

President's Council on Fitness, Sports and Nutrition Meeting
Presented by the Office of Disease Prevention and Health Promotion
Physical Activity Guidelines for Americans Midcourse Report:
Strategies to Increase Physical Activity Among Youth

Webinar, Thursday, December 13, 2012, 3:00 p.m. ET

Moderator: Welcome to the President's Council on Fitness, Sports and Nutrition Meeting, presented by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, on the *Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth*. If you'd like to ask a question at any time during today's webcast, you may click on the 'Ask a Question' tab on the lower portion of your screen. Simply type your message into the box and then click 'Submit.'

At this time, it is my pleasure to turn the floor over to your host, Shellie Pfohl. Ma'am, the floor is yours.

Shellie Pfohl: Thank you. Hello, everyone, I'm Shellie Pfohl, Executive Director of the President's Council on Fitness, Sports and Nutrition, and I would like to thank all of you for joining the Council on this very important webinar. The President's Council is a federal advisory committee which serves to advise the President, through the Secretary of Health and Human Services, on the topics of fitness, sports, and nutrition. A subcommittee of the Council was convened to review the evidence on intervention strategies that have shown to be effective in increasing physical activity among youth.

The purpose of this webinar is for the Physical Activity Guidelines subcommittee to present the report findings to the Council, I'm sorry, to the Council members, for their review and approval prior to submitting the final report to the secretary. This webinar is being transcribed, and the recording will be made available online at <http://www.health.gov/paguidelines>. That's <http://www.health.gov/paguidelines>. And I'll repeat that again at the end of the call.

I would like to recognize all of our President's Council members, including co-chairs Drew Brees and Dominique Dawes, and our members Dan Barber, Carl Edwards, Allyson Felix, Dr. Jayne Greenberg, Grant Hill, Billie Jean King, Michelle Kwan, Dr. Risa Lavizzo-Mourey, Cornell McClellan, Dr. Stephen McDonough, Chris Paul, Curtis Pride, Donna Richardson Joyner, and Dr. Ian Smith. I would also like to thank the Physical Activity Guidelines Midcourse Report subcommittee for their exceptional work and dedication to this project.

I would particularly like to thank Council member Dr. Risa Lavizzo-Mourey, who has served as chair of the subcommittee and contributed her expertise and exemplary leadership while devoting countless hours, along with the other subcommittee members, in order to complete this report. This report has come together by the collaboration between the President's Council and the Office of Disease Prevention and Health Promotion, also known by the acronym ODPHP. Dr. Don Wright is the Director of ODPHP, and Dr. Katrina Butner has led all of the coordination efforts on the report. We are so grateful for their partnership and commitment to this project.

I would now like to turn the webinar over to ODPHP Director, Dr. Don Wright.

Dr. Don Wright: Thank you, Shellie. First of all, on behalf of the Office of Disease Prevention and Health Promotion, I'd like to thank Shellie Pfohl for her leadership and contributions to this project. I'd also like

to recognize and congratulate the *Physical Activity Guidelines Midcourse Report* subcommittee for your very important work. Your passion for bettering the health of others, and your expertise in the field of physical activity, are invaluable resources, and we are enormously grateful for the time you have volunteered to this project.

The *2008 Physical Activity Guidelines for Americans*, an effort coordinated and released by the Office of Disease Prevention and Health Promotion, represents the first federal guidance on the amount and types of physical activity for health benefits. The *Physical Activity Guideline* recommendations are intended for Americans age 6 and older. The *Guidelines* recommend 60 minutes of physical activity for youths each day, and it's very important to note that the *Midcourse Report* does not change this recommendation. Rather, this report highlights the interventions to help you achieve the recommended amount of physical activity each day.

Currently, many Americans, both adults and youths, do not get the recommended amounts of physical activity they need to maintain or to improve their health. In fact, research shows that less than 20% of high school students, and less than 25% of adults, meet the *Guidelines*. There is considerable public interest in updating the *Guidelines* on a regular basis, contributing to the creation of a federal steering committee in 2011. Although there continues to be more research and new findings in the realm of physical activity, the federal steering committee believed that there would be little change to the current *Physical Activity Guideline* recommendations if updated in either 2012 or 2013. Therefore, the steering committee felt a *Midcourse Report* would provide an opportunity to review and highlight a specific topic of importance related to the *Physical Activity Guidelines*, and an opportunity to communicate the findings of this review to the larger public.

