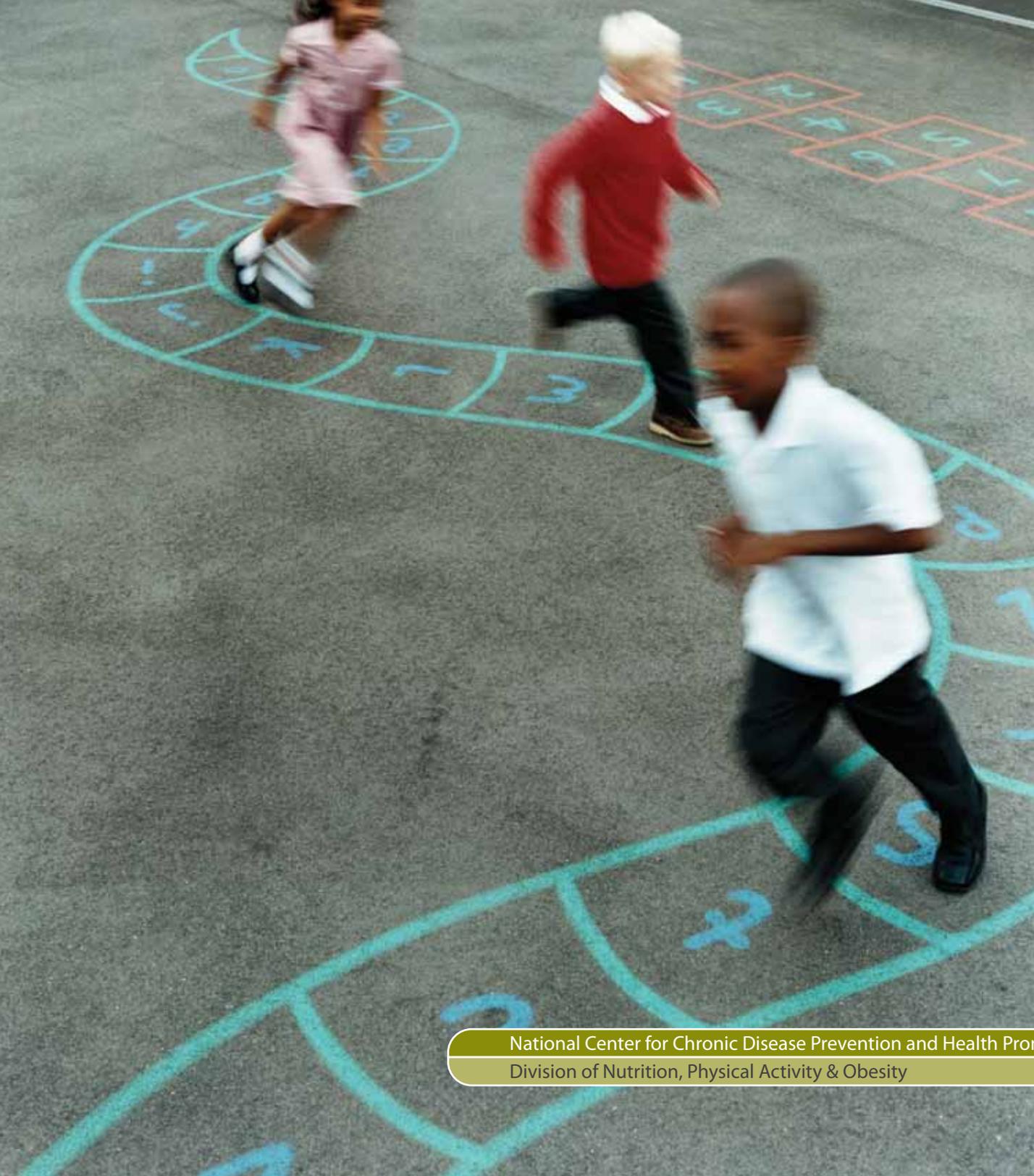


Youth Physical Activity and Program Highlights, 2011



National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity & Obesity





What We Know

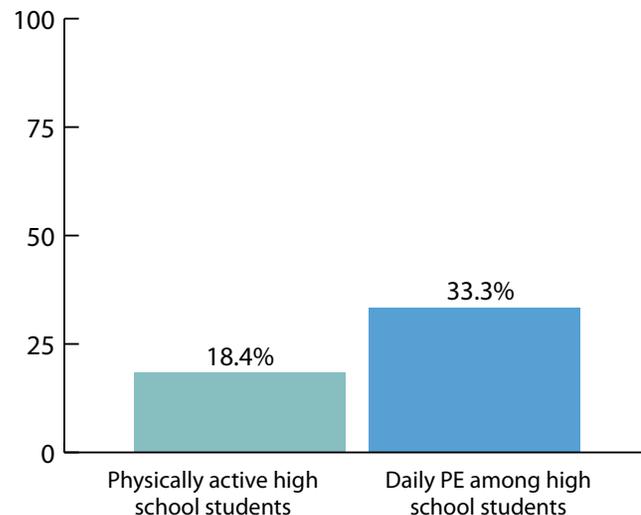
Regular physical activity in children and adolescents promotes health and fitness. Compared to those who are inactive, physically active youth have higher levels of cardiorespiratory fitness and stronger muscles. They also typically have lower body fatness. Their bones are stronger, and they may have reduced symptoms of anxiety and depression.¹

The *Youth Physical Activity and Program Highlights* provides national-level information on physical activity levels of youth and on related policy and environmental supports for physical activity nationally. The behavioral indicators are derived from the physical activity objectives in *Healthy People 2020* and from recommendations in the *2008 Physical Activity Guidelines for Americans (2008 Guidelines)*. The policy and environmental indicators are from multiple data sources and measure several aspects of a state's ability to support changes to increase physical activity.

