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Opportunity for fitness is part of the new plan

Being active where we live, work and play is key, experts say

By Nanci Hellmich USA TODAY

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One day, most kids may jump on their bikes and ride to school.

While they're there, they'll be playing active games in high-caliber physical education classes and doing lots of fun recreational activities before and after school.

Adults should be able to walk, bike or jog to work, the grocery store or a local park or community recreation center, where they will be able play golf or tennis or take exercise classes.

And doctors may talk to their patients about an important new "vital sign" — their physical activity level.

These are among the goals that could be achieved with comprehensive, wide-ranging strategies outlined in the new U.S. National Physical Activity Plan, which is being released today by an expert panel representing influential health organizations. Among groups involved are the Centers for Disease Control and Prevention, the American College of Sports Medicine, the American Heart Association and the American Cancer Society.

The purpose: to create an environment in which Americans can be physically active where they live, work and play, says Russell Pate, an exercise researcher at the Arnold School of Public Health at the University of South Carolina-Columbia. He chaired the panel.

Experts have been encouraging people to be physically active for years because it lowers the risk of heart disease, stroke, cancer, diabetes, osteoporosis and a long list of other health problems.

To get the health benefits of exercise, adults need at least 2½ hours of moderate-intensity activity a week, such as brisk walking, or 1¼ hours of a vigorous-intensity activity, such as jogging or swimming laps, or a combination, federal guidelines say.

But right now, only 31% of Americans do enough regular leisure-time physical activity; about 40% do no regular leisure-time physical activity, government statistics show.

The national physical activity guidelines have not been sufficient to get people moving, Pate says. "Educating, cajoling and finger-wagging are not enough."

It's difficult to work physical activity into daily life, partly because of sprawling communities and long commutes, and many people don't have safe and attractive places to walk, he says.

Colleen Doyle, nutrition and physical activity director for the American Cancer Society and a m ember of the panel that created the plan, says, "We are at a crisis with our health in large part because we eat too much and we're not active enough."

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Among ideas in the plan:

- •Make sure roadway spending includes money for "complete streets," accommodating cars, bikes and pedestrians.
- •Have doctors assess patients' physical activity levels at appointments and discuss ways they can meet the activity guidelines.
- •Encourage early childhood education programs to have little ones as physically active as possible.
- •Provide access to and opportunities for physical activity before and after school.
- •Encourage school officials to find ways for children to walk and bike safely to school.
- •Provide tax breaks for building owners or employers who provide amenities in workplaces that support active commuting, such as showers in buildings, secure bicycle parking, free bicycles or transit subsidies.
- •Increase funding and resources for parks, recreation, fitness and sports programs and facilities in areas of high need.

Pate says such ideas would need to be implemented with cooperation from elementary school principals, county council members, state legislators, Congress and corporate human resource directors.

Not everyone agrees the plan will get folks moving.

"Most people are overweight not because there isn't a sidewalk in their neighborhood but because we like to eat and we don't like to exercise," says David Boaz, executive vice president of the Cato Institute, a libertarian think tank in Washington, D.C.

And the price of the changes could be high.
"Everything costs something," Boaz says. "Every action has a cost, and when it's government-involved, whether it's federal or local, they are generally less efficient with money. This is the elite planning for how the masses should live."

Nancy Brown, chief executive officer for the American Heart Association and a member of the panel, says: "There's no question that anytime you want to make wholesale change on anything, there's a cost involved with it. But there is also a huge return on investment."

Some of the changes won't cost anything, Pate says. Others will require resources to be redirected, and still others will require new resources, but the payoff will come in saving lives and health care dollars, he says.

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