The federal steering committee, along with the President's Council Science Board determined, 'strategies to increase physical activity among youths', as the topic of the *Midcourse Report*.

For the *Midcourse Report*, a subcommittee of the President's Council was created, with approval from Secretary Kathleen Sebelius and Dr. Howard Koh, the Assistant Secretary for Health. Experts in physical activity from both federal and non-federal sectors were invited to serve on the subcommittee, as demonstrated in this slide. Thank you again to the esteemed members of the *Physical Activity Guidelines Midcourse Report* subcommittee, for your important work and continued dedication to improving the health of Americans.

Now I'd like to introduce the chair of the *Physical Activity Guidelines for Americans Midcourse Report* subcommittee, Dr. Risa Lavizzo-Mourey, and recognize her for her indispensable leadership on this project and the many contributions she makes in her role as a President's Council member. Risa?

Dr. Risa Lavizzo-Mourey: Thank you, Dr. Wright, and it is my pleasure to present on behalf of the subcommittee report on the *Physical Activity Guidelines Midcourse Report*. During this presentation, I want to tell you the headlines of our findings, introduce you to the methods that we used in making these recommendations, walk through the results and recommendations by setting, and then talk a little bit about the limitations, give you a flavor for the kind of comment we got from the public before opening it up for question and answer.

So first, let me give you the headlines. Among our most important findings were that school settings provide a realistic, evidence-based prospect for increasing physical activity among youth. This represents a prime opportunity for federal and state leadership to advance the implementation of quality physical activity programs in school settings. Other settings, particularly preschool and the built

environment, also show great promise and warrant continued implementation and continued emphasis on the research.

Multiple stakeholders, including transportation, urban planning, public safety, as well as public health departments and other professionals in health, have an interest in promoting physical activity among youth, and our findings demonstrate that this goal can be met in a variety of ways. And in addition, among our key findings is that there continues to be gaps in our understanding of how to increase physical activity among youth, and these gaps need to be addressed with ongoing research.

Let me now turn to the methods that we used in drawing our conclusions. We used a review-of-reviews approach to assess the current literature on interventions to increase physical activity among youth. We included peer review research articles from January 2001 through July 2012. The review-of-reviews consisted of 31 review articles, and those represented 910 studies.

Here you can see the inclusion and exclusion criteria that we used. I'm not going to walk through each of them, but let me say that the key inclusion criteria was the measurement of physical activity as an intervention outcome. Physical assessment measures were included, device-based measures, self-report as well as direct observations. The aim was to include literature on youth with disabilities and youth across a range of racial and ethnic, and social economic backgrounds.

And now even though the original guideline did not start with age 3, we included younger age children because of the importance of physical activity in younger age groups.

The review-of-reviews process included a literature review team from Washington University, excuse me, yeah, Washington University, and they developed evidence tables. The evidence tables included information such as the year of publication, the objective of the research, the type of review. It included narrative on the design, whether it was a randomized control design perhaps, or quasi-experimental design. It also included information about the study populations, independent variables, and dependent variables within the studies. The intervention information was included in these evidence tables, as were results, and we use that to develop the level of evidence that we felt comfortable with for this study.

On this slide, you see the levels of evidence that the committee determined. We determined a review to have "sufficient" level of evidence if the findings showed consistent beneficial effects that were documented across the studies and across all the populations. We determined the evidence to be "suggestive" if it was reasonably consistent but one could not make a definitive conclusion, "insufficient" if there was not enough evidence to make a conclusion. "Emerging evidence" was determined as the category when there were new data and it was evolving rapidly but there were not reviews that existed. And finally, "no evidence" was the categorization when evidence within the review articles did not exist, and no effect, "evidence of no effect" was determined when there was a consistent lack of effect in the documented studies.

We looked at the settings shown on this slide: school, preschool, community, family and home, and primary care. I'll note that within school, the school setting, we had multiple sub-settings, and I will describe those in a minute. Within the community setting, we also had sub-settings. Those included the built environment camps and youth organizations and then other community programs. I'm going to go now to the settings and start with the school setting.

On this slide, you can see the key message here is that school is a very important setting and provides an opportunity for increasing physical activity, because children, 55 million youth and children are enrolled in school, and yet, as you can see at the bottom, the amount of activity is not nearly what it could be in school settings.

