active, healthier community.

APPENDIX 3: MEASURING PHYSICAL ACTIVITY IN THE POPULATION







Public health scientists and professionals use the word “indicator” to describe the aspects of health that are measured with the intention of telling us something about the health of a population.

-  An indicator of physical activity is the number of minutes of vigorous activity a sample group of individuals experience in a single week.
-  An indicator of disease is the number of individuals with a confirmed diagnosis of type 2 diabetes.

When scientists have collected data on these (and many other) indicators from a wide enough sample of the population, they can describe reasonably well the overall state of health of that population. More importantly, however, is the critical role health indicators such as these play in determining whether programs have successfully achieved their objectives to improve health.

Many of these indicators are tied to federal funding received by state and local entities; in this situation, the indicator may be a performance measure. The Government Performance and Results Act of 1993 (GPRA) requires all Federal agencies to manage their activities with attention to the consequences of those activities. Each agency is to clearly state what it intends to accomplish, identify the resources required, and periodically report its progress to the Congress.

A number of federal agencies invest resources in programs to improve health and to track indicators of physical activity in the population. The Center for Disease Control and Prevention (CDC) has the largest portfolio of initiatives that promote physical activity and track relevant indicators:

-  National Health Interview Survey;
-  National Center for Health Statistics;
-  Behavior Risk Factor Surveillance System;
-  Youth Risk Behavior Surveillance System;
-  National Center for Chronic Disease Prevention and Health Promotion; and
-  School Health Policies and Programs Study.



Other federal agencies, such as the US Department of Transportation and the US Department of Education also oversee initiatives that promote physical activity within the context of their primary business. Several state health departments have also established initiatives to track indicators of physical activity as a representation of the health of their populations.

HEALTHY PEOPLE 2010

A nation-wide initiative to improve health called Healthy People 2010 established national objectives for improving health using a variety of sources for indicators to track achievement of those objectives. HP 2010 dedicated one chapter to tracking increases in physical activity levels in the population as an indicator of improving health in the US population.








HP2010 objectives are selected by public health scientists and professionals as being the best available measures of physical activity in the US population.

These measures come in two basic types:




-  Indicators of physical activity in individuals and
-  Indicators of change in policy or the environment.

Examples of HP 2010 objectives are listed below. For each of these objectives there is one or more indicators available or in development:

Example Physical Activity (PA) Objectives

-  Increase the proportion of adults who engage regularly, preferably daily (at least 5 days/wk), in moderate PA for at least 30 minutes per day
-  Increase the proportion of adolescents who engage in moderate PA for at least 30 minutes on 5 or more of previous 7 days
-  Increase the proportion of adolescents who participate in daily school PE
-  Increase the proportion of adolescents who spend at least 50 % of school PE time being physically active
-  Increase trips or 1 mile or less by walking in adults 18 years and above
-  Increase trips to school of 1 mile or less in children and adolescents 5-15 years
-  Increase the proportion of adolescents who view TV two or fewer hours on a school day

Example Policy and Environmental Change Objectives

-  Increase the proportion of schools requiring daily PA for all students; for middle and junior high schools; for Senior high schools.
-  Increase the proportion of worksites offering employer-sponsored PA and fitness programs.
-  Increase the proportion of the Nation's public and private schools that provide access to their PA spaces and facilities for all persons outside normal schools hours (before and after the school, on weekends, and during summer and other vacations) Developmental Indicator

CAROL M. WHITE PHYSICAL EDUCATION GRANT (US Department of Education)

The Carol M. White Physical Education Program provides grants to initiate, expand, or enhance physical education programs, including after-school programs, for students in kindergarten through 12th grade. Grant recipients must implement programs that help students make progress toward meeting state standards.

MEASURE 1: The percentage of elementary school students served by the grant who engage in 150 minutes of moderate to vigorous activity per week.

MEASURE 2 : The percentage of middle and high school students served by the grant who engage in 225 minutes of moderate to vigorous activity per week.

MEASURE 3: The cost (based on the amount of the grant award) per student who achieves the level of physical activity required to meet the physical activity measure above (150 minutes of moderate to vigorous physical activity per week for elementary school students, and 225 minutes of moderate to vigorous physical activity per week for middle and high school students).

HP 2010 Objectives

At the time of release of Active Texas 2020, the Healthy People 2020 objectives and targets had not been finalized and could therefore not be included. Until they are available, the Healthy People 2010 objectives will be included for reference.

