



Global Health Care Declaration



Physical inactivity is the biggest global public health problem of the 21st century.

“Physical inactivity is the fourth leading risk factor for all global deaths, with 31% of the world’s population not physically active,” according to the World Health Organization (2010). A 2009 study that directly measured physical activity levels rather than relying on self-reported data shows physical inactivity to be the **leading** cause of death in the U.S.

Physical inactivity is associated with:

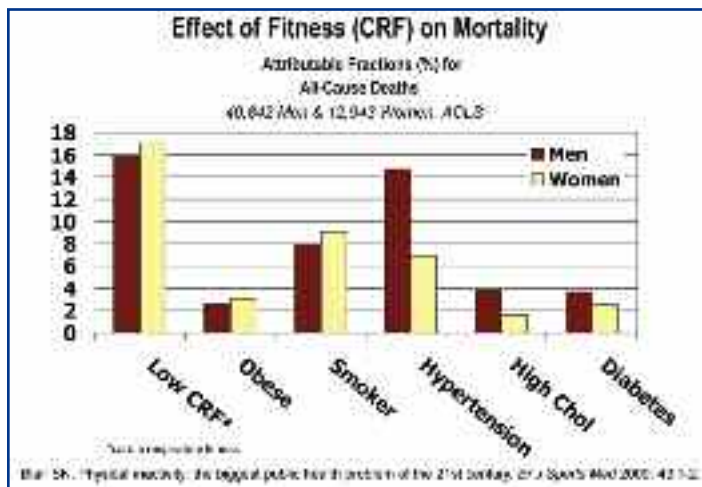
- 3.2 million deaths per year, including 2.6 million in low- and middle-income countries;
- Over 670,000 premature deaths (people 60 years and under); and
- 30% of diabetes and ischemic heart disease burdens.

Cardiovascular disease, diabetes, cancer and chronic respiratory disease are four priority noncommunicable diseases identified by the World Health Organization (WHO) as costly and increasing, but largely preventable. In the U.S., more than 90 million people live with chronic illnesses. Chronic illnesses account for 70% of all deaths in the U.S. and more than 60% of the nation’s medical care costs. Chronic diseases account for one-third of the years of potential life lost before age 65. Globally, these diseases represent 60% of all deaths globally, 80% of which are in low- and middle-income countries (LMICS).



- Reduces the incidence of high blood pressure by almost 50%.
- Can reduce mortality and the risk of recurrent breast cancer by almost 50%.
- Can lower the risk of colon cancer by more than 60%.
- Can reduce the risk of developing Alzheimer’s disease by one-third.
- Can decrease depression as effectively as Prozac® or behavioral therapy.

Cardiorespiratory fitness significantly increases length of life, whether you are in your 60s, 70s or 80s! The life expectancy of a moderately fit person in their 80s is as long as an unfit person in their 60s.



Exercise is Medicine® Global Health Care Declaration

Exercise is Medicine® encourages health care providers to include exercise when designing treatment plans for patients. Exercise is Medicine is committed to the belief that exercise and physical activity are integral to the prevention and treatment of chronic disease and should be regularly assessed as part of all medical care.

The Exercise is Medicine Global Health Care Declaration is a tool to help bring the importance of physical activity and exercise to the health care setting to significantly reduce the global noncommunicable disease burden. It represents a consensus among government officials, public health, exercise and sports medicine experts and physical activity advocates from around the world, who are committed to improving health and well-being through an Exercise is Medicine prevention, treatment and management medical paradigm.

Physical activity reduces the risk of dying prematurely.

Regular physical activity:

- Reduces the risk of heart disease by 40%.
- Lowers the risk of stroke by 27%.
- Reduces the incidence of diabetes by almost 50%.

The Declaration outlines targets to be achieved by 2020, including:

- making physical activity a vital sign that all health care providers assess and discuss with their patients;
- including fields for tracking patients' physical activity in electronic medical and health records;
- including physical activity education in the training of all health care professionals;
- developing a referral database where health care providers can refer patients to allied health and fitness professionals for physical activity counseling;
- encouraging health care systems and payors to prioritize physical activity and develop comprehensive approaches to physical activity promotion; and
- developing an adult Health Care Effectiveness and Data Information Set (HEDIS) measure for physical activity.

Exercise is Medicine Global Health Care Targets

Nearly 65% of patients would be more interested in exercising to stay healthy if advised by their doctors or health care professionals. Currently, only four out of ten physicians in the U.S. talk to their patients about exercise.