So now to turn to the various sub-settings within the school setting; excuse me, I think I might have skipped a slide. There we go. These are the sub-settings within the school that we looked at, multi-component school-based interventions, physical education, and active transport were the ones that had the strongest effect. We also looked at activity breaks, the physical environment, and after-school interventions.

The multi-component school-based interventions were ones that had among the strongest evidence, and so let me just define that for a moment. These were interventions that included two or more strategies, and typically included strategies to increase or enhance physical education (PE). Enhanced PE is characterized often by increased amounts of time for students to spend in moderate to vigorous intensity physical activity.

It also typically adds more physical education classes to the school curriculum, lengthens the time for existing physical education, and increases the amount of physical activity that all of the students receive during those education sessions. It typically includes physical activity that is appropriate for youth and children with disabilities, and often includes activities that train the teachers as well.

Our findings related to the multi-component activities within schools show that the evidence is sufficient for the school interventions of this kind, increased physical activity during the school hours among youth. Of the various interventions that are included in multi-component interventions, you can see the strategies that are effective. They include enhanced physical education, providing classroom activity breaks, including activity sessions before or after school, including in that active transportation as well as interventions that build behavioral skills such as goal-setting and those that provide after-school activity and equipment and space.

Physical education is one where the evidence is sufficient that enhanced PE will increase overall physical activity among youth, and can increase physical activity during the physical education class. The strategies that are effective include those that develop and implement well-designed PE curricula, enhancing the instructional practices to provide substantial moderate-to-vigorous physical activity during the educational period, and providing teachers with appropriate training.

The evidence for active transport to school is suggestive that it will increase physical activity among youth, and the effective strategies include involving school personnel in the intervention activities, and also educating and encouraging parents to participate with their children in active transport to school.

With regard to activity breaks, the evidence is emerging that school-based physical activity breaks can increase physical activity among the youth. These strategies that have been found to be effective include adding short bouts of physical activity in the classroom; encouraging activity during recess, lunch breaks, and other breaks; and promoting environmental or other system changes such as providing physical activity and game equipment that teachers can use in the classroom or during breaks.

Let me turn now to younger children. On this slide you see the rationale for including preschool and childcare centers; 4.2 million children are enrolled in these centers.

The evidence is suggestive that interventions to modify the social or physical environment in early childcare and education centers can increase physical activity among young children during their school day. The strategies that were applied independently or collectively are shown in this slide, and include providing portable play equipment on the playgrounds, providing staff with training in delivering structured physical activity to the children during the school sessions, and integrating physical activity, teaching and learning into the actual learning activities for the children; and finally, increasing the amount of time that children spend outside.

With each of the settings, we looked at the research needs, and I'm not going to read all of the research needs, but let me just highlight a few that are particularly pertinent. Conducting longitudinal studies with rigorous measures was something that we felt would expand our knowledge and close some of the gaps. Similarly, looking at specific strategies to promote physical activity within the childcare setting, and, and this is a theme in several areas, conducting policy research as well as looking at research activities that will allow us to better understand effects across race, ethnicity, and socioeconomic groups.

Let me turn now to the community setting. Obviously, where people live shapes the sociocultural as well as the physical environment in which we live. And, therefore we wanted to see what impact physical activity would have and what the impact might be at a population level.

Within this category, the built environment had the strongest evidence. Definition that we used for the built environment included the physical form of communities, how the land is used, both the large scale and small scale built environment, the natural features within a community, including the transportation system and the walkability and bikeability of the environment.

The conclusions that we drew was that the evidence is suggestive that modifying aspects of the built environment can increase physical activity among youth, and particularly these aspects of the built environment had an impact, improving the land use mix to increase the number of walkable and bikeable destinations within neighborhoods, increasing residential and commercial density so that people can use methods other than driving to get to the places they need to go, and implementing traffic calming measures such as traffic circles or speed bumps.

With regard to children, the evidence is also suggestive that the following kinds of changes can increase physical activity, increasing access to density of and the proximity to parks and recreational facilities, improving the walking and biking facilities, increasing walkability, improving pedestrian-safe structures, but also increasing vegetation and decreasing traffic volume and speed as well as reducing the incivilities and other factors that might make it seem unsafe for children.

