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## Commentary

## Physical activity promotion: A local and state health department perspective

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## ABSTRACT

Local and state health departments are well-positioned to serve as catalysts for the institutional and community changes needed to increase physical activity across the population. Efforts should focus on evidence-based strategies, including promotion of high-quality physical education in schools, social support networks and structured programs for physical activity in communities, and organizational practices, policies, and programs that promote physical activity in the workplace. Health departments must also focus on land use and transportation practices and policies in communities where the built environment creates major impediments to physical activity, particularly in economically disadvantaged communities disproportionately burdened by chronic disease.

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Increasing the levels of physical activity across communities represents one of the most promising strategies for improving population health and reducing the toll of chronic disease. Though most local and state health departments are not well resourced to independently address the problem of physical inactivity, the nature of their work and external relationships place them in a good position to serve as catalysts for the institutional and community changes needed to increase population-level physical activity. Local health departments generally have strong connections with community organizations and constituencies that can be used to promote the importance of physical activity and mobilize community-level action. State health departments can facilitate communication and partnerships across regions in support of these community-based efforts. In addition, state health departments can provide technical support to local health departments and communities, assist in identifying potential funding, and spearhead statewide physical activity education and advocacy efforts.

Given the public health significance of physical inactivity, the range of potential interventions, and current resource constraints, local and state health departments have a vital interest in organizing and prioritizing their efforts based on the best available evidence of what works. The Guide to Community Preventive Services provides a useful roadmap in the form of evidence-based recommendations for physical activity promotion that can be divided into two broad areas: 1) informational, social, and behavioral interventions, and 2) environmental and policy approaches (Task Force on Community Preventive

Services). In this commentary, we touch upon both areas, focusing on what we consider the most promising opportunities for relatively quick wins while also establishing the conditions for sustained improvements.

First, since lifestyle patterns are often determined early in life, health departments have a vital interest in working with schools to promote high-quality physical education (PE) for all students. Though nearly all school systems have PE requirements, many schools do not comply with these mandates because of competing academic demands, lack of trained staff, and insufficient resources. Public health can make its case for increased prioritization of and investment in PE by highlighting the evidence that participation in PE improves student concentration, classroom behavior, and academic performance as well as providing health benefits (Strong et al., 2005).

Second, health departments should work with communities to promote social support networks for physical activity, such as walking clubs and other group activities (Kahn et al., 2002). Parks and recreation departments can be an important strategic partner in developing and promoting structured programs. In settings with professional sports teams, health departments can seek to establish partnerships to capitalize on the influence of local celebrity athletes in promoting physical activity, especially with children and adolescents. Local media outlets can be solicited to assist in community outreach efforts. Partnerships and funding can be pursued with sporting goods manufacturers, local businesses, and foundations to support these efforts.

Third, to increase physical activity among adults, health departments need to reach out to employers. Given the current economic downturn, business owners and other employers may not be receptive to health department overtures on physical activity promotion unless a strong case is made that the upfront investment will yield meaningful returns in reducing healthcare costs and increasing worker productivity (Goetzel et al., 2005). Toolkits are

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available that can be used by health departments to assist businesses in establishing organizational practices, policies, and programs that promote physical activity, either alone or as part of a more comprehensive worksite wellness program (California Department of Public Health, 2008).

The efforts described above are likely to have less-than-desired impacts unless health departments also focus on land use and transportation practices and policies in communities where the built environment creates major impediments to physical activity, particularly in economically disadvantaged communities disproportionately burdened by chronic disease. Though the timeframe for seeing a measurable increase in physical activity as a result of these efforts may be prolonged, existing infrastructure can be used to produce shorter-term results. For example, in communities with few parks or other recreational outlets, health departments can work with cities and school districts to encourage joint use agreements that allow school campuses to be used during non-school hours for community recreation programs. In communities where crime-related safety concerns are a barrier to using recreational venues, health departments can promote neighborhood watch programs in partnership with law enforcement.

To reduce disparities in physical activity and associated chronic disease, health departments must reach out to local planning departments, public housing authorities, and redevelopment agencies to promote land use policies and practices that support physical activity (e.g., protected park and other green space, walkable neighborhoods, and bicycle-friendly roadways) in disadvantaged communities. Health departments can also assist these communities in pursuing funding opportunities (e.g., Safe Routes to School) to support this work and promote more equitable distribution of resources. In addition, important transportation policy and program decisions made at the city, county, and regional levels represent significant opportunities for health departments to exert influence, as for example, in promoting public transportation (e.g., expanded mass transit options and subsidies for its use) and transit-oriented development.

An important role for health departments in these efforts is to provide understandable and compelling health data to influence local land use decisions. Ideally these data should include a range of indicators reflecting mortality, morbidity, health behaviors, and underlying community conditions that influence physical activity (e.g., park space per capita, bike lanes and jogging trails, and sidewalks and other measures of walkability). To compile the needed data, health departments may need to move beyond traditional data sources to include data from planning, transportation, and public works agencies. Tools are available for conducting community assessments that can be used to provide a snapshot of current conditions (Moudon and Lee, 2003).

Local and state health departments can also play an important role in providing land use planners with the evidence supporting particular community design features for promoting physical activity (Heath et al., 2006). Health departments can assist not only in providing this evidence to planning commissions and agency staff, but also by translating research findings into user-friendly formats that

can assist community organizations and other stakeholders in their advocacy efforts. This research base can also be used by health departments to conduct health impact assessments of proposed land use and transportation policies and selected projects to ensure that consideration of both health benefits and adverse health effects are included in the decision-making process (Cole and Fielding, 2007).

While the opportunities for local and state health department intervention around physical activity promotion are abundant, important barriers need to be addressed. Given the limited public funding for physical activity promotion, efforts are needed to create more flexibility in current public health funding streams to allow expansion of this work. An important benefit of this flexibility would be the potential for greater efficiency and reach as a result of improved coordination of physical activity promotion activities with other public health programs.

In addition, local and state health departments often lack staff with needed training and skills. For example, while health departments have long had professionally trained nutritionists on their staffs to support nutrition-related activities, there are few examples of a physical activity counterpart. In California, efforts are underway to establish linkages between the public health community and university-based kinesiology training programs to address this gap. However, there is still a need to create appropriate job classifications within health departments for those with this or related specialty training. In addition, much of the work needed to address conditions in the built environment that impede physical activity requires expertise in land use and transportation policy and planning. It is only through the development of these cross-disciplinary competencies that health departments will be able to most effectively advocate for many of the environmental changes needed to increase physical activity and improve the public's health.

#### Conflict of interest statement

No conflict of interest.

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