Youth Behavioral Indicators

The *2008 Guidelines*, which provide science-based guidance to help Americans improve their health through recommended levels of physical activity, recommend that children and adolescents should be active at least 60 minutes or more daily. Most of the 60 minutes should be either moderate- or vigorous-intensity aerobic physical activity. *Healthy People 2020* set a target of 20.2% of adolescents meeting aerobic physical activity guidelines and 36.6% of adolescents participating in daily physical education by year 2020.

Activity levels among high school students in the U.S., YRBS 2009



This graph summarizes the activity levels of high school students in grades 9-12. These data come from the 2009 Youth Risk Behavior Surveillance System.

Policy and Environmental Indicators that Support Youth Physical Activity

States and communities have various opportunities to improve access and venues for physical activity. The indicators below represent key areas in which policy and environmental support can help increase physical activity levels.

Create or Enhance Access to Places for Physical Activity

Creating and enhancing access to safe places for physical activity can provide environmental opportunities, support, and cues to help youth develop healthier behaviors.

Key Indicator Results	Range Across States
■ 89.4% [†] of middle and high schools allow community-sponsored use of physical activity facilities by youth outside of normal school hours ¹	64.0% – 97.6%
■ 50.0% of youth have parks or playgrounds, community centers, and sidewalks or walking paths available in their neighborhood ²	24.7% – 71.6%
■ 20.3% of census blocks have at least one park located within the block or ½ mile from the block boundary ³	1.9% – 97.1%
■ 16.6% of census blocks have at least one fitness or recreation center located within the block or ½ mile from the block boundary ⁴	6.0% – 75.3%

Enhance Physical Education and Physical Activity in Schools and Physical Activity in Child Care Settings

Schools and child care settings are well-positioned to model and reinforce healthful behaviors by implementing standards, requiring daily physical education (PE) classes and recess, and providing safe routes for walking and biking to school.

Key Indicator Results	Range Across States
■ 20 states require or recommend regular elementary school recess ⁵	NA*
■ 37 states require elementary, middle, and high schools to teach PE ⁵	NA*
■ 46.1% [†] of middle and high schools support or promote walking or biking to and from school ¹	10.3% – 62.9%
■ 8 states require moderate- or vigorous-intensity physical activity in licensed, regulated child care centers ⁶	NA*

Data Sources for Policy and Environmental Indicators

¹School Health Profiles, 2006; ²National Survey of Children's Health, 2007; ³Geographic Data Technology Database, 2007; ⁴Info USA Database, 2010; ⁵School Health Policies and Programs Study, 2006; ⁶Kaphingst, K.M., & Story, M. (2009). Childcare as an untapped setting for obesity prevention: State childcare licensing regulations related to nutrition, physical activity, and media use for pre-school-aged children in the United States. Preventing Chronic Disease, 6(1), 1-13.

Key

NA = Not Applicable
 * Data presented are categorical
 † Median
 ‡ Among 42 states

Detailed description of data sources as well as state-level data for each indicator previously published in the State Indicator Report on Physical Activity, 2010.²





DNPAO Efforts to Increase Physical Activity

The Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (DNPAO) supports efforts to create healthy places that make healthy eating and active living possible. DNPAO's primary activities are directed toward policy, system, and environmental approaches that can improve population-level health. The Division's State-based Nutrition, Physical Activity and Obesity Program is designed to prevent and control obesity and other chronic diseases by supporting states in the development and implementation of science-based nutrition and physical activity interventions. The program currently (2008—2013) funds 25 states. <http://www.cdc.gov/obesity/stateprograms/index.html> In addition, Communities Putting Prevention to Work, State and Territorial Initiative is a 2-year (2010 – 2012) cooperative agreement program that funds 50 states, D.C., Puerto Rico and 6 territories to reduce the burden of chronic diseases related to obesity and tobacco use through policy, systems and environmental change. These awards were funded by the American Recovery and Reinvestment Act of 2009. (There is a separate communities initiative which funds 44 communities including tribal governments <http://www.cdc.gov/chronicdisease/recovery/index.htm>). DNPAO provides program and evaluation assistance to Communities Putting Prevention to Work.