Within the community setting, the research needs, again, include longer interventions and study periods with longer follow-up; conducting research that allows us to look at the natural experiments that are going on around the country so that policymakers will have a better understanding of what really works; and, as I have mentioned before, looking at these interventions across race, ethnicity, and socioeconomic groups. As I said before, I'm not going to go through all of the research findings, rather just hit a few highlights.

We also looked within the family and home setting. Obviously, this is where children develop activities and behaviors and attitudes. It's the place that parents have the most control to structure the child's environment. When we looked at this evidence, it was insufficient for us to make a recommendation about the ability of home environments to increase physical activity.

Therefore we have research finding, research needs that we would recommend be addressed, such as conducting observational studies to examine the relevance of family and home-based strategies throughout childhood and adolescence; conducting longitudinal observational studies to delineate which components of family life influence a child's physical activity; testing specific strategies that engage parents and other family members in physical activity and promotion; and testing specific strategies to enrich the home environment in a way that will favor activity over sedentary behaviors, and then, as you've heard me say several times before, looking at these interventions across race, ethnic, and other socioeconomic groups.

Turning now to the primary care setting; since children often have yearly physical exams, and since those physical exams are now recommended to assess and counsel on physical activity, we saw that this was an important area for us to evaluate the potential to increase physical activity among children and youth. The current evidence is insufficient to make a recommendation.

The research needs that we think should be addressed include conducting randomized controlled studies on the effectiveness of primary care, and counseling on physical activity behavior, identifying the optimal intensity and delivery mode for physical activity interventions, considering the utility of interventions that combine primary counseling with referral and integration into community-focused programs, examining strategies to promote physical activity in different primary care settings, and conducting cost-effectiveness research after the effectiveness of the interventions has been identified, and then looking at these interventions across different race, ethnicity, and socioeconomic groups.

In addition to these settings, we evolved to looking at several other approaches. When we initially developed our approach to the settings, we were going to identify interventions that might be implemented at the state and national level. Unfortunately, there really wasn't data, reviews-of-reviews that we could look at, that assessed interventions within these settings. And therefore we decided to take an approach that allowed us to look at policy as a mechanism for increasing physical activity among youth, as well, as campaigns such as the VERB campaign and technological approaches such as the Internet or games that promote physical activity and playing outdoors.

Let me go back to that one. Excuse me. With regard to the policy approaches, most states do have mandatory PE for students. But the actual amount of activity that occurs in middle school and high school is not optimal.

The VERB campaign was a campaign that occurred between 2001 and 2006 that was a national campaign. It was multicultural, it included social marketing, and it demonstrated that for youth ages 9 to 13, they increased their knowledge about physical activity, their awareness of the importance of physical activity, and actually increased their physical activity.

With regard to technology-based approaches, the science is emerging and evolving rapidly, and we think that this is an area that requires ongoing monitoring. Let me turn to the research needs in these areas in general. Long-term assessment and rigorous evaluation of intervention policies and programs across the settings that we evaluated is warranted. In addition, research comparing intervention effects with a variety of demographic, geographic, health status, racial and ethnic, and socioeconomic status groups is important going forward.

Research in the community, family, and income and primary care settings is a strong... that be carried forward is a strong recommendation of the subcommittee, and further examination of behavioral

theories that underlie the interventions, that will lead the strongest effects in youth, is a strong recommendation by the committee.

There are a number of limitations in the study and the report. Since we used a review-of-review approach, individual studies were not examined, and therefore we cannot make comments about the contributions of the study, the individual findings of those studies. We looked at peer-reviewed literature only, and therefore literature such as IOM (Institutes of Medicine) reports or many times policy studies were not included in our review. We were not able to look at specific theories that could be identified to potentially support the effectiveness of interventions. We were not able to comment on the external validity. And some strategies could not be addressed because they were too new and therefore had not been the subject of a review or multiple reviews.

The report went out for public comment for 30 days. We received comments from 26 organizations and individuals. Overall, the comments were positive and supportive of the report. They encouraged a greater emphasis on policy change, particularly related to physical education and school, licensing requirements in daycare and childcare settings, and mandating physical education within schools. There was an emphasis in many of the comments on the importance of infrastructure, particularly related to active transportation to school, and for greater emphasis on the built environment.

There were also comments that emphasize the need for research, including research that assessed the ability to increase physical activity among various demographic, geographic, health status, and racial and ethnic groups. And there was a great interest in repeating the full guideline in 2018. With that, I'd like to pause and take comments and questions.