OBJECTIVE	2010 Target	Baseline (2000 unless otherwise specified)
Physical Activity in Adults		
22-1. Reduce the proportion of adults who engage in no leisure-time physical activity.	20 percent	40 percent of adults aged 18 years and older engaged in no leisure-time physical activity in 1997 (age adjusted to the year 2000 standard population)
22-2. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	30 percent	15 percent of adults aged 18 years and older engaged in moderate physical activity for at least 30 minutes 5 or more days per week in 1997 (age adjusted to the year 2000 standard population)
22-3. Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	30 percent.	23 percent of adults aged 18 years and older engaged in vigorous physical activity 3 or more days per week for 20 or more minutes per occasion in 1997 (age adjusted to the year 2000 standard population).
Muscular Strength/Endurance and Flexibility		
22-4. Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.	Target: 30 percent.	Baseline: 18 percent of adults aged 18 years and older performed physical activities that enhance and maintain strength and endurance 2 or more days per week in 1998 (age adjusted to the year 2000 standard population).
22-5. Increase the proportion of adults who perform physical activities that enhance and maintain flexibility.	43 percent	30 percent of adults aged 18 years and older did stretching exercises in the past 2 weeks in 1998 (age adjusted to the year 2000 standard population)
Physical Activity in Children and Adolescents		
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.	35 percent	27 percent of students in grades 9 through 12 engaged in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days in 1999
22-7. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	85 percent	65 percent of students in grades 9 through 12 engaged in vigorous physical activity 3 or more days per week for 20 or more minutes per occasion in 1999
22-8. Increase the proportion of the Nation's public and private schools that require daily physical education for all students.	Target setting method: 47 percent improvement for middle and junior high schools; 150 percent improvement for senior high schools.	
22-8a. Middle and junior high schools	25	1994 Baseline 17%

22-8b. Senior high schools	5	1994 Baseline 2%
22-9. Increase the proportion of adolescents who participate in daily school physical education.	50 percent	29 percent of students in grades 9 through 12 participated in daily school physical education in 1999
22-10. Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.	50 percent	38 percent of students in grades 9 through 12 were physically active in physical education class more than 20 minutes 3 to 5 days per week in 1999
22-11. Increase the proportion of adolescents who view television 2 or fewer hours on a school day.	75 percent	57 percent of students in grades 9 through 12 viewed television 2 or fewer hours per school day in 1999
Access		
22-12. Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).	(Developmental)	
22-13. Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.	75 percent	46 percent of worksites with 50 or more employees offered physical activity and/or fitness programs at the worksite or through their health plans in 1998–1999.
22-14. Increase the proportion of trips made by walking. Target setting method: 47 percent improvement for 22-14a and 68 percent improvement for 22-14b. (Better than the best will be used when data are available.)		
22-14a. Adults aged 18 years and older (Trips of 1 mile or less)	25	17 (1995)
22-14b. Children and adolescents aged 5 to 15 years (Trips to school of 1 mile or less)	50	31 (1995)
22-15. Increase the proportion of trips made by bicycling.		
22-15a. Adults aged 18 years and older (Trips of 5 miles or less)	2.0	0.6 (1995)
22-15b. Children and adolescents aged 5 to 15 years (Trips to school of 2 miles or less)	5.0	2.4 (1995)

APPENDIX 4: PHYSICAL ACTIVITY GUIDELINES

Physical Activity Guidelines for Americans Toolkit provides resources that will complement what your organization is doing now to encourage people in your community to get the amount of physical activity they need, based on the Guidelines and their own goals.

Information for individuals to set and achieve their own physical activity goals (based on US guidelines).

<http://www.healthfinder.gov/scripts/SearchContext.asp?topic=657&page=0>

<http://www.healthfinder.gov/prevention/ViewTopic.aspx?topicId=22>

<http://www.healthfinder.gov/HealthTools/>

Physical Activities Workbook

AARP's Physical Activities Workbook shows older people how to add physical activity into their daily routine based on their different needs and lifestyles. It also teaches them how to start safely, set goals, develop a support network, find motivation and overcome barriers.

