

Hypertension Control Leadership Council Physical Activity Action Plan

Foreword

Preventing, identifying, and treating hypertension are about much more than just measuring blood pressure and prescribing medicine. A comprehensive approach incorporates the myriad factors that contribute to someone's blood pressure, including many social determinants; creates greater awareness of monitoring and treatment options; and, most importantly, finds ways to support the most fundamental strategies for hypertension control—regular healthy behaviors, particularly increased physical activity. Such an approach not only helps in preventing, mitigating, and treating hypertension but also helps to improve broader health outcomes.

The work of the Hypertension Leadership Council's individual member agencies and offices presents a collective portfolio promoting this ideal of a more holistic approach, in both clinical and public health practices. The work ranges from innovative physical activity awareness and promotion campaigns to the latest in funded programs, research, treatments, and therapies. This Physical Activity Action Plan offers the Council a collaborative opportunity to expand upon the existing body of work and further shift the conversations about hypertension that we have with the public toward greater emphasis on empowering, enabling, and engaging in healthy behaviors—specifically increased physical activity—to improve not only people's blood pressure but also their overall health.

Even small increases in physical activity can favorably affect the trajectory of blood pressure. Healthier blood pressure is one outcome of getting active that we can see almost immediately: The benefits begin to appear even before someone gets to the recommended 150 minutes of physical activity each week. People who start to move more also reap the other benefits that come with increases in physical activity—including better sleep, better mood, increased ability to perform daily tasks, decreases in the incidence of multiple other comorbidities, and improvements in brain health. It's time that we fully leverage a better understanding of these benefits to bring the nation's collective blood pressure back into a healthy range.

In the regular course of our work as public health professionals, complex challenges often require equally complex solutions—ones that demand creative and nuanced explanations and guidance for the

public. However, explaining the effect of physical activity on hypertension is neither complex nor nuanced. Acknowledging the fact that not everyone's circumstances provide the opportunity to be optimally physically active, the guidance here is otherwise both simple to grasp and easy to deliver. Moving more and sitting less are good for your blood pressure, and for your social, emotional, and mental well-being.

Increased physical activity is an excellent way to help prevent and/or mitigate hypertension, but also comes with numerous other health benefits. Addressing hypertension can and should be an exemplar of comprehensive person- and community-centered care—one that promotes greater overall health, well-being, and personal resilience.

I'm honored to be a part of this Hypertension Control Leadership Council and its contributions to the creation of a more heart-healthy society. Thank you to all of you for your leadership on this front.

I also wish to acknowledge the team of professionals who've worked to support the development of the Hypertension Control Leadership Council—Physical Activity Action Plan. Their devotion to this project—and to the mission of enabling a more active, healthier America—is inspiring.

Knowing the commitment of this Council and its member organizations, I do see the vision of greater hypertension control within reach. This plan is one significant aspect of the Council's work toward that end, and I look forward to realizing it in partnership with each and every one of you.

Yours in health,

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In Officio Salutis—In the Service of Health

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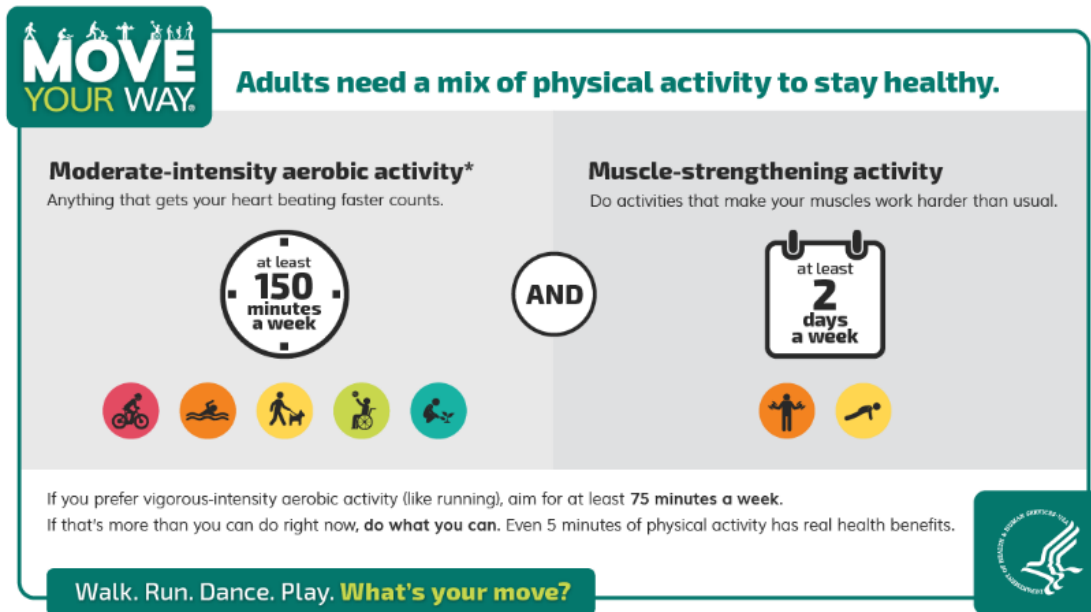
Introduction

High blood pressure (hypertension) is one of the most common—and costliest—cardiovascular disease risk factors. [Nearly half of American adults \(45%\)](#) have hypertension, and striking disparities exist in prevalence and control. [Hypertension is more common in non-Hispanic Black adults](#) (58%) than in non-Hispanic White adults (49%), non-Hispanic Asian adults (45%), or Hispanic adults (39%). In 2018, [American Indian/Alaska Native adults were 10% more likely to have high blood pressure](#) as compared with non-Hispanic White adults. [Only 16% of adults with hypertension](#) have their condition under control, and more than [500,000 U.S. deaths each year](#) are linked to high blood pressure as a primary or contributing cause. It is estimated that [people with hypertension spend about \\$2,500 more per year](#) on medical costs than those who do not have it; by 2035, total costs related to uncontrolled hypertension are projected to reach up to \$220 billion annually.