Dr. Katrina Butner: Thank you, Dr. Risa Lavizzo-Mourey, for your presentation. Thank you also for your leadership and direction of the subcommittee on this project. At this time, we'd like to open the webinar for discussion among the President's Council members. As a reminder, please press *1 to make a comment and the operator will patch you through. Members of the public are invited to submit questions online through the 'Ask a Question' button, and we will take questions from the audience following a discussion by the President's Council. Dr. Jayne Greenberg, I'd like to start with you for the first question.

Dr. Jayne Greenberg: Thank you very much. My question pertains to the enhanced physical education. The question is, can you elaborate a little more on what enhanced PE refers to? Is it the amount of time during an active physical education class for physical activity, or does it look to increase the amount of time and frequency physical education is offered in a school?

Dr. Katrina Butner: Dr. Sarah Lee was involved on the school section of this report. Can you address that question?

Dr. Sarah Lee: Sure. Hi, Jayne; it's Sarah.

Dr. Jayne Greenberg: Hi.

Dr. Sarah Lee: In the report itself, we talk very specifically about enhanced PE, and we describe that it's characterized by increasing the amount of time that students spend in moderate-to-vigorous physical activity during physical education lessons. It also is characterized by adding more physical education classes to the school curriculum or lengthening the time of existing physical education class, meeting the needs of all students including those with disabilities, and then finally including activities that are

enjoyable for students while emphasizing both knowledge and skills that can be used for a lifetime. So that comes directly from the draft report.

Dr. Jayne Greenberg: Okay, thank you that clarifies.

Dr. Sarah Lee: Sure.

Dr. Katrina Butner: Dr. Stephen McDonough, would you like to ask a question?

Dr. Stephen McDonough: Not a question, but I have a comment. Can you hear me?

Dr. Risa Lavizzo-Mourey: Yes.

Dr. Stephen McDonough: Okay, I just want to compliment you and everyone, Shellie, Dr. Risa, everyone who worked on this, it's an excellent document, I think it's very important. The effort was evidence-based, and that's really important for those physicians in particular to know what works and where we should be putting our efforts into. I think it's important for policymakers, particularly the emphasis on multi-component school-based interventions, if your community's not doing this to the optimum, that's where you should be putting your effort into.

I really appreciate the preschool focus, because we have a lot of children, I see, that are four or five years of age are already overweight or obese. I think it's also very important for research organizations to see these recommendations, I work in primary care as a pediatrician, we don't know exactly what works in our area, and we need to see those studies done and give us guidance where we should be putting our effort in. We see children every day that are overweight or obese, we make recommendations on improving nutrition, eating better, fruits and vegetables, increasing their activity, decreasing bad things to eat and drink, decreasing sedentary lifestyle, we try to get them into community organizations.

But we really don't know if that's, how effective our efforts are going to be, so I think it's an outstanding job for everyone who's been working on this, and I'm really looking forward to the President's Council considering this, and I think we shouldn't have any trouble getting behind it and giving it our full endorsement. I just want to thank you for all that you've done; it's been just a great effort.

Dr. Risa Lavizzo-Mourey: On behalf of the subcommittee, thank you for those kind and generous comments, and I'll just take this moment to thank the subcommittee, they really did an incredible amount of work, and it was a joy doing it because of the impact we hope this report will have.

Dr. Katrina Butner: Are there other questions or comments for members of the President's Council?

Carl Edwards: Can you hear me? This is Carl Edwards, can you hear me?

Dr. Risa Lavizzo-Mourey: Yes; hi, Carl.

Carl Edwards: Okay, yeah, first of all, Dr. Risa, that's spectacular, the amount of information that's in that document, I first went over it this morning. I think that's great work, I think it, just like everyone said, it lets us know where the problems are, and I had kind of one broader question, and it has to do with, if you guys will pardon me, I'll tell a short story. A dentist came to our elementary school when I was young. It was a public school, I don't know what the, how they got the dentist there to speak to us,

but it was interesting how he described to us our tooth decay. He gave all the kids, we were fourth graders maybe, he gave us all a Jolly Rancher piece of candy and all the kids thought he was the greatest guy in the world. And we all stuck the candy in our mouths, and as we're sitting there with our candy, he got out the projector and showed us what the sugar was doing to our teeth right then. And I swear to you, to this day, I'm 33 years old, every time I eat a piece of candy I think about that presentation. And as I look through your information that the subcommittee and you put together, it struck me that you said that the home environment, and therefore the persons personal interest to be fit, I think is of huge importance, and so I wondered if this type of information would allow us to have a leaping-off point, say how do we psychologically deliver this information to kids in a way that that dentist delivered that tooth decay lesson to us?

