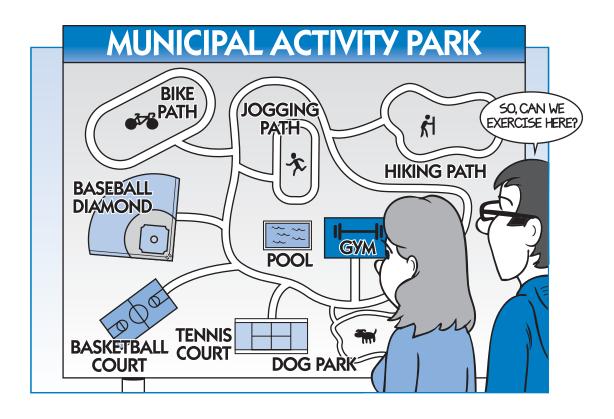
CHAPTER

Influencing Policy and Environments to Promote Physical Activity Behavior Change

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This chapter explores the relationship between policy, environmental changes, and physical activity. These areas of work are usually carried out by public health staff in their efforts to increase population levels of physical activity. As such, they are concerned with getting everyone in a community or region to be more physically active, until "health targets" are reached, with all adults and children meeting population recommendations for health-enhancing physical activity (43). These public health actions are far from the individual focus of physical activity counseling, individualized or smallgroup physical activity programs, or other approaches to change individual behavior regarding activity. This chapter is a link between what public health professionals do, and what individual practitioners do in their daily work.

The objectives of this chapter are to describe the role of policies and the physical environment in physical activity, from a practitioner perspective, rather than from a policymaker or decision-maker perspective. This is seldom done, and the differences between practice and policy are often highlighted. Here, we approach this chapter to minimize the artificial gulf between physical activity policy and practice, and show how an understanding of policy and of the physical environment can help practitioners in their work to increase activity and exercise behaviors among their clients and patients. Terms that may be unfamiliar to some behavioral and exercise scientists and practitioners are defined in Table 7.1.

EVIDENCE

Physical Activity Policy

This section introduces physical activity policy actions and then presents a discussion of the physical environment and its role in physical activity.

POLICY DEFINITIONS

Physical activity policy can be defined in three ways: (i) policy as a set of written rules or regulations, (ii) policy as defined guidelines, and (iii) unwritten social norms (4).

Policy as a Set of Written Rules or Regulations

The most commonly used definition of policy is "written regulations or rules" that facilitate physical activity-related behaviors. This includes rules and regulations, local municipal ordinances, and specific rules in defined settings (27). The range of policy contexts relevant to physical activity is large—ranging from transport and urban design policies, education policy, sport policy through to health sector policies for the health system, primary care and prevention, and community practice. Policy examples include "mandating a specific minimum amount of weekly physical education in schools"; or a municipality developing a possible policy to regulate building codes, such that a "certain amount of green space is mandatory in new urban and housing developments." A key part of this definition of policy is to assess enforcement and uptake; how many agencies or settings adopt and implement the "rule" will influence the impact of the policy on physical activity (45).