POLICY

- Make physical activity a patient “vital sign” and advocate for physical activity screening and referral systems that all health care providers assess and discuss with their patients.
- Include physical activity education in the training of all health care professionals by ensuring that all health care professional organizations encourage their members to assess patients' physical activity and discuss ways to make progress toward meeting the *WHO Recommendations on Diet, Physical Activity and Health*.
- Make low-cost, evidence-based cognitive and behavioral interventions widely available for referral by health care providers to patients.
- Ensure sufficient, appropriate referral to qualified physical activity counselors and providers based on each individual patient's needs.
- Encourage referral services to catalog community-based physical activity programs and resources.

PRACTICE

- Encourage health care professionals to be role models of active lifestyles for patients.
- Include physical activity as a health system intervention that includes risk factor surveillance, disease monitoring,

evidence-based prevention and diagnosis and treatment of noncommunicable diseases.

- Encourage more focused engagement with medical and nursing schools to educate trainee doctors and nurse practitioners about the link between noncommunicable disease and physical activity management.
- Add physical activity education to accreditation criteria and licensing exams.
- Include physical activity in continuing education professional development programs, using the recommended WHO Physical Activity Guidelines.
- Increase the number of health professionals with expertise in physical activity of at-risk and underserved populations to enhance health promotion effectiveness.
- Ensure that all services include culturally salient patient education materials and counseling for physical activity.
- Disseminate current best-practice guidelines for promoting physical activity in high-risk subpopulations.
- Include approaches relevant to primary, secondary and tertiary prevention.
- Offer provider incentives to attend continuing education on effective population physical activity promotion approaches.
- Establish a payment system for physical inactivity diagnosis and treatment with International Classification of Disease (CD) and Current Procedural Terminology (CPT) codes.
- Develop new service codes with National Health Care Centers. In the U.S., develop codes with Centers for Medicare and Medicaid Services.
- Develop a Health Care Effectiveness and Data Information Set (HEDIS) measure for physical activity.
- Include fields for tracking patients' physical activity in electronic medical and health records.
- Encourage health care systems and payors to prioritize physical activity and develop comprehensive approaches to physical activity promotion.
- Create Regional Centers with National Task Forces responsible for developing policies and programs that address physical activity interventions that work in treating, preventing and managing critical noncommunicable disease problems within a region or country.





Systemic integration of physical activity into health care cannot happen without changes in health care policy. Current policy in many countries does not account for the value of physical activity as a means of health and wellness. Policy must be adapted to support health care providers in their efforts to integrate physical activity prescription/counseling and referral.

COMMUNICATION AND PARTNERSHIP

- Develop action guides specifically for physicians, nurses and nurse practitioners, dietitians, fitness and child care professionals and for colleges and universities.
- Build upon successful programs already in place to create a central role for physical activity.
- Evaluate and promote effective practices and programs that encourage physical activity in partnership with insurers. For example, create patient incentives for demonstrating increased physical activity and fitness, such as co-payment waivers during chronic disease management visits.
- Encourage health care systems and payors to prioritize physical activity and develop comprehensive approaches to physical activity promotion and sharing of best practices and successful models across regions.
- Establish a network of programs, providers and advocates for physical activity as a key component of the U.S. and global health systems.
- Create “twinning research centers” between university schools of exercise science and population health to support physical activity risk factor surveillance, disease monitoring, evidence-based prevention and diagnosis of noncommunicable diseases.

- Raise awareness for culturally salient physical activity health promotion tools.
- Ensure that physical activity and other noncommunicable disease prevention and management interventions are reframed as a development issue and that increased funding by the government, medical research centers and development agencies is allocated through a multi-sectoral approach which supports “embedded health” and encourages the prevention and control of noncommunicable diseases through funding in multiple ministries.

SCIENCE

- Expand research that identifies and evaluates best practices for physical activity in health care, particularly those effective in population segments at high risk of physical inactivity.
- Encourage sport and exercise science university research organizations in different countries to collaborate, share data and define complementary research objectives to optimize the use of the limited funds available and reduce duplication of effort.



Economic Impact of Physical Inactivity



The WHO estimates that between 2005 and 2015, income loss (in international dollars) could rise to as much as \$558 billion in China, \$27 billion in India, \$303 billion in Russia and \$33 billion in the United Kingdom as a consequence of losses in productivity in the workforce and increases in workforce costs due to chronic diseases. It was estimated that physical inactivity, in 1989, cost the U.S. \$5.7 billion due to hospitalizations and other related health care costs. According to Katzmarzyk and Janssen, about 2.6% of total health care costs in Canada in 2001 were directly attributable to physical inactivity.