For instance, if we wanted children to be in front of television or computer screens more, if we wanted them to sit in front of a computer, we'd give them Facebook and they'd just do it. And so I wonder if there was any research to describe the best vector to deliver this information so that it stimulated them personally.

Dr. Risa Lavizzo-Mourey: Well, let me begin with that, and Katrina, then you can take over and direct it to other members of the subcommittee, or other members of the subcommittee can just jump in, but Carl, I would direct you to the information related to the multi-component interventions in schools. Because part of what we find in the multi-component interventions are activities that attempt to not only educate students about physical activity, but also to include activities that are more enjoyable for the students and increase their skills and their knowledge in ways that they can last a lifetime.

And so, to me, that's very analogous to the situation you described as a young boy where you had a presentation, an intervention, really, that made an impression on you for your entire life and helped change your behavior. So I think that the multi-component aspect of interventions in schools would be where the evidence suggests that we can have an impact on increasing physical activity. Does anyone else on the subcommittee want to comment?

Carl Edwards: Well, thank you for that, and I will look more into that because we all know that... we know what should be done and it's so hard to deliver that in a way that's received well. I just, it's an honor to serve with you and everyone else on the Council, you guys do such great work and everybody's, you've worked so hard, and you're just, really, it's great to hear you speak and I appreciate it.

Dr. Risa Lavizzo-Mourey: Well, thank you, Carl, and thank you for all your leadership.

Dr. Katrina Butner: Do we have other questions or comments from the President's Council? Dr. McDonough or Dr. Greenberg, if you have other comments or questions, feel free to ask us.

Dr. Risa Lavizzo-Mourey: Should we go to the audience? Katrina?

Dr. Katrina Butner: Sure.

Dr. Risa Lavizzo-Mourey: Okay.

Dr. Katrina Butner: If anyone from the President's Council thinks of something later, feel free to add that in. We do have a couple questions from the audience. There's a question asking, and I think this would fit in nicely with a lot of the work that Sarah Lee has been doing in the schools, and it's asking if

there's any evidence that increasing physical activity in school, that kids will enhance their academic achievements? We live in an age when kids, which kids need to perform well on standardized tests, and schools are evaluated on how their students perform. Some educators probably see PE as a time that could be used studying. If we demonstrate, if we can demonstrate that physical activity actually helps students with their health plus academic achievement, then there's likely to be better acceptance. Sarah, could you perhaps comment on this?

Dr. Sarah Lee: Sure, thanks for the question. In 2010, we, at CDC along with other collaborators in the research community, released a report focused on exactly your question, it looked at a synthesis very similar in nature to this midcourse report where we looked across studies and multiple aspects of the school day, recess, physical education, after-school activity and classroom-based activity breaks, and looked at where the evidence is related to the relationship between school day physical activity and academic performance, and we looked at both cross-sectional research as well as intervention research, and came out with a conclusion that if there is a relationship, there's clearly growing evidence in the area, and that adding more physical activity to the school day does not negatively impact, and in many cases positively can impact and have a relationship to academic performance.

So there is a report that synthesizes that information, and it's on <http://www.cdc.gov/healthyouth>.

Dr. Katrina Butner: Thank you, Sarah; another question that may fit in well with Janet Fulton's work on the community setting or Robin McKinnon. So the direct report is great and will be a widely disseminated resource. After-school and before-school programs get little emphasis in the report but have a lot of potential for keeping kids active. What will the final report say more about the research needs in out-of-school-time programs? Janet or Robin, could you speak to that a little bit more?

Dr. Robin McKinnon: Janet, it might make more sense for you to start off.

Dr. Janet Fulton: Sure, Robin, I'd be happy to do that. Hi, this is Janet Fulton from CDC. Yeah, we reviewed the evidence, looking at after-school or outside-of-school programs, and really that evidence is just not quite there yet, I think we called it suggestive or emerging right now. And that really has to do with just the fact that there weren't that many reviews to examine in the document. So I would say it's a promising strategy to use. I think people are doing those types of interventions now, they're in the field.

But there wasn't actually enough evidence to recommend that strategy in the report.

