EXECUTIVE SUMMARY

Mobilizing Healthcare to Help More Americans Achieve Physical-activity Guidelines to Improve Health Outcomes and Reduce Health Disparities

www.prescriptionforactivity.org
The Prescription for Activity (PfA) Task Force is comprised of volunteer national stakeholders who gathered in 2016 and early 2017 to examine the following questions:

- How can the healthcare industry mobilize people from communities across the U.S. to achieve recommended levels of physical activity—with a focus on those populations at greatest need?
- What steps might healthcare take to pursue the priorities and execute the strategies recommended by leading authorities such as the Physical Activity Guidelines for Americans, the American College of Sports Medicine’s Exercise is Medicine, the National Physical Activity Plan Healthcare Sector and the U.S. Preventive Services Task Force?
- What steps would be required for clinical care and that which surrounds and supports it to become a force for a cultural shift leading to a healthier, more active U.S.?

The PfA Task Force developed a systems-change map illustrating how to mobilize healthcare to help more Americans achieve physical-activity guidelines, leading to better health outcomes and reductions in health disparities. This white paper describes that map and offers recommendations to achieve each milestone.

Health equity is not only an outcome of this work, but a lens through which the PfA Task Force viewed each of the chains of the map and all of the outcomes that fall within those chains.
The PfA Task Force

The American Council on Exercise recruited a range of experts from academic, healthcare and community settings to join the PfA Task Force and pursue a shared goal—to develop a detailed 20- to 30-year outcomes-focused “map” for transforming the healthcare system so that physical activity–based behavior-change interventions become more integral and, as a result, far more people achieve recommended levels of physical activity.

The PfA Task Force used the theory of change (TOC) approach to strategic planning to guide its work. TOC is an innovative approach to addressing highly complex social or system-level problems. It explains how a long-range goal can be reached through the attainment of a sequence of early and intermediate accomplishments. Full implementation of the TOC approach articulates the assumptions about the change process and details the ways in which the early and intermediate outcomes relate to the achievement of the ultimate outcome.

The PfA Task Force Systems-change Map

To create the systems-change map, the PfA Task Force:

• Identified the long-term goal, or “Ultimate Outcome”
• Developed a pathway of change, including measurable outcomes that would be necessary “incremental outcomes,” or stepping-stones toward achieving the Ultimate Outcome
• Arranged those incremental outcomes into sequences of cause-and-effect preconditions, the result of which have evolved to represent “chains” of necessary categories of work
• Described the stakeholders that might logically be involved, or are already involved, in the pursuit of each precondition within each chain
• Identified approaches, interventions and other strategies that might be deployed in pursuit of each precondition

The TOC process begins with determining the Ultimate Outcome:

Culture Transformation:
Across diverse population groups within the U.S., being physically active is prioritized, feasible and enjoyable.

As Measured By:
50 percent or more of Americans in every community, demographic and age group achieve recommended levels of physical activity.

Target Year:
2035

The achievement of this outcome requires an ongoing focus on health equity, as the pursuit of a more physically active America, and the belief that every American must have an equal opportunity to achieve his or her best health, are fundamentally intertwined. This outcome will be achieved only when environments and opportunities support and empower individuals of all backgrounds to increase their personal level of physical activity. Health equity is not only an outcome of this work, but a lens through which the PfA Task Force viewed each of the chains of the map and all of the outcomes that fall within those chains.
The PfA systems-change map features three “core paths”:

• Care Delivery Chain: Prescribing physical activity as a path to enhanced patient outcomes
• Community Chain: Recruiting communities to make physical activity not only a priority, but also a source of fun, enjoyment and socialization
• Clinic-Community Integration Chain: Building a bridge of trust and collaboration between healthcare providers and community resources to encourage physical activity

These core paths are bolstered by four “supporting paths”:

• Education & Training Chain: Equipping healthcare professionals to be true physical-activity advocates
• Funding & Payment Chain: Funding affordable, universal access to physical activity
• Informatics Chain: Evolving the information architecture underpinning care delivery so physical-activity monitoring and counseling become supported and routine for care providers
• Communications Chain: Creating engaging and targeted messaging that persuades people across all walks of life to see physical activity not only as a health imperative but integral to a life of fulfillment and happiness

Finally, the systems-change map begins with a series of “sparks” designed to unleash transformation and facilitate the initial outcome in each of the seven chains just described.

Alignment with Existing Efforts

The members of the PfA Task Force recognized that many initiatives are already underway to support integration of physical activity into the healthcare setting. In fact, the leaders of many of these initiatives are members of, or advisors to, the PfA Task Force. As a result, the PfA Task Force aspired to build upon existing efforts and develop a framework and implementation plan to help align and accelerate them.

Key Next Steps

The PfA Task Force identified a series of key next steps to catalyze the tremendous body of work required to implement a change of this magnitude. These steps include:

• Building a highly organized nationwide implementation initiative
• Identifying and recruiting individuals and organizations to serve leadership, support, coordination and implementation functions
• Developing an identity for the initiative, as well as a message platform, communications strategy and awareness-building campaign
• Crafting written materials for academic, funding and other prospective partners, as well as lay audiences, describing the work and vision of the PfA Task Force
• Identifying how stakeholders across healthcare and in communities nationwide can answer the Call to Action detailed in this paper
• Recruiting the critical stakeholders and gathering the funding and human capital necessary to pursue the most urgent preconditions on the PfA systems-change map