ACSM Issue Brief: Evidence-based guidance for policymakers





## Access to Physical Activity

## Background

Physical inactivity in the United States has become a major health care burden. The Centers for Disease Control and Prevention (CDC) reports that 50% of adults and 77% of high school students do not meet recommended physical activity targets and 25.3% of both groups are considered inactive. Physical inactivity has been linked to chronic health conditions such as heart disease, type 2 diabetes and many forms of cancer. Nearly half of American adults are living with chronic diseases, and 11% of health care expenditures – totaling \$117 billion – are attributed to conditions associated with physical inactivity.

## **Issues of Access to Activity**

One critical issue fostering inactivity in the United States is the inability of many Americans to access facilities, programs or spaces that provide the opportunity to engage in physical activity. Barriers to physical activity such as age, race, socioeconomic status, disability and geographic location exist in all corners of the United States, which is helping contribute to the increase in chronic disease. Research has shown that access issues include structural disadvantages in urban neighborhoods and limited exercise opportunities in rural communities. In addition, seven of the states reporting the highest inactivity rates also report lower socioeconomic status for their citizens.

Increasing access to physical activity requires a comprehensive plan that includes cooperation between national, state and local governments along with industry. The following are a few policies and strategies that could help counter the high amount of physical inactivity in our country:

- Develop programs that promote inclusive access to physical activity for all people regardless of age, race, ethnicity, education, socioeconomic status, disability status, sexual orientation and geographic location.
- Develop initiatives that counter racial disparities in health and activity access.
- Develop a plan to address issues of geographic location (urban and rural communities).
- Include infrastructure funding to develop safe spaces (sidewalks, road safety).
- Develop upstream health initiatives to address extraneous factors (social support and physical activity infrastructure).

Government and policy leaders at all levels can address the barriers to physical activity in American communities by:

- Backing the Student Support and Academic Enrichment (SSAE) grant program (CFDA 84.424A) under Title IV, Part A of the Every Student Succeeds Act (ESSA). Doing so will go a long way to ensuring that well-funded physical education programs improve our national health and physical readiness for global threats to national security.
- Sponsoring other legislation, including the Personal Health Investment Today (PHIT) Act, which will increase activity through tax incentives.
- Supporting the Promoting Physical Activity for Americans Act, which will benefit Americans with a regular report to guide physical activity efforts and help fight the growing obesity epidemic.

The above legislation has growing bipartisan support.

## **ACSM** Position

The American College of Sports Medicine<sup>\*</sup> (ACSM) stands firm in its commitment to promoting health and wellness through physical activity. We recognize the profound impact that regular exercise has on the physical, mental and social well-being of individuals. As such, it is crucial that all Americans, regardless of age, ability, socioeconomic status or geographic location, have access to opportunities for physical activity. ACSM believes that access to physical activity should be available to all. We are committed to ensuring that every American has the resources, opportunities and support needed to engage in regular physical activity.