Physical activity can greatly affect blood pressure, and the effects can be immediate. For people with normal blood pressure, physical activity reduces the risk of hypertension. For people with hypertension, the benefits of physical activity include a lower risk of death from cardiovascular disease, reduced cardiovascular disease progression, and a lower risk of increased blood pressure over time. According to the [Physical Activity Guidelines for Americans, 2nd edition](#), adults need at least 150 to 300 minutes of moderate-intensity aerobic physical activity per week and muscle-strengthening activities on 2 or more days per week ([Figure 1](#)).

Even physical activity at levels below the key guidelines can benefit blood pressure, and increasing one's amount of physical activity provides even greater benefits. Yet despite these recommendations and the plethora of proven health benefits that increased physical activity can yield, only about [25 percent of adults ages 18 and over](#) meet the key guidelines. Efforts to increase physical activity levels in the United States are needed. As demonstrated by the evidence, they are key to reducing hypertension.

Figure 1. Adult Physical Activity Dosage Recommendations



About the Action Plan

The Physical Activity Action Plan (Action Plan) was developed to support the U.S. Department of Health and Human Services (HHS) Hypertension Control Leadership Council (Council) in its efforts to prevent hypertension through increased physical activity. The Action Plan will support the Council's efforts as well as provide recommendations to each of its 12 founding member agencies:

1. [Agency for Healthcare Research and Quality \(AHRQ\)](#)
2. [Centers for Disease Control and Prevention \(CDC\)](#)
3. [Centers for Medicare and Medicaid Services \(CMS\)](#)
4. [Food and Drug Administration \(FDA\)](#)
5. [Health Resources and Services Administration \(HRSA\)](#)
6. [Indian Health Service \(IHS\)](#)
7. [National Institutes of Health \(NIH\)/National Heart, Lung, and Blood Institute \(NHLBI\)](#)
8. [National Institutes of Health \(NIH\)/National Institute of Neurological Disorders and Stroke \(NINDS\)](#)
9. [Office of Disease Prevention and Health Promotion \(ODPHP\)](#)
10. [Office of Minority Health \(OMH\)](#)
11. [Office of the National Coordinator for Health Information Technology \(ONC\)](#)
12. [Office on Women's Health \(OWH\)](#)

The Action Plan provides an overview of each member agency’s existing initiatives related to physical activity and hypertension; highlights existing resources that can be leveraged to support physical activity-related efforts; and outlines actions that members of the Council can take within their own agency, in partnership with other agencies, or collectively as a Council to advance efforts to help Americans combat and prevent hypertension through physical activity.

Council Member Agency Efforts to Mitigate Hypertension Through Physical Activity

In January 2023, physical activity contacts at each member agency provided descriptions of their projects or programs that address hypertension through physical activity. The responses were used to summarize the Council’s current physical activity-related work, alongside supplemental information from agency websites and prior submissions of activities related to the White House Conference on Hunger, Nutrition, and Health Pillar 4: [Support physical activity for all](#). This work was synthesized into four categories: [Funding and Grants](#), [Research and Surveillance](#), [Evidence-based Federal Guidance](#), and [Educational Materials and Programmatic Support](#).

Funding and Grants

Member agencies provide several grants and funding opportunities related to physical activity. Federal grants and cooperative agreements engage local organizations and provide both a support mechanism for national goals and targets, as well as an opportunity for local governments, organizations, and entities to exercise civic muscle and take a role in and/or lead efforts to create conditions, programs, and interventions that support hypertension prevention and control through physical activity.

** Submitted efforts that did not include a physical activity component but potentially could be denoted with an asterisk.*

AHRQ

[EvidenceNOW Building State Capacity initiative](#)*, launched in 2021, has funded four grantees—one in Alabama, Ohio, Michigan, and Tennessee, respectively—to build state capacity and to provide quality improvement support that helps primary care practices implement evidence-based interventions. The grant’s goals, which include a focus on high blood pressure and tobacco use, address health disparities.

CDC

Through [State and Local Heart Disease and Stroke Cooperative Agreements](#), CDC funds all 50 states, D.C., tribes, and U.S. territories to prevent and control high blood pressure, high cholesterol, and other cardiovascular disease risk factors. These cooperative agreements include facilitating patient referrals to lifestyle programs that help increase physical activity, increase access to and consumption of healthy foods, and improve a patient's ability to self-monitor and manage medical conditions.

[WISEWOMAN \(Well-Integrated Screening and Evaluation for WOMen Across the Nation\)](#) funds 27 states and three tribal organizations to offer cardiovascular disease risk factor screenings and preventive health services, which include promotion of healthy lifestyle behaviors to low-income, underinsured/uninsured women between the ages of 35 and 64 years. In addition to clinical care, women who are screened and found to have high blood pressure are referred to healthy behavior support options, such as lifestyle programs, health coaching, and educational materials that may be provided through community-based organizations.

[CDC's Division of Nutrition, Physical Activity, and Obesity](#) funds three state and local programs to advance chronic disease prevention and health promotions.

- [State Physical Activity and Nutrition \(SPAN\)](#) funds recipients to implement evidence-based state and local strategies to improve nutrition and physical activity.
- [High Obesity Program \(HOP\)](#) funds land grant universities to work with community extension services to increase access to healthier foods and safe and accessible places for physical activity in counties where more than 40% of adults have obesity.
- [Racial and Ethnic Approaches to Community Health \(REACH\)](#) funds state and local health departments, tribes, universities, and community-based organizations to address health disparities. Recipients implement culturally appropriate local programs to address preventable risk behaviors, including poor nutrition and physical inactivity.