APPENDIX 5: CURRENT RESOURCES IN TEXAS TO PROMOTE PHYSICAL ACTIVITY

Resource Name (hyperlink)	Brief Description
Texas Active Living Network	A statewide ad-hoc coalition called the Texas Active Living Network (TALN). TALN partners support the goal of helping Texas communities become Active Living communities that provide opportunities for regular, daily physical activity through the built environment and policy changes. Members have backgrounds in public health, transportation, bicycle/pedestrian outreach and advocacy, community and regional planning, and local government.
Texas Trails Network	A nonprofit statewide organization dedicated to the quality development and management of all types of trails including equestrian, hiking, bicycling, historic, canoe and kayaking, birding etc.
Texas Bicycle Coalition	The mission of BikeTexas is to advance bicycle access, safety and education in Texas. BikeTexas, formerly known as Texas Bicycle Coalition, was formed in 1991 to unify the voices of thousands of bicycle enthusiasts, the bicycle industry, Texas bicycle clubs and Texas-based bicycle rides and events. With the support of these members and community partners, BikeTexas seeks to develop and steward the future of bicycling in Texas and encourage bicycle use as a healthy and mainstream lifestyle and transportation choice.
Austin Mayor's Fitness Council	<p>The Mayor's Fitness Council (MFC) was established in October 2004 by Mayor Will Wynn to raise awareness of the cost of health care, to promote prevention of chronic diseases and better health in Austin, and to promote the city of Austin as a healthy place to live and work with the primary goal of becoming "The Fittest City in the U.S."</p> <p>The Mayor's Fitness Council works toward increasing physical activity and improving nutrition throughout the Austin community with the involvement of citizen advocates, businesses, community, faith-based churches, schools, and health leaders.</p>
Live Smart Texas	<p>The Live Smart Texas collaborative, comprised of stakeholders that share this mission, agree to work toward:</p> <ul style="list-style-type: none"> • A collaborative research agenda related to obesity-prevention efforts and development of resources to fund it • A shared policy agenda for obesity prevention throughout the lifecycle • Resources to build infrastructure and capacity within all communities, with emphasis on high-risk communities, to ensure the implementation of evidence-based practices that embody cultural competence

-
- ⁱ The Community Guide to Community Preventive Services (Chapter 2: Physical Activity), Task Force on Community Preventive Services, National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention. Accessed November 2009.
- ⁱⁱ Physical Activity and Health: A Report of the Surgeon General. National Center for Chronic Disease Prevention and Health Prevention Web site. <http://www.cdc.gov/nccdphp/sgr/index.htm>. 1999. Accessed 2009.
- ⁱⁱⁱ Conn VS, Hafdahl AR, Minor MA, Nielsen PJ. Physical activity interventions among adults with arthritis: Meta-Analysis of Outcomes. *Semin Arthritis Rheum*. 2008;37(5):307-16.
- ^{iv} Nielsen PJ, Hafdahl AR, Conn VS, LeMaster JW, Brown SA. Meta-analysis of the effect of exercise interventions on fitness outcomes among adults with type 1 and type 2 diabetes. *Diabetes Res Clin Prac*. 2006;74(2):111-20.
- ^v Conn VS, Hafdahl AR, Porock DC, McDaniel R, Nielsen PJ. A meta-analysis of exercise interventions among people treated for cancer. *Support Care Cancer*. 2006;14(7):699-712.
- ^{vi} Morbidity and Mortality Weekly Report. CDC MMWR Web site. <http://www.cdc.gov/mmwr/PDF/wk/mm4812.pdf>. Published April 2, 1999. Accessed 2009.
- ^{vii} The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. U.S. Department of Health and Human Services, Office of the Surgeon General Web site. <http://www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm>. Updated April 27, 2004. Accessed 2009.
- ^{viii} "Costs of Obesity, Drinking, Smoking and Growing Older." *Daily Policy Digest: Health Issues/Preventive Medicine* (National Center for Policy Analysis): 19 Apr 2002. <http://www.ncpa.org/iss/hea/2002/pdo41902e.html>.
- ^{ix} Wolf, AM, Manson JE, Colditz GA. The Economic Impact of Overweight, Obesity and Weight Loss. In: Eckel R, ed. *Obesity: Mechanisms and Clinical Management*. Lippincott, Williams and Wilkins: 2002.
- ^x Wang G, Pratt M, Macera CA, Zheng Z, Heath G. Physical activity, cardiovascular disease, and medical expenditures in US Adults. *Ann Behav Med*. 2004;28(2):88-94
- ^{xi} The other track was a technical assistance and training process for cities using the Fit City Index tools.
- ^{xii} Local Government Actions to Prevent Childhood Obesity, Institute of Medicine. <http://www.iom.edu/Reports/2009/ChildhoodObesityPreventionLocalGovernments.aspx>. Accessed November 2009.
- ^{xiii} Leading Health Indicators. Health People 2010 Web site. http://www.healthypeople.gov/Document/html/uih/uih_4.htm. Accessed 2009.

