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Commentary Physically active lifestyles for all Americans: A call to action for non-profit organizations

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ABSTRACT

Many nonprofit organizations and non-governmental organizations (NGOs) are strategically poised to encourage and facilitate healthier lifestyles. Non-profit organizations can play leadership roles in improving physical levels among all Americans.

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Because of their mission and structure, many non-profit organizations and non-governmental organizations (NGOs) are strategically poised to encourage and facilitate healthier lifestyles. A large number of non-profit organizations are working - both individually and collaboratively - in population-wide, population segmented, and diverse settings. This article overviews just two notable examples within broad portfolios of physical activity program initiatives of two non-profit, NGO organizations working in this area: the American College of Sports Medicine (ACSM) and the American Cancer Society (ACS). Many have international, national, state and local stature; an established presence and trust within key systems, including health care, worksite and school settings. They can influence broad, population-wide issues, and address special populations, including youth and various ethnic/minority groups. Additionally, non-profits and NGOs can play a key advocacy role to promote policy changes needed to motivate increased population levels of daily physical activity. Many non-profit organizations also have a research function, either through funding research or through being able to serve as a "living laboratory" for pilot projects.

Most of the indicators of physical activity-friendly communities identified recently by leading experts on the determinants of physical activity (Ramirez et al., 2006) were ones that individuals would have difficulty influencing by themselves but that community non-profit organizations would be well-positioned to influence. Some of these indicators included: land use environment, community aesthetics, transportation economics, and organizational physical activity policies. Indeed, non-profits have spearheaded recent improvements in school nutrition (California Food Policy Advo-

* Corresponding author. E-mail address: wmccarth@ucla.edu (W.J. McCarthy). cates), restaurant menu labeling (Center for Science in the Public Interest), school/community joint use agreements (American Academy of Pediatrics) (American Academy of Pediatrics, 2009), and agitated for more parks and open space (National Recreation and Park Association). It is voluntary health organizations such as the American Heart Association and the American Cancer Society that have been largely responsible for the evolving U.S. population-level nutrition and lifestyle physical activity recommendations since 1952 (Nestle and Jacobson, 2000).

What non-profits can do more specifically to promote populationwide physical activity can be well-illustrated by two case studies: the American College of Sports Medicine (ACSM) and the American Cancer Society (ACS).

The ACSM

The ACSM (www.acsm.org) is a large organization of sports medicine and exercise science professionals that promotes scientific research, education, and practical applications of sports medicine and exercise science. Its goal is to promote health and prevent disease by maintaining and enhancing individuals' physical performance, fitness, health, and quality of life. As a recognized authority on the health benefits of physical activity, the ACSM has been able to partner with other agencies for whom physical activity was not a core mission. An example is the Exercise is Medicine[™] (EIM) initiative.

Together with the American Medical Association (AMA), it launched the Exercise is Medicine™ (EIM) initiative (Sallis, 2009), with a call to make physical activity assessment and prescription a standard part of disease prevention and management. The initial goals of the EIM program are:

• For physical activity to become a vital sign, with physicians and health care providers routinely discussing it with every patient.





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- For physicians to prescribe appropriate physical activity to every patient or refer the patient to a qualified health and fitness professional to get a physical activity prescription.
- For the public to ask for and expect health care providers to talk to them about physical activity during each office visit.

EIM's first year already achieved significant progress (unpublished data). EIM has gathered data on behavior outcomes and treatment protocols, developed tools to facilitate physicians writing physical activity prescriptions, and linked health care providers and fitness professionals. It also launched a public awareness campaign about the EIM initiative. See www.exerciseismedicine.org for more information. This web site currently acknowledges the health benefits of both structured and lifestyle physical activity but remains incomplete. As a work in progress, EIM and its web site will soon include more attention paid to the role that community resources play in patient adherence and explicit recognition that sustainably long-term adherence to federal physical activity recommendations requires environmental support (Davis et al., 2007; Haskell et al., 2007). The EIM therefore intends to emulate the American Academy of Pediatrics in urging all healthcare providers to advocate for community, workplace, and school environments supportive of higher daily levels of physical activity (Davis et al., 2007).

The American Cancer Society is a nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer. It does these things through research, education, advocacy, and service.

ACS: workplace solutions

Compared to desirable weight employees, overweight employees have higher health care costs, lower productivity and increased absenteeism, and higher workers' compensation claims (Garrett et al., 2004; Ostbye, Dement, and Krause, 2007; Pronk et al., 2004). Employers are increasingly seeking ways to control obesity-related medical care costs. To help employers address these concerns, the ACS has created an evidenced-based, multi-component approach to improving employee health and wellness. The American Cancer Society's Workplace Solutions includes assessment tools to help workplaces identify opportunities to encourage employee physical activity (Harris et al., 2008); policy tools that can help companies create a more "health- and physical activity-friendly environment" (Brownson et al., 2001; Engbers et al., 2005); behavior change programs that help employees set and meet goals for increasing physical activity (Estabrooks and Gyurcsik, 2003; Linnan et al., 2001); and health communication tools to promote the importance of physical activity (Maibach, Abroms, and Marosits, 2007) and provide practical ways to incorporate more physical activity throughout the day and recruit employees to become advocates for community changes that promote physical activity (Tessaro et al., 2000).