The physical activity focus of each program is [increasing physical activity through community design](#).

This strategy promotes safe, easy ways for people to walk, bike, or take public transit to everyday destinations and gives those at risk of hypertension and other chronic disease greater access to physical activity opportunities.

HRSA

[HRSA's Title V Maternal and Child Health \(MCH\) Services Block Grant Program](#) creates federal/state partnerships that enable each state/jurisdiction to address the unique health services needs—including physical activity—of its mothers, infants, and children. A National Performance Measure related to physical activity captures the percentage of children and adolescents who are physically active for at least 60 minutes per day. Twenty states selected this measure for the current Title V 5-year cycle.

[The Delta States Rural Development Network Grant Program](#) supports population health projects that address delivery of preventive or clinical health services for individuals with or at risk of developing chronic disease and factors contributing to the five rural leading causes of death in Mississippi Delta Region states. Previously funded projects have improved access to and quality of health care as a result of collaborative networks organized by grantees and demonstrated improved health outcomes (through clinical biometrics such as BMI, hemoglobin A1C, and blood pressure) and community impact. Funded projects may include efforts to increase physical activity levels.

IHS

[IHS's Special Diabetes Program for Indians \(SDPI\)](#) grantees are required to implement one SDPI Diabetes Best Practice. The Best Practices are focused on areas for improvement of diabetes prevention and treatment outcomes in communities and clinics. In 2022, 16 SDPI programs selected Blood Pressure Control, and 27 programs selected Physical Activity Education.

NIH/NHLBI

[The Early Intervention to Promote Cardiovascular Health of Mothers and Children \(ENRICH\)](#) is a 7-year [grant program](#) in partnership with HRSA and the Administration for Children and Families (ACF) to address the health disparities in low-income households by promoting better eating habits and physical activity.

NIH/NHLBI supports a large [research portfolio](#) that ranges from basic science studies to clinical trials that address some aspect of hypertension and physical activity. These studies include diverse study populations including African Americans and Native Americans across the lifespan.

NIH/National Institute on Drug Abuse (NIDA)

NIH/NIDA funds several projects focused on improving physical activity among American Indians and Alaska Natives (AI/AN). The [Wakaya study](#) is assessing the impact of an AI/AN culturally grounded intervention on the primary outcomes of physical activity, sedentary behavior, and healthful food habits, as well as the secondary outcomes of weight, BMI, and substance use. A [study on AI/AN adolescents](#) provides an innovative connection between cultural engagement and substance use prevention. It also highlights unique opportunities for health promotion with collaborations with after-school programs that serve AI communities.

NIH/National Institute on Minority Health and Health Disparities (NIMHD)

[PTSC: Improving Hypertension Control among Poor Midlife African American Women](#) assesses the impact and cost-effectiveness of the Prime Time Sister Circles® (PTSC) intervention among low-income, mid- and late-life African American women with uncontrolled hypertension. The project promotes the effective use of preventive health care, provides screening and monitoring of blood pressure and weight, teaches strategies for managing stress, and promotes increasing physical activity and improving nutrition.

The mission of the Deep South Center to Reduce Disparities in Chronic Diseases is to promote health equity and reduce the burden of cardiometabolic diseases—including obesity, diabetes, and hypertension—among African American or Black and low-income populations in Alabama, Mississippi, and Louisiana. The Center represents a partnership between the University of Alabama at Birmingham, Tuskegee University, Pennington Biomedical Research Center, and the University of Mississippi Medical Center, along with regional nonacademic partners, to translate and sustain cardiometabolic research in real-world community and clinical settings. One research project, [Community-Based Strategies to Reduce Cardiometabolic Disease in the Deep South](#), has achieved clinically relevant weight loss and improvements in diet and physical activity among the population of interest. This project compares two evidence-based interventions to determine the effectiveness on health outcomes and the cost-effectiveness of implementation.

Research and Surveillance

Several ongoing or recent studies related to hypertension include physical activity measures. Member agencies also oversee national and tailored surveillance efforts that can help inform data collection and make it easier to monitor progress on key hypertension and physical activity measures.

** Submitted efforts that did not include a physical activity component but potentially could be denoted with an asterisk.*

AHRQ

[The Effective Health Care program](#)* conducts patient-centered outcomes research that investigates different drugs, devices, surgeries, and health care delivery arrangements to determine which approaches work best for specific patients under individual circumstances.

The reports are then used by federal agencies and other external groups (e.g., guideline developers, clinicians, other providers of peripartum and postpartum care, health care policymakers, and patients) to inform health care decision-making and implementation efforts, such as guidelines, policy, research funding, and health care decisions. Recent reviews on hypertension include [Management of Postpartum Hypertensive Disorders of Pregnancy](#) and [Automated-Entry Patient-Generated Health Data for Chronic Conditions: The Evidence on Health Outcomes](#).

CDC

[The Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is the nation's premier system of health-related telephone surveys that collect data from U.S. residents in all 50 states, the District of Columbia, and three U.S. territories regarding their health-related risk behaviors, chronic conditions, and use of preventive services. BRFSS includes several questions to assess physical activity.

[The Youth Risk Behavior Surveillance System \(YRBSS\)](#) is a set of surveys that track behaviors that can lead to poor health in students grades 9 through 12. Conducted every other year, YRBSS includes several questions on physical activity and sports. The most recent data are from 2021.

[The National Health and Nutrition Examination Survey \(NHANES\)](#) provides information about the health of Americans through personal interviews and direct physical examination. The NHANES program includes questions on health and diet behaviors, examination components such as body measurement, and laboratory components like nutrition biomarkers and cardiovascular and metabolic health.