TABLE 7.1 Definition of Physical Activity, Policy, and Environment Terms		
Term	Definition	
Moderate physical activity	Physical activity and exercise performed at moderate intensity, such as walking at 3 mph, cycling at 6 mph, walking during golf, heavy gardening, or household tasks (3.5-5.9 METs)	
Vigorous physical activity	Higher energy physical activity or exercise, such as jogging or running, skiing, cycling $>$ 10 mph, swimming laps, singles tennis, gym classes, chopping wood, hiking uphill (\geq 6 METs)	
Mixed use	A description of land use, where an urban or town space has a range of types of uses—people live there (residential), there are shops, businesses, schools, public spaces and parks	
Pedometer	Small device, worn usually on the hip, to measure steps taken—people can observe their own physical activity in relation to their physical activity counseling advice ("How much did I walk or how many steps did I take today?")	
Advocate	This is the task of representing a position on an issue to others, to be an "advocate" for physical activity is to promote, recommend, and support physical activity in your community, in your workplace, to your local municipality, and to other decision makers.	
Behavior change setting	The places where behavior change occurs; people could be active in different settings—it could be possible at home or at work or in the downtown area, but it may be easier in a park or on a trail (these are more facilitatory settings)	
Macro-level micro-level policy or environment	This refers to the physical environment or to a policy; macro level is the city or county level; micro level is your local neighborhood; physical activity is related to both micro- and macro-level environments; for policy, a macro-level policy will impact a large city, county, or state (a micro-level policy will impact local neighborhoods or districts)	
Urban design	How cities, towns, or public space is constructed, designed, or used can influence physical activity. Urban design is the process of designing towns and cities to facilitate walking, public transport usage, parks, and open spaces for recreation, and sport and active play. The planners and designers of urban space can help get communities to be more active	
Aesthetics	Places where people might be physically active can be appealing, relaxing, full of natural beauty, and have things to look at—such as when walking on a trail along a river; this is the meaning of "aesthetics"—a pleasant place is nicer to run or bike alongside, than is a freeway	
Sprawl	Urban sprawl is the growth of residential suburbs a long way from a town center; these suburbs require automobile transport everywhere, are seldom "mixed use" (see earlier) and may not encourage walking for short distances in the community (as the destinations, places people want to go, are too far away to walk)	
Residential density	The number of houses, dwellings, apartments in a defined area; where there is medium to high density, there will be more shops, schools, workplaces within walking distance, making it a more "walkable" community (the opposite of "urban sprawl," described earlier)	
Negative energy balance	Weight loss or weight gain results from energy imbalance; positive energy balance is eating more than you burn (calorie intake from food is greater than calories burned through activity); negative energy balance is the opposite—move more and expend more energy than you consume.	

TABLE 7.1	E 7.1 Definition of Physical Activity, Policy, and Environment Terms (Continued)		
Term	Definition		
"Activity frie	"Activity friendly" environments and communities have good facilities for walking, sport, and exercise, and may be (see earlier) any combination of low density, mixed use, high aesthetics, that is well designed for "active living," incorporating physical activity into everyday life		
Socio-ecolog models	Models of behavior change that recognize the importance of individual-level, interpersonal, social and physical environmental, and societal-level determinants of behavior such as physical activity; and the interplay between levels of influence in contributing to whether a person is physically active or not.		

Clinical exercise physiologists and other clinical practitioners will engage with some policy developments more than others. Every professional providing physical activity advice should become an "advocate" for physical activity, and should be concerned with low population rates of reaching recommended levels of activity for health. Nonetheless, some policies will be more directly relevant to clinical counseling than others. For example, policies that encourage workplace PA programs; others that consider health insurance subsidies for activity programs, and provide other incentives for individuals to be active—these are directly relevant to the behavior change setting (40). Other policies that provide information and support individuals are indirectly important, as they may support individuals trying to change their behavior. These include the policy initiatives that lead to community-wide programs, mass media efforts and social marketing campaigns to inform, persuade, and encourage individuals to be more active. These are complemented by environmental and regulatory macro-level policies around public transport, urban design, park utilization, and mandated school-based programs. These are important for large-scale efforts to achieve population-level physical activity and fitness changes.

An overarching model of the relationship between policy, environments, and individual behavior change is shown in Figure 7.1. The first stage is contributing evidence to make the case; this is shown on the left hand side of the model, and contributes a clear distillation of the evidence for physical activity. In other sectors, physical activity may be a byproduct for example of increased public transport systems. If more buses or trains are available, active commuting to get to or from transport will increase (32,55), although the transport sector policy objective is primarily growth in transport usage. If there is a clear case for physical activity, which interests the community and political processes, then a planning process may begin to "take action" (see Figure 7.1). The outcome of this is a national, state, or municipal/local-level physical activity plan, which has clear accountability and targets. The development of policy is the mechanism for achieving these targets, and may require partnerships across agencies in sport, health, education, transport, and the environment. In addition, the private sector, nongovernment organizations, and other stakeholder groups may be involved. Policy implementation will require commitment, a sufficient time frame, community support, and appropriate allocation of resources (40).