DNPAO State Program Efforts

State programs develop strategies to leverage resources and coordinate statewide efforts with multiple partners. Within the target area of increasing physical activity, DNPAO has guided state programs to focus their efforts on the following strategies:

- Enhanced school-based physical education
- Creation of or enhanced access to places for physical activity combined with informational outreach activities
- Active transport to school
- Point-of-decision prompts to encourage use of stairs
- Individually adapted health behavior change programs
- Social support interventions in community settings
- Street-scale urban design and land-use policies
- Community-scale urban design and land-use policies
- Transportation and travel policies and practices

Examples of state activities related to two of these strategies are below.

Enhanced School-Based Physical Education

Healthy Schools New York

With 703 school districts, New York serves over 3 million students in grades K-12. It is estimated that 90% of districts do not meet the State Education Department regulations for physical education. To address this, the New York State Department of Health is providing grant funds to 18 regional contractors to work with school districts across the state to implement a coordinated school health approach to improve physical activity, nutrition, and tobacco policies and environments.

Enhanced School-Based Physical Education

Enhanced school-based physical education includes strategies to increase the length of or activity level in school based physical education classes. These help youth increase the amount of time they spend in moderate or vigorous physical activity during physical education. These strategies are implemented within physical education classes, but also can be applied in different youth-oriented settings, such as community and recreation centers and after-school programs.

- The physical activity goal aim is to increase the quantity and quality of physical education for students in elementary grades K-6 and have all school districts comply with or exceed state physical education requirements.
- The Department of Health partnered with the State Education Department to provide training to regional contractors to collaborate with school districts to develop and implement physical education plans and classroom physical education instruction that the Board of Education approved. The Department of Health continues to provide training, target area expertise, and evaluation development and implementation assistance to the regional contractors. [information collected 4/2011]

Active Transport to School

Montana Safe Routes to School Efforts in Rural Settings

To better understand the issues related to active transport in rural areas, the Montana Nutrition and Physical Activity Program partnered with the Montana Department of Transportation to bring the Safe Routes to School national course to Shelby (population, 3,500). After the training was complete, the two organizations collaborated with Shelby community members to develop a Walking/Wheeling Wednesday program, which has obtained Safe Routes to School funding for the past four years. Because of the success of the program in Shelby and the increased obesity prevalence in rural areas, the Montana Nutrition and Physical Activity Program decided to replicate components of the Shelby initiative in two additional regions.

The Nutrition and Physical Activity Program supported the efforts of the two funded communities by: building community capacity through webinars, site visits, and conference calls; provided technical assistance on baseline data collection, which captured the number of children currently walking, identifying parental and environmental barriers; assisting the communities apply for Safe Routes to School funding; supporting the communities develop realistic, non-infrastructure Safe Routes to School programs which include elements of education, encouragement, and enforcement.

As a result of these efforts, the two recently funded communities and Shelby have accomplished the following:

- All of the communities have established coalitions on active transport to school.
- Two of the communities have successfully leveraged Safe Routes to School funding to increase their capacity.
- All of the communities have provided increased opportunities for children to walk and bicycle to school. These activities ranged from the Walking and Wheeling Wednesday Program in Shelby to more than 300 students participating in a Walk to School Week in Miles City.

In addition to these community-level achievements, the Montana Nutrition and Physical Activity Program obtained a Safe Routes to School state network partnership grant and has since developed a statewide coalition to work on active transportation policy issues. The coalition has developed model state policies for school siting and Complete Streets and has reinstated a statewide bicycle and pedestrian education curriculum for schools.

Future plans include securing additional Safe Routes to School funding to improve the built environment in rural communities. The Montana Nutrition and Physical Activity Program also plan to increase walk to school participation among students that live far away from school. Lastly, the successes and challenges of these community efforts will be compiled and disseminated on the Montana Nutrition and Physical Activity Program website and at upcoming statewide webinars. [information collected 4/2011]

Active Transport to School

Active transport to school initiatives are designed to encourage and support youth to engage in active transportation (e.g., walking, bicycling, skating) to school. These initiatives take several forms, including KidsWalk, Walk to School, Walking School Bus, and Safe Routes to School. They may involve urban-design elements and practices, land-use policies and practices to improve conditions for active transport, and non-infrastructure activities such as walking programs. This strategy can be implemented at elementary, middle, and high schools.





Resources

For Additional Information

2008 Physical Activity Guidelines for Americans
<http://www.health.gov/paguidelines>

2010 State Indicator Report on Physical Activity
http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010.pdf

State Indicator Report on Physical Activity, 2010 National Action Guide
http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2010_Action_Guide.pdf

Youth Physical Activity Guidelines Toolkit
<http://www.cdc.gov/Healthyyouth/physicalactivity/guidelines.htm#1>

National Physical Activity Plan
<http://www.physicalactivityplan.org/>

For Additional DNPAO Funded State Program Information

<http://www.cdc.gov/obesity/stateprograms/index.html>

References

1. U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*. Hyattsville, MD : U.S. Department of Health and Human Services, 2008.
2. Centers for Disease Control and Prevention. *State Indicator Report on Physical Activity, 2010*. Atlanta, GA: US. Department of Health and Human Services, 2010.

Need more information?

Visit the CDC DNPAO website to learn more information about physical activity:
<http://www.cdc.gov/nccdphp/dnpao/index>.