[The National Health Interview Survey \(NHIS\)](#) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics, including physical activity, are collected through personal household interviews. NHIS provides data for many tracking initiatives, including selected objectives in Healthy People 2030

CDC also supported adding the Physical Activity Status data element to the 4th version of the United States Core Data for Interoperability (USCDI V4), which may facilitate physical activity assessment, referral, and prescription.

HRSA

[The National Survey of Children's Health](#) is the largest national survey to gather children's needs, those of their families, and their communities. This survey includes physical activity-related questions, such as the amount of screen time, time spent being active, and the presence of neighborhood amenities.

IHS

[The Diabetes Care and Outcomes Audit](#) assesses the health outcomes for American Indians and Alaska Natives with diagnosed diabetes, which is often a comorbidity of hypertension. In addition to other diabetes care indicators, the audit includes measures to capture blood pressure and assess physical activity education.

NIH/NHLBI

[The Coronary Artery Risk Development in Young Adults Study \(CARDIA\)](#) is an ongoing study of more than 5,000 Black and White men and women aged 18 to 30 years who first formed its 1985 baseline demographic. The study now has more than 25 years of repeated measures and follow-up focused on lifestyle and cardiovascular risk.

NIH/NHLBI supports several [large observational cohort studies](#) that collect an expansive and diverse set of measures, including physical activity and hypertension.

NIH/NINDS

The [Shake, Rattle & Roll \(SRR\) study](#) aimed to improve blood pressure control rates in people who are Black and to reduce hypertension disparities. The study looked at three interventions: lifestyle changes, adhering to prescribed medications, and standard care. Self-reported physical activity was measured as a part of the study. The [study results](#) were published in 2022.

[The Effect of Lower Blood Pressure over the Life Course on Late-life Cognition in Blacks, Hispanics, and Whites \(BP-COG\)*](#) study syndicates data from observational and experimental studies, including brain MRI data, to recognize the relationships between fasting glucose levels, type 2 diabetes control, and cerebral small vessel disease with cognitive decline, Alzheimer's disease, and related dementias in older adults.

[Stroke Minimization through Additive Anti-atherosclerotic Agents in Routine Treatment \(SMAART II\)](#)

[Study*](#) is a phase III clinical trial (SMAART II) that assesses efficacy and implementation outcomes (cost, acceptability, and adoption) using a Polypill containing an anti-hypertensive, a lipid-lowering drug, and an anti-platelet agent for secondary stroke prevention in Ghana.

[A Targeted Self-Management Intervention for Reducing Stroke Risk Factors in High-Risk Ugandans](#)

[\(TEAM-U\)](#) builds infrastructure and research capacity to further test a curriculum-guided self-management intervention program, with a goal of reducing stroke risk factors and burden in Uganda and other low- and middle-income countries (LMICs). Assessment of physical activity levels is included in the program.

ODPHP

[Healthy People objectives](#) collect data across different population groups, which can help indicate where health disparities are taking place and inform program and policy development. Healthy People 2030 has several objectives related to heart disease and physical activity (see [Table A1](#)). Key hypertension and physical activity objectives include:

- [PA-05: Increase the proportion of adults who do enough aerobic and muscle-strengthening activity](#)
- [HDS-04: Reduce the proportion of adults with high blood pressure](#)
- [HDS-05: Increase control of high blood pressure in adults](#)
- [NWS-12: Reduce consumption of sodium by people aged 2 years and older](#)

ONC

[ONC](#) coordinates nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. ONC currently captures vital signs, including systolic, diastolic, and average blood pressure. The data elements collected in the [United States Core Data for Interoperability \(USCDI\)](#) Version 3—namely social determinants of health (SDOH) goals and interventions—can document screening for physical activity.

The Physical Activity Status data element was added to Version 4 of the [United States Core Data for Interoperability \(USCDI V4\)](#), which may facilitate physical activity as a vital sign for assessment, referral, and prescription. In the USCDI V4, under the Health Status Assessment data class, the new data element allows access, exchange, or use of electronic health information. ONC defined the data element; described the type of exercises, including the duration and intensity of the physical activity performed;

and indicated the applicable vocabulary standard (i.e., Logical Observation Identifiers, Names, and Codes [LOINC] version 2.74). The USCDI V4 also contains the Vital Signs data class.

ONC's [Interoperability Standards Advisory](#) references an implementation specification for remote patient monitoring to support chronic condition management, patient education, and patient engagement. This specification contains open industry standards for interoperability between health information systems and personal medical devices. While the implementation specification is not required by any federal program, interested parties can review the ISA and utilize this specification to advance information sharing.

ONC's [Patient Engagement Playbook](#) contains information for tracking patient-generated health data from mobile devices via health apps, which can be shared with providers, and electronic health records, which may include blood pressure readings. This offers patient autonomy to share clinical information for tracking and monitoring health concerns such as hypertension.

Evidence-based Federal Guidance

Member agencies provide expert guidance, best practices, and strategies that can be implemented to support improved physical activity in the United States.

AHRQ

AHRQ is authorized by Congress to provide scientific, technical, administrative, and dissemination support to the [U.S. Preventive Services Task Force \(USPSTF\)](#). The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The USPSTF works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. The USPSTF assigns letter grades to help demonstrate the strength of each recommendation (see [Table B1](#)).

The USPSTF recommends:

- Screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. (Grade: A, April 2021)
- Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy (Grade: B, April 2017)

- Offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions that promote a healthy diet and physical activity (Grade: B, November 2020)
- That clinicians individualize the decision to offer or refer adults 18 years or older without known cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity (Grade: C, July 2022)

CDC

[The Community Preventive Services Task Force \(CPSTF\)](#) provides evidence-based recommendations and findings about community preventive services, programs, and other interventions aimed at improving population health. CPSTF is an independent, nonfederal panel of public health and prevention experts appointed by the director of CDC. CDC provides administrative, scientific, and technical support for the CPSTF. For all reviews of effectiveness and economic evidence, CPSTF uses a consistent, scientifically rigorous [published methodology](#), and CPSTF considers [health equity](#) in all reviews. More than 250 active CPSTF recommendations and findings across more than 20 public health topics are included in The Guide to Community Preventive Services (The Community Guide). The Community Guide helps public health practitioners, program planners, and decision makers identify and select intervention approaches—including interventions for physical activity (see [Table A2](#)) and heart disease and stroke prevention—to improve health and prevent disease in communities and other settings.