-
- ^{xiv} Bazzarre TL. Adapting physical activity interventions to prevent obesity in culturally diverse populations. *Am J Health Promot.* 2009;23(6):S1-3.
- ^{xv} Crespo CJ, Smit E, Andersen RE, Carter-Pokras O, Ainsworth BE. Race/ethnicity, social class and their relation to physical inactivity during leisure time: Results from the Third National Health and Nutrition Examination Survey, 1988-1994. *Am J Prev Med.* 2000;18(1):46-53.
- ^{xvi} Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *Am J Prev Med.* 2002;22(4)(suppl 1):67-72.
- ^{xvii} Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *Am J Prev Med.* 2002;22(4)(suppl 1):67-72.
- ^{xviii} Banks-Wallace J. Outcomes from Walk the Talk: A nursing intervention for black women. *ABNF J.* 2007;18(1):18-24.
- ^{xix} Bopp M, Lattimore D, Wilcox S, et al. Understanding physical activity participation in members of an African American church: A qualitative study. *Health Ed Res.* 2007;22(6):815-826.
- ^{xx} Adkins S, Sherwood NE, Story M, Davis M. Physical activity among African-American girls: The role of parents and the home environment. *Obes Res.* 2004.;12(9)(suppl 1):38S-45S.
- ^{xxi} Story M, Sherwood NE, Himes JH, et al. An after-school obesity prevention program for African-American girls: The Minnesota GEMS pilot study. *Ethn Dis.* 2003;13(1)(suppl 1):S54-64.
- ^{xxii} Fitzgibbon ML, Stolley MR, Ganschow P, et al. Results of a faith-based weight loss intervention for black women. *J Natl Med Asso.* 2005;97(10): 393-1402.
- ^{xxiii} Beech BM, Klesges RC, Kumanyika SK, et al. Child- and parent-targeted interventions: The Memphis GEMS pilot study. *Ethn Dis.* 2003;13(1)(suppl 1):S40-53.
- ^{xxiv} Anderson RE, Franckowiak SC, Zuzak KB, Cummings ES, Bartlett SJ, Crespo CJ. Effects of a culturally sensitive sign on the use of stairs in African American commuters. *Soz Praventivmed.* 2006;51(6):373-80.
- ^{xxv} Berg JA, Cromwell SL, Arnett M. Physical activity: Perspectives of Mexican American and Anglo American midlife women. *Health Care Women Int.* 2002;23(8):894-904.
- ^{xxvi} Counting Costs and Calories: Measuring the Cost of Obesity to Texas Employers. Window on State Government Website. <http://www.window.state.tx.us/specialrpt/obesitycost/summary/>. Accessed 2009.
- ^{xxvii} Golaszewski T, Snow D, Lynch W, Yen L, Solomita D. A benefit-to-cost analysis of a work-site health promotion program. *J Occup Med.* 1992;34(12):1164-72.
- ^{xxviii} Shephard RJ. Exercise in tertiary prevention of ischemic heart disease: experimental proof. *Sports Med.* 1989;7(5):286-309.
- ^{xxix} Colditz GA. Economic costs of obesity and inactivity. *Med Sci Sports Exerc.* 1999; 31(11)(Suppl 1):S663-7.

^{xxx} Pratt M, Macera CA, Wang G. Higher direct medical costs associated with inactivity. *Phys Sportsmed.* 2000;28(10)

^{xxxi} Wang G, Pratt M, Macera CA, Zheng Z, Heath G. Physical activity, cardiovascular disease, and medical expenditures in US Adults. *Ann Behav Med.* 2004;28(2):88-94.

^{xxxii} Martinson BC, O'Connor P, Pronk N, Maciosek MV, Tan A. Academy for Health Services Research and Health Policy. Meeting. *Abstr Acad Health Serv Res Health Policy Meet.* 2000; 17.