Dr. Robin McKinnon: Right, and... This is Robin McKinnon. I would just add that this may be one instance where this is a limitation of the methods, as Janet was saying, that this is a review of the reviews, and there may well be individual studies and individual programs that are going on, but if there wasn't a review that looks specifically at after-school or those types of things and amalgamated that information, then we weren't able to make a firm recommendation there, so we definitely want to see more research in that area.

Dr. Katrina Butner: Thank you, Janet and Robin. Another one, actually, that fits in well with Robin's work on the community setting and built environment. It's asking, now that we have identified these specific settings and opportunities to increase physical activity among youth, what can we do to coordinate these sectors to work collaboratively to implement evidence-based interventions, taking a society-wide approach? Robin, since your work on the built environment touched upon engaging multiple sectors, I thought you might be appropriate to answer this question.

Dr. Robin McKinnon: Right, and that's, there really seems to be a tremendous opportunity to change the environment in which we work with and play, to impact the entire population, youth, obviously, and adults as well, to be more active, and so we can have an environment that's supportive of activity rather than, which is often the case, negatively impact activity. Now, there are a number of ways that the sectors can be coordinated, and that can happen at a variety of levels as well, at the local level, at the state level, and also at the federal level.

So I think there are a number of initiatives that are starting this work, for instance, the National Physical Activity Plan. There are local groups, local jurisdictions that are working closely together, like in the City of Portland, New York City, for instance, and then other coordinating bodies at state and federal levels to bring those groups together. So I'm... now that there's this growing recognition of the importance of these different sectors, I think the interaction between these different groups at different levels of government will only strengthen over time.

Dr. Katrina Butner: Thank you, Robin. I'd like to direct the next question to Dr. Kathy Janz, who is involved in the home and family setting. And this is one based on looking at the evidence for the home and family was classified as insufficient, but the setting seems to make sense that this would be an important factor. Can you comment on why, perhaps, there seemed to be a lack of evidence?

Dr. Kathy Janz: Yeah, happy to comment on that, and I certainly want to reiterate your thought that it's probably a critically important area. Obviously, parents have a great impact on their children, and there is evidence that when kids are asked about who influences your physical activity, almost always parents are, if not number one, are very close to the top of the list. I think the problem is mostly about methods. It's much easier to do a study in a school where you have all the kids clustered, or even in the community, where they're all at the YMCA, than to organize an intervention study where you're looking at specific families in their own homes.

Dr. Katrina Butner: Great, thank you, Kathy. Risa, you might be best to take this next question. Do you have any suggestions on the best use of the report, or next steps on how this could be utilized?

Dr. Risa Lavizzo-Mourey: Well, absolutely, I think that this report provides a real strong opportunity for policymakers at all levels, but especially at the federal and state level, to rally behind the importance of increasing physical education and multi-component interventions within the schools, and to enhance the policies that will enable local school districts to do this. We've talked a lot during the meetings of the subcommittee about the fact that these policies are often set at the local level, but I think these findings are so strong that it really should provide a clarion call for public officials, for policymakers at federal and state levels to really enhance physical education and physical, enhanced physical education and multi-component approaches within the schools. So I would hope that this report leads to that kind of leadership among policymakers.

Dr. Katrina Butner: Great, thank you, Risa. I just wanted to double-check if there was any outstanding questions from any President's Council members, or final comments and thoughts on the overall report?

All right, I'd like to hand things back to Shellie Pfohl, the Executive Director of the President's Council on Fitness, Sports & Nutrition.

Shellie Pfohl: Thanks, Katrina. So my question for our Council members is, do any Council members object to moving forward with the report to Secretary Sebelius?

Dr. Jayne Greenberg: This is Jayne. I'm in favor of moving it forward.

Dr. Stephen McDonough: This is McDonough, I'll second that.

Shellie Pfohl: Great, thank you. Hearing no objections, I recommend to the subcommittee that they move forward with finalizing the report and presenting it to Secretary Sebelius. As stated earlier, the final report will be released in early 2013, and details on that release will be communicated with all of you in the New Year. As I also stated, this webinar has been transcribed and the recording will be made available online at <http://www.health.gov/paguidelines>. Thank you all for joining the President's Council on Fitness, Sports & Nutrition Meeting on the *Physical Activity Midcourse Report: Strategies to Increase Physical Activity Among Youth*.