CPSTF makes recommendations to [prevent heart disease and stroke](#) that involve physical activity, including:

- [Interventions that engage community health workers](#) for health education, and as outreach, enrollment, and information agents to increase self-reported health behaviors (physical activity, healthful eating habits, and smoking cessation) in clients at increased risk for cardiovascular disease.
- [Exercise programs for pregnant women](#) to reduce the development of gestational hypertension.
- [Self-measured blood pressure monitoring interventions combined with additional support](#) (such as health behavior changes that include diet and exercise) to improve blood pressure outcomes in patients with high blood pressure.

CPSTF makes recommendations to [increase physical activity](#), including:

- Environmental and policy approaches such as [built environment strategies](#); [point-of-decision prompts to encourage use of stairs](#); and [park, trail, and greenway infrastructure interventions when combined with additional interventions to increase physical activity](#).
- [Community-wide campaigns](#) to increase physical activity and improve physical fitness among adults and children.
- Behavioral and social approaches such as [individually-adapted health behavior change programs](#), [interventions such as activity monitors for adults with overweight or obesity](#), [social support interventions in community settings](#), and [community-based](#) and [worksite](#) digital health and telephone interventions to increase physical activity.

ODPHP

[The Physical Activity Guidelines for Americans](#) (Guidelines) serves as the primary, authoritative voice of the federal government for evidence-based guidance on physical activity, fitness, and health for Americans. It includes recommendations for Americans ages 3 years and older, provides evidence-based advice on how physical activity can help promote health and reduce the risk of chronic disease, and offers strategies to increase physical activity levels. Chapter 8 of the Guidelines highlights strategies to increase physical activity for individuals or small groups, including guidance from professionals or peers (e.g., groups led by health professionals or trainers); support from others (e.g., walking groups); and technology-based approaches (e.g., virtual coaching with wearable activity monitors). Strategies for communities that make it easier to access physical activity and live a more active lifestyle include point-of-decision prompts; school policies and practices (e.g., classroom physical activity breaks); access to indoor or outdoor recreational facilities or outlets; community-wide campaigns; and community design.

[The Physical Activity Guidelines Midcourse Report: Implementation Strategies for Older Adults](#) highlights strategies to support physical activity among older adults age 65 years and older in a variety of settings, so they can get the benefits of physical activity outlined in the Guidelines. These strategies include:

- Behavior change strategies, such as physical activity counseling
- Physical activity programs, such as exercise classes
- Policy, systems, and environmental approaches, such as walkable, pedestrian-friendly neighborhoods and communities

Educational Materials and Programmatic Support

Communication materials can help disseminate initiatives and messages through a variety of channels and programs, including digital and traditional media, in-person and virtual activities, and large community or small group events. Member agencies of the Council have launched and facilitated campaigns focused on different population groups and with specific target health outcomes, many of which provide physical activity education. Additional details about specific campaign audiences, goals, and implementation components can be found in [Table A3](#). In addition to specific campaigns, member agencies offer a variety of educational materials ([Table A4](#)) and have established several physical activity-associated initiatives ([Table A5](#)).

** Submitted efforts that did not include a physical activity component but potentially could be denoted with an asterisk.*

CDC

[Active People, Healthy NationSM](#) is a national initiative to help 27 million Americans become more physically active by 2027. To reach this goal, CDC works with other federal agencies, national and local partners, states, and communities to implement [evidence-based strategies to increase physical activity](#). Active People, Healthy Nation resources include [tools for action](#), [fact sheets and infographics](#), and [multimedia tools](#).

- [Moving Matters](#), released in 2022 and also available in Spanish, is a communications campaign to support Active People, Healthy Nation. The campaign focuses on Black/African American and Latina/Hispanic women (ages 18 to 44) to increase awareness of the benefits of physical activity, build self-efficacy to be more physically active, and prompt more physical activity among adults who are insufficiently active and inactive.
- The [National Diabetes Prevention Program](#) (National DPP) is a partnership of public and private organizations that work to prevent or delay type 2 diabetes. A key part of the National DPP is the lifestyle change program to prevent or delay type 2 diabetes. Hundreds of lifestyle change programs nationwide teach participants to make lasting lifestyle changes, such as eating healthier, adding physical activity into their daily routine, and improving coping skills. CDC's National DPP recognizes the well-documented link between cardiovascular disease, prediabetes, and type 2 diabetes. As a result, the CDC-preferred lifestyle change curricula incorporate session content on heart health and healthy eating (e.g., lowering sodium content to help control blood pressure).

CDC/CMS

[Million Hearts® 2027](#) is a national initiative co-led by CDC and CMS to prevent 1 million heart attacks and strokes in 5 years. It focuses on implementing a small set of evidence-based interventions.

- [Live to the Beat](#), released in 2022, is a campaign that aims to help adults ages 35 to 54—with a focus on Black/African Americans—take steps to prevent heart disease and stroke. The campaign encourages people to take small steps to move more, eat better, and work with a health care professional to address key risk factors such as hypertension, high cholesterol, and high blood sugar.
- [Heart-Healthy Steps](#) is a campaign that encourages adults 55 and older to get back on track with small steps—scheduling medical appointments, getting active, eating healthy—so they can get back to living big.
- The [Million Hearts® Cardiac Rehabilitation Change Package](#) is a quality improvement guide to help cardiac rehabilitation (CR) program staff and quality improvement teams enhance care for patients who are eligible for CR. CR is a secondary prevention clinical intervention that includes team-based care, supervised exercise training, education and skills development for heart-healthy living, and counseling on stress and other psychosocial factors.