Policy as Defined Guidelines

A second definition of policy is as "standards" or "guidelines." In the context of physical activity, the development of "physical activity guidelines" has occurred in many countries, including the U.S., and recently, through global physical activity guidelines developed by the World Health Organization (WHO) (13). These guidelines are developed through a thorough review of the epidemiological evidence, and result in clearly specified amounts of physical activity required for health benefits. Separate guidelines have been developed for children and adolescents, for young and middle-aged adults, and for older adults.

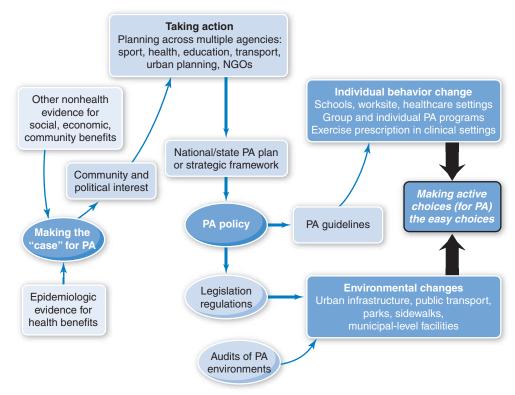


FIGURE 7.1. The link between policy, environments, and individual physical activity programs and behavioral counseling.

These are shown in Table 7.2, adapted from the U.S. and WHO guidelines. Table 7.2 shows the counseling-relevant implications of the guidelines, identifying some of the new messages and communications needed for practitioners. These new messages are updated as the evidence changes, and form the basis for advice from all physical activity practitioners.

The recommendations in Table 7.2 are the key messages only. For further detail, see the original documents (13,43). However, they have substantial implications for clinical practice. This is an example of a guideline that is likely to contribute to adolescent health, and to childhood obesity prevention, so it is useful in providing guidance for clinicians and counselors. Among young people, an hour of physical activity per day is required, and this is difficult to achieve from one source of physical activity only. Hence, recommendations imply some increases in "active living" are needed, so that children and adolescents need to be active at school, in "active after school" programs, through school sport and physical education, and also through active transport to and from school, where possible. Further, some guidelines specify reductions in sedentary time (3), whereas others do not specify a threshold here since the evidence is still developing.

For middle-aged and older adults, a minimum of 30 minutes of moderate intensity physical activity for 5 days per week is the minimum recommended for health (1). This does not need to be performed at vigorous intensity which is important in counseling. Furthermore, physical activity can be accumulated throughout the day, in sessions of at least 10 minutes of activity (1). People who have been inactive for some time should aim for any physical activity, even in small amounts, and increase to the (mostly achievable) 30 minutes per day for 5 days per week, even at moderate intensity. Other U.S. guidelines (42,43) do not specify half an hour daily, but simply ≥150 minutes weekly, suggesting that longer sessions several days per week are sufficient. For both middle-aged and older adults, greater benefits are conferred by ≥ 300 minutes per week of activity (43). Note that all activity can be moderate-intensity, or that it can be 75 minutes per week of vigorous-intensity activity, which will provide the

TABLE 7.2 Key WHO and U.S. Guidelines for Physical Activity—Implications for Behavioral Counseling (52,55)				
Age group	Main recommendation	Other recommendations	Implications for counseling	
Children and adolescents 5-17 years	≥60 mins of moderate- to vigorous-intensity physical activity daily	Reduce sedentary time (<2 hours of screen time daily)	Need to promote "active living" across the day for children and adolescents to achieve 60 minutes daily (sport or PE alone will not be sufficient)	
Young and middle- aged adults 18-64 years	≥150 mins of moderate-intensity PA / week OR ≥75 mins vigorous PA, or a combination of both	Higher-level PA for additional benefits; ≥300 mins of moderate PA (or ≥150 mins vigorous PA); moderate- or high-intensity muscle strengthening activities on two or more days per week	Moderate-intensity activity is sufficient for many health outcomes, aim to accumulate around half an hour daily; a new "high active" threshold of ≥300 mins/week (around an hour daily)-this high amount will also have a greater role in cancer prevention and in weight maintenance	
Older adults ≥ 65 years	of moderate-intensity PA / week OR ≥75 mins vigorous PA , or a combination of both	Muscle-strengthening activities two + days/ week	Same high-active threshold as for middle-aged adults (300 mins/week+), but for older adults, strength training, and resistance training important	