For more information on the American Cancer Society's Workplace Solutions, visit www.acsworkplacesolutions.com or contact the Society at Employerinitiative@cancer.org.

Recommendations

Comprehensive, coordinated and targeted efforts at multiple levels will be needed to ensure that all population groups have sufficient access to opportunities for physical activity. Non-profit organizations can play leadership roles in improving physical activity levels among all Americans. One key role for non-profits is to educate national, state and local policymakers. To preserve their tax-exempt status but provide opportunities to lobby legislators, non-profits can set up nontax-exempt advocacy affiliates. Advocacy is needed, for example, for more funding of physical activity research and state-based initiatives, for legislation mandating physical education in schools, and for local zoning policies that affect the built environment.

Non-profit organizations can demonstrate leadership and promote effective collaborations by disseminating and implementing evidenced-based, multi-component interventions, engaging in effective social marketing strategies and supporting other initiatives designed to make it easier for individuals to make healthy choices. Non-profits can provide tools to worksites that help them to change policies and create an internal culture that promotes, enables and supports employee physical activity.

Evidenced-based strategies are not enough. More research is needed to identify new effective strategies to improve physical activity levels for all Americans throughout the entire lifecycle. Non-profit organizations can fill existing gaps in this knowledge. Those that fund research can review their funding portfolios and potentially redirect resources to fund more physical activity-related research. Those whose structure enables them to serve as "living laboratories" can collaborate with academic, government and other partners to conduct pilot projects in community environments, thus contributing to the evidence base for physical activity initiatives. Those that publish research on the benefits of physical activity and/or on effective strategies for promoting and facilitating physical activity can ensure communication of those findings through the media and other sources.

Conflict of interest statement

The first two authors are employees of the organizations whose health promotion programs are discussed in this article. The authors have no other conflicts of interest to report.

References

- American Academy of Pediatrics 2009. Promoting physical activity. Retrieved June 09, 2009, from http://www.aap.org/family/physicalactivity/physicalactivity. htm.
- Brownson, R.C., Baker, E.A., Housemann, R.A., Brennan, L.K., Bacak, S.J., 2001. Environmental and policy determinants of physical activity in the United States. Am. J. Public. Health 91, 1995–2003.
- Davis, M.M., Gance-Cleveland, B., Hassink, S., Johnson, R., Paradis, G., Resnicow, K., 2007. Recommendations for prevention of childhood obesity. Pediatrics 120, S229–S253.
- Engbers, L.H., van Poppel, M.N.M., Paw, M., van Mechelen, W., 2005. Worksite health promotion programs with environmental changes – a systematic review. Am. J. Prev. Med. 29, 61–70.
- Estabrooks, P.A., Gyurcsik, N.C., 2003. Evaluating the impact of behavioral interventions that target physical activity: issues of generalizability and public health. Psychol. Sport Exerc. 41–55.
- Garrett, N.A., Brasure, M., Schmitz, K.H., Schultz, M.M., Huber, M.R., 2004. Physical inactivity – direct cost to a health plan. Am. J. Prev. Med. 27, 304–309.
- Harris, J.R., Cross, J., Hannon, P.A., Mahoney, E., Ross-Viles, S., 2008. Employer adoption of evidence-based chronic disease prevention practices: a pilot study. Prev. Chronic Dis. 5, A92.
- Haskell, W.L., Lee, I.M., Pate, R.R., Powell, K.E., Blair, S.N., Franklin, B.A., et al., 2007. Physical activity and public health – updated recommendation for adults from the American College Of Sports Medicine and the American Heart Association. Circulation 116, 1081–1093.
- Linnan, L.A., Sorensen, G., Colditz, G., Klar, N., Emmons, K.M., 2001. Using theory to understand the multiple determinants of low participation in worksite health promotion programs. Health Educ. Behav. 28, 591–607.
- Maibach, E.W., Abroms, L.C., Marosits, M., 2007. Communication and marketing as tools to cultivate the public's health: a proposed "people and places" framework. BMC Public Health 7.
- Nestle, M., Jacobson, M.F., 2000. Halting the obesity epidemic: a public health policy approach. Public Health Rep. 115, 12–24.
- Ostbye, T., Dement, J.M., Krause, K.M., 2007. Obesity and workers' compensation results from the duke health and safety surveillance system. Arch. Intern. Med. 167, 766–773.
- Pronk, N.P., Martinson, B., Kessler, R.C., Beck, A.L., Simon, G.E., Wang, P., 2004. The association between work performance and physical activity, cardiorespiratory fitness, and obesity. J. Occup. Environ. Med. 46, 19–25.
- Ramirez, L.K.B., Hoehner, C.M., Brownson, R.C., Cook, R., Orleans, T., Hollander, M., et al., 2006. Indicators of activity-friendly communities – an evidence-based consensus process. Am. J. Prev. Med. 31, 515–524.
- Sallis, R.E., 2009. Exercise is medicine and physicians need to prescribe it! Br. J. Sports Med. 43, 3–4.
- Tessaro, I.A., Taylor, S., Belton, L., Campbell, M.K., Benedict, S., Kelsey, K., et al., 2000. Adapting a natural lay helpers model of change for worksite health promotion for women. Health Educ. Res. 15, 603–614.