FDA

FDA has numerous [Nutrition Education and Outreach Materials](#)* about how to use the updated Nutrition Facts label and more. FDA has also issued short-term sodium reduction targets for industry, which is a critical first step in an iterative approach to facilitate [reducing sodium across the food supply](#). As part of FDA's [menu labeling requirements](#), covered establishments are required to provide additional nutrition information upon request, including sodium information, and FDA has proposed updated criteria—such as limits on sodium—for when [foods can be labeled “healthy.”](#)

FDA also offers downloadable consumer resources—including a [fact sheet](#), an [infographic](#), and a [brochure](#)—that explain what hypertension is, how it is treated (including physical activity), whom it affects, and how one can participate in hypertension clinical trials.

HRSA

[The Health Center Program](#) supports more than 1,400 health centers—community-based and patient-directed health centers that deliver primary health care services, including physical activity–related counseling.

HRSA/OMH

[The National Hypertension Control Initiative](#) (NHCI) is a 3-year project, facilitated jointly by HRSA and OMH, that will integrate remote blood pressure monitoring technology into the treatment of hypertension for patients served by participating HRSA-funded health centers. NHCI aims to improve hypertension control rates and reduce the potential risk of COVID-19–related health outcomes among populations disproportionately affected by hypertension and COVID-19—specifically Black, Hispanic, and American Indian and Alaska Native persons. The initiative aims to promote evidence-based practices, patient-centered care, and health equity through partnerships with health care providers, community organizations, and patients to increase the number of people with controlled hypertension and reduce the burden of hypertension-related health disparities. The project will also support the [targeted media campaigns](#) to help reach Black, Latino, and other affected communities with culturally and linguistically appropriate messages. NHCI promotes community-based interventions, such as hypertension education programs and outreach, to raise awareness and improve hypertension management in underserved populations via community-based organizations (CBOs). Community outreach and integration activities include a workshop series, EmPOWERED to Serve (ETS) Health Lessons. The ETS Health Lessons consist of four modules:

- Control Your Blood Pressure: Blood Pressure Screening
- Get Active: Physical Activity Promotion
- Know Your Diabetes by Heart
- Salt and Cardiovascular Disease

IHS

[Just Move It](#), released in 1993, is a national campaign to promote physical activity among Indigenous people.

IHS also distributes [Physical Activity Kits](#) (PAK) that can be used in a variety of settings to reach multiple age groups. Activities included—such as youth activities, trail challenges, and modified games—were field-tested to be culturally appropriate for Native communities and are based on best practices to increase physical activity. Each PAK includes a downloadable book and video.

[Patient education materials](#) include tip sheets, posters, fact sheets, books, and articles on topics such as blood pressure and physical activity. There are resources and materials for a range of American Indian and Alaska Native audiences, including health care professionals, program staff, patients/clients, youth, and elders.

IHS offers several outreach activities, workshops, and trainings for AI/AN people and for the professionals working in their communities. [Healthy Weight for Life](#) is an initiative that aims to promote a healthy weight at all stages of life for American Indian and Alaska Native individuals through innovative nutrition, physical activity, and weight management programs.

[The Advancements in Diabetes Webinar Series](#) provides live clinical training to clinicians and health professionals. Experts present what is new on diabetes-related topics and describe practical tools and evidence-based practices. Trainings are intended for physicians, nurse practitioners, physician assistants, nurses, dentists, diabetes program coordinators, and other health care professionals.

[The Diabetes Standards of Care and Resources for Clinicians and Educators](#) are intended to provide guidance to clinicians and educators as they care for American Indian and Alaska Native people who have or are at risk for type 2 diabetes. Resources include regularly updated recommendations, useful clinical tools, and patient education materials for 30 diabetes care topics, including blood pressure and physical activity.

[The Hypertension Therapy in Type 2 Diabetes Treatment Algorithm](#) provides clinicians with a quick reference to specific diabetes care recommendations. Therapeutic lifestyle changes, including increasing physical activity, are included as a treatment recommendation.

[The Self-Measured Blood Pressure Pilot Project](#)* began in late fall 2021, when IHS purchased and disseminated 825 automatic blood pressure cuffs for pregnant and postpartum patient home use. Data collection, which is ongoing, will advise potential expansion of the self-monitored blood pressure project. IHS is currently exploring ways tribal and urban Indian organizations can partner in this endeavor for continued focus on this vital topic.

NIH/NHLBI

[The Heart Truth®](#), launched in 2002, is a health education program to raise awareness about heart disease. Though formerly focused specifically on women, *The Heart Truth* aims to reach all populations most affected by heart disease. [High blood pressure education resources](#) have been developed for key audiences, including Asian Americans and Pacific Islanders, American Indian and Alaska Natives, African Americans, Hispanics and Latinos, women, and pregnant women. Materials such as [handouts and fact sheets](#), [social media resources](#), and [Dietary Approaches to Stop Hypertension \(DASH\) eating plan materials](#) help consumers learn more about their risk for high blood pressure and how to manage and lower their risk with heart-healthy lifestyle changes, including healthy eating and physical activity.

NIH/NINDS

[Mind Your Risks®](#), first launched in 2015, is a public health campaign to raise awareness of the connection between high blood pressure, stroke, and dementia. NIH/NINDS “rebooted” Mind Your Risks in May 2021 to include a stronger focus on health equity: the primary audience is Black men ages 28 to 45, who are at particularly high risk of uncontrolled high blood pressure. Campaign materials consist of an updated website with [videos](#), [print ads and posters](#), [social media messaging](#), and educational resources, including [an informational flyer](#) highlighting regular exercise and other steps to take to keep blood pressure under control. There is also a [discussion guide](#) to help patients jump-start conversations about high blood pressure, stroke, and dementia with their health care providers.