same benefits; and is the approximate equivalent to 150 minutes of moderate-intensity activity. These guidelines were generally supported by the 2011 American College of Sports Medicine position statement, indicating that activity can be accumulated in different ways and through different types of activity, as long as the total accumulated meets recommended levels for health and fitness (57). From the counseling perspective, combinations of moderate and vigorous activity are permitted. For example, a client who does 30 minutes of jogging twice a week, and walks the dog for 20 minutes on 2 other days is doing "sufficient activity" (this is above the threshold, as it equates to around 160 "moderate minutes" (30 + 30 vigorous minutes) \times 2 + (20 + 20 moderate minutes) (2).

One caveat for practitioners is the contribution of physical activity for weight loss. The behavior change counselor should consider the concept of "active living," especially when clients want to use physical activity to support weight loss. In order to lose weight, substantially more than 150 minutes per week are required; ACSM's Guidelines for Exercise Testing and Prescription recommends participation in at least 300 minutes per week of moderate-intensity activity (1). The ACSM Position Stand on physical activity for weight loss and the prevention of weight gain similarly advises participation in at least 250 minutes per week of moderate-intensity activity (38).

In addition to the guidelines in Table 7.2, all adults are encouraged to do strength training activities twice per week. In addition, older adults are encouraged to maintain balance and muscle strength to reduce risk of injurious falls. In summary, any activity is better than none, and the WHO guidelines make this explicit for older adults: "When adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow" (12). This concept is relevant to clinical counseling, as the first behavior change goal is to activate those who are completely sedentary, and encourage them to try, adopt, and maintain at least some regular physical activity.

Policy as Unwritten Social Norms

The third definition of policy encompasses unwritten social norms that influence human behavior. It is apparent that physical activity has strong societal determinants, including the sedentary and pervasive automobile and television cultures in many countries (46). Social influences are strong cues to inactive behaviors. These may be direct peer influences, especially in adolescence. This is a definition of "policy" beyond the scope of this chapter, but it remains important to consider the social context of any client as a cue to inactive choices and role modeling, within their family, peers, and colleagues.

The Physical Environment and Physical Activity

The links between policy and the physical environment are shown in the center and right side of Figure 7.1. Planning processes will lead to policy, which in turn will influence environments to become activity-friendly. The physical environment is important in supporting the adoption and maintenance of active lifestyles among adults and children (54). Recently, the concept of "active living" has emerged to expand the concept of "physical activity" by emphasizing the different domains of physical activity including leisuretime, active travel, household, and work-related activities (37). This has led to the use of socio-ecological models, which emphasize the importance of environmental influences on physical activity (19,39,48).

The built environment encompasses land use patterns, the transportation system, and design features that can all affect physical activity levels (4). At the level of the building, the accessibility of stairwells and other design issues may be relevant to encouraging physical activity (15). Moreover, the provision of showers and storage for bicycles in worksites could facilitate active commuting to work (53).

At the neighborhood level, the provision of sidewalks and cycling paths; access to shops, parks and open space, exercise facilities, and other places of interest; high aesthetics; adequate street lighting; and mixed land use can all contribute to an active lifestyle. On the other hand, sprawl, low street connectivity, and heavy traffic might impede physical activity (16).

At the regional level, the physical environment includes consideration of the distances between where people live and the places where they work, shop, or attend school. Longer distances will make active transport options (traveling to or from work or shops by walking, cycling, or using public transport) more difficult, unless there is a well-connected public transportation system. Even walking to and from public transport stops can contribute to achieving the recommended level of physical activity, particularly among those population groups that are at highest risk of being insufficiently active (10,32).