Currently, almost one-third of total U.S. health care expenditures is for older adults (over age 65). Health care expenditures for people age 65 or older are four times that for 40-year-olds. By 2030, health care spending will increase by 25%, simply because the population will be older, and that's before inflation or new technologies are taken into account. Estimates from a study by Harvard researchers calculated that the direct medical costs attributable to inactivity and obesity accounted for nearly 10% of all health care expenditures in the U.S. (Colditz, 1999). At an American College of Sports Medicine scientific session, Dr. Michael Pratt of the Centers for Disease Control and Prevention, estimated that direct medical costs related to physical inactivity were about \$76 billion in 2000, representing about 16% of GDP, and were expected to reach 20% of GDP by 2016.

Inactivity results in loss of muscle strength and balance and increases the risk of falls. Every year, fall-related injuries in older adults cost the U.S. more than \$20.2 billion. By 2020, the total annual cost of fall-related injuries is expected to reach \$32.4 billion.

The impact of a lack of physical activity on medical care costs is likely to grow as a result of an aging population, unless trends in physical activity change. One study (CDC) has shown that the direct medical costs of inactive adults are substantially higher than those of active adults.

Physical activity must play an important role in global health care delivery systems.

To reverse the current epidemic of non communicable diseases, the health care delivery system must implement policies and cost-effective programs to make physical activity and exercise a standard part of a global disease prevention and treatment medical paradigm.



Standards of practice and guidelines focusing on physical activity (e.g. interview questions, screening and assessment, counseling) helping health professionals improve the health and physical activity of at-risk populations must be established.

Ministries of health, sport, education and finance must be engaged in developing and supporting national physical activity plans and training public health personnel with the necessary skills to prevent and treat chronic diseases with physical activity interventions.

Using a combination of local resources and external partnerships, programs and models can draw on interventions that address education, behavior change, community development and other issues.

Investments in primary care health systems must play a pivotal role in creating sustainable patient-centered, cost-effective paradigms of care.

Call to Action

ACSM encourages priority actions to achieve the Declaration's targets locally and nationally and promotes a comprehensive response across the globe.

Exercise is Medicine calls on each person and all partners dedicated to the idea that exercise truly is medicine to continue to build, support and advocate for physical activity as essential for global health and well-being by committing to action.

Policymakers are called to change policy to support physical activity as a vital sign for health. Health care providers and fitness professionals are called to integrate exercise into every patient and client interaction. Communities, workplaces and schools are called to promote physical activity as an essential part of health and well-being.

Demonstrating your commitment to the EIM Declaration is as easy as:

Supporting the EIM Global Health Care Declaration:

- Sign up at www.exerciseismedicine.org to become an EIM partner.
- Encourage other individuals and organizations to sign up and endorse the Declaration.
- Encourage local and national media coverage on the Declaration.
- Develop advocacy campaigns focused on the Declaration.

Implementing the action steps outlined to work toward achieving 2020 targets and priority actions:

- If you are a health care provider:
 - begin prescribing exercise to your patients.
 - build a referral network of fitness professionals to whom you can refer your patients.
 - distribute information about the importance of exercise (available at www.exerciseismedicine.org) to your patients.
- If you are a fitness or allied health professional:
 - Build a network of health care providers that will refer patients to you.
 - Counsel your clients on the importance of physical activity as part of health care.
 - Visit www.exerciseismedicine.org to learn what you need to know about physical activity as an integral part of the health care.

- For everyone:
 - Talk with your health care provider about including exercise as part of your health care plan.
 - Write to your local policy makers in support of physical activity counseling and referral as part of the health care system.
 - Tell your family, friends and colleagues about Exercise is Medicine.


EIM resources available at www.ExerciseIsMedicine.org.

Health and Fitness Professionals' Action Guide

The Health and Fitness Professionals' Action Guide provides health and fitness professionals with a guide for how to work effectively with physicians and other health care providers to use exercise and physical activity as the correct "dosage" as a highly effective patient care "prescription."

Guide Highlights:

- How to work with health care providers document
- Introductory letter to health care provider
- Health and Medical Questionnaire
- Fitness Assessment
- Informed Consent
- Cancellation Policy
- Starting an Exercise Program handout
- Your Prescription for Health series



"Your Prescription for Health" series

- Provides information and advice on exercising safely with health conditions.
- Physicians and fitness professionals can recommend these to their patients/clients during visits.
- Includes titles such as:
 - Exercising Following Coronary Artery Bypass Surgery
 - Exercising Following a Heart Attack
 - Exercising Following a Stroke
 - Exercising with Losing Weight
 - Exercising with Arthritis
 - Exercising with Anxiety and Depression
 - Exercising with Osteoporosis
 - Exercising with Cancer
 - Exercising with Low Back Pain
 - Exercising with Peripheral Artery Disease
 - Exercising with Heart Arrhythmias
- All titles available for download at: <http://www.exerciseismedicine.org/YourPrescription.html>