ODPHP

[Move Your Way®](#), released in 2018, is HHS’s promotional campaign for the Physical Activity Guidelines for Americans. The campaign aims to help people live healthier lives through increased physical activity, increase awareness and knowledge of the Physical Activity Guidelines, build physical activity self-efficacy, and change behavior.

[The Dietary Guidelines for Americans toolkit for health professionals](#) contains materials—including a handout on [reducing sodium intake](#)—that professionals can use to start a conversation and share key messages with their patients, clients, and peers on the evidence-based nutrition guidance found in the [Dietary Guidelines for Americans, 2020–2025](#).

Evidence-based resources (EBRs) are published reviews of intervention evaluations and studies to improve health, along with educational materials. Healthy People 2030 offers EBRs under physical

activity and high blood pressure topics to serve as education materials or help with the development of programs and policies.

ODPHP/OWH

Move Your Way campaign materials that emphasize the importance of [physical activity during and after pregnancy](#) were developed as part of a collaborative effort between ODPHP and OWH.

OWH

[Stronger than Sarcopenia](#) is a national campaign, launched in 2023, to raise awareness of Sarcopenia among women age 65+.

[The Self-Measured Blood Pressure \(SMBP\) Program](#)* aims to expand access to SMBP resources and encourage organizations to address heart health disparities. The OWH program has collaborated with a network of public and private organizations focused on heart health, with an emphasis on self-measured (self-monitored) blood pressure control.

[National Women’s Blood Pressure Awareness Week](#) (NWBPAW) is a weeklong observance led by OWH. The week emphasizes the importance of blood pressure control and empowers women to take control of their health by sharing everyday actions they can take to improve their heart health.

Recommendations for the Hypertension Control Leadership Council

There are several opportunities to strengthen HHS-wide efforts to promote physical activity as a strategy to prevent and mitigate hypertension. The Council can build on member agencies’ numerous existing physical activity resources and programs and can facilitate continued collaboration across HHS. The Council can help augment the efficiency of existing efforts and resources by leveraging and amplifying them to their fullest capacity across and throughout HHS networks and channels. The following recommendations provide actionable measures that each member agency can take on their own, as well as potential activities that the Council can explore collaboratively or in partnership to support continued advancement of the Action Plan.

General Recommendations for the Council as a Body

The following cross-cutting recommendations highlight actions that the Council, as a single entity, can take to further the reach and impact of HHS’s physical activity-related work:

Develop an implementation strategy for the Council’s Physical Activity Action Plan.

- Develop a prioritization matrix to determine next steps to implement the Physical Activity Action Plan.
- Create a process evaluation plan to monitor progress.

Make updates to the Federal Hypertension Control Leadership Council webpage.

- Highlight Council efforts related to physical activity on the [Federal Hypertension Control Leadership Council webpage](#).
- Link to existing physical activity resources—such as printable materials (e.g., [Move Your Way materials](#)) or Active People, Healthy Nation—for information on [recommended strategies to increase physical activity](#).

Conduct an audit of physical activity information on agency webpages.

- Identify opportunities to cross-link to existing agency webpages or to cross-publish content, articles, tools, and materials (see [Table A6](#)).
- Ensure that links to existing physical activity resources or webpages are current and complete.
- Identify gaps in the physical activity information provided on agency webpages.

Share data and research findings related to physical activity during Council meetings.

- To reduce the risk of duplication of efforts, consider regular opportunities to share research outcomes and best practices across the Council to keep other agencies informed of physical activity-related work.
- Establish a shared workspace (e.g., a Teams channel) where information can be shared and updated in real time.

Coordinate and standardize data collection across member agencies.

- Create a bank of standard measures from national surveys (see [Table B2](#)) that member agencies, tribes, and state and local partners can use or adapt to ensure that data can be easily compared with national benchmarks without manipulation.

Create standard language about physical activity that could be incorporated into new Notice of Funding Opportunities or Funding Opportunity Announcements.

- Form a subcommittee of agency grants management staff and their communication and subject matter expert supports to draft language for the Council’s consideration.

Disseminate federal physical activity resources to communities across the United States.

- Revitalize a clearinghouse of existing federal physical activity resources and materials that communities could use at schools and at health fairs and other local events.
- Create a comprehensive database of member agency partners so that the Council can better leverage existing partners and networks, identify gaps, and forge new partnerships.
- Use the [Physical Activity Guidance review process](#) when creating new materials.

General Recommendations for Each Member Agency

The following general recommendations highlight actions that each member agency may take to further the reach and impact of HHS's physical activity-related work:

Align programming and funding opportunities with existing strategies and federal guidance.

- Consider criteria related to physical activity when reviewing and scoring funding applications, where feasible.
- Disseminate physical activity educational materials and campaign resources to current and previous funding recipients (see [Table A3](#) and [Table A4](#)) (Note: For funding of programmatic efforts, consider making use of these materials a requirement).
- When relevant, ensure that grants and cooperative agreements reference evidence-based strategies, such as those outlined in the [Physical Activity Guidelines for Americans](#) and [The Community Guide](#) (Note: For funding of programmatic efforts, consider making alignment with these strategies a requirement).

Update webpages with the latest physical activity information and resources.

- Cross-link to existing federal resources where relevant (e.g., when sharing information about strategies to increase physical activity, reference [CPSTF recommendations](#); when sharing information about how much physical activity people need, reference to the [Physical Activity Guidelines](#) and associated [Move Your Way campaign](#)).
- Submit existing and new materials (e.g., fact sheets) or webpages with physical activity information through the federal *Physical Activity Guidance review process established to maintain consistency with the Physical Activity Guidelines across HHS materials*.