Evidence Summary

The past two decades have produced hundreds of studies documenting the relationship between the built environment and physical activity. Various literature reviews have synthesized this emerging evidence (11,21,23).

To date, the vast majority of studies have had a cross-sectional research design, and therefore do not provide causal evidence, which is a limitation of the literature (23,34). These studies mostly showed that physical activity was associated with residential density, mixed land use, street connectivity, parks, footpaths, trails, and walkable destinations, such as shops and recreation facilities. The associations for aesthetics and safety from crime and traffic were less consistent (8,28,35,45). In addition, a few relocation studies have examined the influence of an exposure to neighborhoods with different walkability on levels of physical activity (24,25,41). One study (5) found that moving to a more walkable neighborhood was associated with an increase in physical activity. The few studies that have changed or enhanced the environment have shown mixed evidence of effectiveness on physical activity levels (17,29,33,44,51,55,56). Nonetheless, the net sum of this research suggests important links between the environment and whether people are physically active or not.

STEP-BY-STEP

Step 1. Making Sense of Policy from a Practice Perspective

There are several links between policy and physical activity practice.

First, you can become advocates for physical activity in your communities by advocating to your local hospital, health department, municipality or other agency to increase the profile of, and facilities for, physical activity in your community (26). This is an important role for practitioners in supporting and developing community-based integrated programs that encourage people to be more active. This first step in physical activity advocacy is to persuade the community and local decision makers to invest in the program (49).

Policies to promote physical activity may utilize behavior change theories and models that are discussed elsewhere in this book (see Chapter 1 and 4). Health behavior change theory can help decision makers decide if a policy is likely to be effective (47). For example, communication policies to inform populations about becoming more active may have theoretically developed messages (e.g., Theory of reasoned action) (14), or may use diffusion of innovations approaches to reach many people (7). This approach suggests that once a target behavior becomes widely accepted as easy to do, affordable, accessible, and convenient for a population, they will start to change in large numbers, in this case becoming more physically active. Policies that encourage healthy environments may use a socio-ecologic model (34,39), encouraging both the individual change approach provided through counseling and programs, in concert with an improved environment to facilitate active living. Considerable research has shown that both individual and environmental factors, taken together, explain physical activity behavior better than either approach alone (31). This is illustrated in Figure 7.1, where both individual and environmental change together make "active choices the easy choices." These data suggest a link between individual approaches andfacilitatory environments is synergistic. For example, it is not much use encouraging people to walk if their house is surrounded by freeways, there is limited public transportation, and the environment is unsafe. Consideration of these issues may suggest that this person needs to get most of their physical activity in a structured exercise program—for example, at a localYMCA or similar.

Other policy initiatives may also add to individual programs. For example, a policy that offers incentives for public transport, active commuting, decreased health costs, or a group competition to accumulate the most steps in a worksite—all of these can be linked to individual advice. Policies that offer "point of choice decision prompts" to be active—for example, through promoting stair use instead of elevator use—may also help to accumulate small increments of activity across the day (15). Cost-effectiveness analysts suggest this kind of low-cost, high-reach environmental intervention may be very inexpensive, in terms of costs per unit of energy expended (12).

One new dimension of policy relates to those that reduce sitting and sedentary time. It may be that prolonged sitting contributes more to total daily energy expenditure than physical activity time, and hence to the development of obesity (6). Strategies to reduce sitting will probably form part of the policy portfolios of the future, once the epidemiological threshold for risks associated with sitting are identified (52).

Step 2. Using the Physical Environment to Promote Physical Activity

"Active living" need not be difficult or expensive, and should become part of any physical activity regimen. It is simple to integrate physical activities into daily routines, at work, at home, in leisure time, and through the choices we make around transport. Examples

TABLE 7.3 Elements that Contribute to Active Living				
Element	Examples			
Walkability and connectivity	Improve safe and easy active travel connections to local destinations.			
Active travel alternatives	Efficient public transport use, well signposted biking and walking routes and facilities to reduce car dependency and use; safe routes to school for children.			
Quality public space, minimal incivilities	Maintain high-quality and safe parks, trails, open space for the community to use.			
Social interaction and inclusion	Promote mixed use retail districts that encourage walking and cycling for local trips.			
Perceived and objectively safe environments	Well-lit sidewalks, even and well-maintained surfaces (for the elderly, to reduce falls risk)			
Domestic environments can be made to be more active	Doing gardening, household chores, and using these as "energy expenditure opportunities" as well as tasks			

of active living are shown in Table 7.3. In terms of physical activity counseling, this is a key component of nonstructured physical activity that one could recommend to inactive adults. In addition to attending any structured exercise programs, and especially for those that are unable or unwilling to participate in programs, the active living environment becomes a vital setting for their physical activity. (See also Case Scenarios 7.1 through 7.4 later in this chapter.)

One component of the environment relevant to behavior change is the concept of "walkability." Neighborhood walkability measures how conducive a neighborhood is to walking. A high "walkable" neighborhood contains high residential density, well-connected streets, and mixed land use (workplaces, shops, and facilities, as well as residential dwellings) and is associated with lower body mass index (BMI) and higher physical activity levels (20). Health and fitness practitioners should become aware of the walkability scores in common use, and encourage clients to be active in more walkable local areas. Examples of tools to measure walkability are found in From the Practical Toolbox 7.1. When the walkability of the client's area has been established, the practitioner can then prescribe a program of physical activity which can incorporate the principles of active living. For example, walking to local destinations or in local parks can be specifically integrated into the client's regular routine and activities.

CLINICAL COUNSELING AND COMMUNITY **PRACTICE VIGNETTES**

Case Scenarios 7.1 through 7.4 are designed to illustrate the kinds of specific roles that practitioners and behavioral scientists could play in promoting physical activity through the built environment. The first involves a practitioner advising a client to better understand their environment and its physical activity opportunities, and to use a pedometer to track their steps each day as a form of behavioral self-monitoring (35). The second scenario focuses on encouraging "active living", building physical activity into everyday life. The third scenario illustrates a public health approach, where a committed



From the Practical Toolbox 7.1

EXAMPLES OF WALKABILITY CHECKLISTS/RESOURCES (12,13,53)

Partnership for a Walkable America Walkability Checklist encourages people to rate an area for walking and identify what can be done to improve the walking score in both the short-term and long-term. This is useful in planning local community walking groups. Available from http://www.walkableamerica.org/.

Heart Foundation (Australia) Neighbourhood Walkability Checklist is designed to help individuals and groups survey their local walking environment. As well as a checklist, it has a template to use in writing to local municipalities about improving walkability.

Available from http://www.heartfoundation.org.au/SiteCollectionDocuments/ HFW-Walkability-Checklist.pdf or with a tiny URL: http://tinyurl.com/3uwcmtb.

Walk Score is an international tool that measures the walkability of any address, providing a score from 0 (car-dependent) to 100 (walker's paradise). The measure is based on the presence of local destinations, but does not include availability and quality of footpaths or public transport infrastructure (12,13).

Available from http://www.walkscore.com.

www.ratemystreet.co.uk allows users to rate streets on a five-star system using eight criteria: Crossing the street; pavement (sidewalk) width; trip hazards; finding your way; safety from crime; safety from traffic; clean/attractive; disabled access. This is a British program.

> practitioner in a small-midsized community might work with other agencies to build better infrastructure to encourage the population to be more active (49). The fourth scenario is an example of a "point-of-choice decision prompting" intervention—for example, to encourage stair use rather than elevator use—that is evidence-based, and now should be developed in practice in many settings such as in workplaces, malls, and train stations.



Case Scenario 7.1

Belinda is a certified Health Fitness Specialist and uses motivational interviewing techniques to advise clients on how to be more physically active, using behavior change theories when appropriate. Brian is one of Belinda's clients, and he works long hours and often travels long distances on work trips and feels he has little time for physical activity.

Belinda advises Brian to conduct an audit of his local neighborhood for walkability, although he is new to the area and is still unfamiliar with his local surroundings. Belinda helps Brian identify destinations of interest in his local neighborhood and encourages him to have his bicycle serviced so he can travel to local places such as the hardware store. Brian owns a dog, which his wife normally walks, and Belinda suggests he and his wife exercise the dog together in the evenings. Belinda gives Brian a pedometer to help track his progress toward increasing his daily walking by at least 2000 to 3000 more steps.



Case Scenario 7.2

Victoria would like to be more physically active and prefers exercising outside in her local neighborhood. Through her health insurance, she makes an appointment to see a wellness consultant, John.

John identifies Victoria's local residential neighborhood has low walkability. However, the neighborhood where her office is located has a higher

walkability. John develops a physical activity program for Victoria that includes taking regular lunchtime walks of at least 15 minutes to increase her physical activity and reduce time spent sitting in the workplace. The program also includes opportunities to participate in outdoor activities on weekends and in evenings in the summer, such as cycling.

John also encourages Victoria to help improve her community's walkability score by using some of the suggestions in the Partnership for a Walkable America Walkability checklist (see From the Practical Toolbox 7.1), such as exploring alternative walking routes and reporting unsafe conditions like broken sidewalks to her local authority.



Case Scenario 7.3

Working with a small to mid-sized local community, an exercise or prevention practitioner has discussions with a range of people interested in promoting physical activity in this municipality or county. These include the local Planning Department, the Mayor's office, the bus company (active transport), he Engineering department (for building trails and infrastructure), and the

Hospital Health Education unit. Identifying common needs, the practitioner convenes an initial planning meeting, which may lead to the development of a community taskforce to address physical activity opportunities from a range of agencies and different sector perspectives. Over 12 to 24 months, the taskforce meetings result in an increase in built infrastructure (such as rail trails or park redevelopments), improved mayoral popularity, and increased population participation in health-enhancing physical activity across the community.



Case Scenario 7.4

This is a generic scenario for behavior change that could be applied in thousands of offices, multi-story shopping malls, train stations, and other settings. The intervention is point-of-choice signage to encourage people in that environment to use the stairs rather than the elevator or escalator. Each day, millions make he "inactive choice" of using the elevator or escalator, and a simple sign to 'use the stairs for health" can encourage people to make the cognitive decision to change to an active mode of moving from one floor to the next.

Intervention studies have documented the efficacy of these interventions in colleges and health centers, but many community settings could benefit. The challenge in practice is to implement these cheap, feasible stair-use motivational signs in buildings, shops, and other facilities to encourage active stair use. This incidental physical activity intervention implemented across the whole population would be of substantial benefit.

TAKE-HOME MESSAGES

Making the links between policy, environments, and individual counseling is not initially obvious. In this area of work, the underlying summary goal for practitioners is to work out how to build physical activity into more of your clients' everyday lives. To do this, you need to know more about your clients' local environments, and opportunities for activity, and help them to make choices about where and what kinds of incidental activity might be suitable for them so as to add to possible structured programs that they might participate in. For many of them, attending structured programs may be difficult or not well maintained in the long term, so to realize optimal health-building physical activity into everyday lifestyles becomes the central behavioral goal.

In summary, policies can support active living opportunities at local or city-wide levels, and physical activity professionals need to contribute here to making their urban environments more physical activity-friendly. Becoming an "advocate" for physical activity is a personal and professional goal, but if enough advocates pressure policy makers at local and national levels, it does contribute to building the supports for population physical activity participation. This kind of advocacy is becoming a public health part of behavior change practice. This has led to the launch of the American National Physical Activity Plan (53), a multistrategy policy initiative to get Americans to become more active. Finally, the release and update of physical activity guidelines allows updated messages for practitioners to understand, define, and explain the amount, intensity, and frequency of activity for health that their clients need.

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