- Paralleling the Dietary Guidelines review process, per secretarial memo, updates to existing physical activity content or new content related to physical activity—including electronic and print consumer materials with physical activity information—should be submitted for review prior to the materials’ publication, dissemination, or launch. Once materials are close to final, they should be emailed to PAGReviews@hhs.gov, with the subject line of “Physical activity guidance review requested from [agency/OPDIV name].” The Physical Activity Guidance Review Committee will review and provide feedback, typically within 10 business days. The current process is coordinated by the ODPHP in collaboration with CDC and NIH. Divisions or individuals interested in joining the review committee can reach out to PAGReviews@hhs.gov for more information.
- It is recommended to re-submit existing content for review at minimum, every 5 years, to ensure alignment with the Physical Activity Guidelines and Physical Activity Guidelines Midcourse Reports.

Use national surveillance metrics (e.g., Healthy People) to set benchmarks and monitor progress over time.

- Point to relevant Healthy People objectives ([PA-05](#), [HDS-04](#), and [HDS-05](#) or other physical activity and cardiovascular health objectives listed in [Table A1](#)).
- Use physical activity data from national surveys (see [Table B2](#)).

Stay informed on HHS physical activity-related efforts.

- Join, or ensure a representative from your agency has joined, the Federal Physical Activity Networking Group, which brings together physical activity subject matter experts and communicators from across the federal government for quarterly meetings to build connections, share ideas, and amplify HHS work related to physical activity (federal staff can email PAGReviews@hhs.gov to be added to the group).
- Sign up to receive monthly updates and resources from [Active People, Healthy Nation](#).
- Get physical activity–related updates from CDC: [Enter your email address](#) and search “Nutrition, Physical Activity, and Obesity” to subscribe to Division of Nutrition, Physical Activity, and Obesity updates; enter your email address and search for “Community Guide” to receive updates about Community Preventive Services Task Force findings, systematic reviews, and implementation resources. Choose the Community Guide topic of interest, such as physical activity or heart disease and stroke prevention.

- Sign up for [ODPHP's physical activity listserv](#) to receive updates on the Physical Activity Guidelines for Americans and related projects.

Lead by example with your physical activity and wellness activities.

- Charge the appropriate entity at your office/agency to assess your workplace wellness policies and initiatives to ensure they help employees foster healthy habits (e.g., walking meetings and take the stairs prompts).

Agency-Specific Opportunities

The following guidance suggests actions that specific agencies may want to consider when implementing physical activity initiatives or incorporating physical activity into their work. Agencies can explore collaborations to further the reach and impact of these suggested actions.

AHRQ

- Fund patient-centered outcomes research focused on physical activity approaches to hypertension prevention and control.
- Incorporate physical activity measures or disseminate physical activity resources as part of EvidenceNOW.

CDC

- Add a social media message about the benefits of physical activity from the [Hypertension Communications Kit](#).

CDC, CMS, and NIH/NINDS

- Explore opportunities for research sharing, collaborating, and potential co-branding with Live to the Beat and Mind Your Risks.

CMS

- Explore coverage determinations for referral to evidence-based physical activity programs and certified health and fitness professionals.

FDA

- Identify opportunities to share HHS physical activity educational materials alongside existing nutrition educational and outreach efforts.

HRSA

- Distribute [Move Your Way fact sheets for health professionals](#) to health centers.
- Encourage providers at health centers to utilize [Move Your Way campaign resources](#) by displaying fact sheets and posters or playing videos in waiting rooms.

HRSA and OMH

- Share physical activity messages within the National Hypertension Control Initiative.
 - Ensure physical activity information included in EmPOWERED to Serve (ETS) Health Lessons aligns with the Physical Activity Guidelines for Americans.
- Connect American Heart Association (AHA) partners with HHS campaigns to align messaging around physical activity.

IHS and OWH

- Integrate physical activity as a prevention strategy into the Self-Monitored Blood Pressure Pilot Project.
- Share materials that emphasize the importance of physical activity and tools for people to track their physical activity (e.g., the [Move Your Way Activity Planner](#)).

NIH/NINDS

- Measure physical activity as an outcome and incorporate pedometers or accelerometers within future studies and clinical trials whenever possible.

ODPHP

- Highlight or distribute educational materials related to physical activity and hypertension to Healthy People 2030 Champions.

ONC

- Consider adding standards for capturing and transmitting remote patient monitoring data (including patient-reported data and data collected from wearables).

OWH

- As part of the Self-Measured Blood Pressure (SMBP) Program, include information about the connection between physical activity and blood pressure. Consider incorporating [Move Your Way materials](#) and online tools, such as the [Move Your Way microsite](#) and [activity planner](#).

Appendix A: Federal Resources to Support Physical Activity

Table A1: Healthy People 2030 Physical Activity and Heart Disease Objectives




Healthy People 2030 Objectives
Physical Activity-Related Objectives
<u>PA-01: Reduce the proportion of adults who do no physical activity in their free time</u>
<u>PA-02: Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits</u>
<u>PA-03: Increase the proportion of adults who do enough aerobic physical activity for extensive health benefits</u>
<u>PA-04: Increase the proportion of adults who do enough muscle-strengthening activity</u>
<u>PA-05: Increase the proportion of adults who do enough aerobic and muscle-strengthening activity</u>
<u>PA-06: Increase the proportion of adolescents who do enough aerobic physical activity</u>
<u>PA-07: Increase the proportion of adolescents who do enough muscle-strengthening activity</u>
<u>PA-08: Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity</u>
<u>PA-09: Increase the proportion of children who do enough aerobic physical activity</u>
<u>PA-10: Increase the proportion of adults who walk or bike to get places</u>
<u>PA-11: Increase the proportion of adolescents who walk or bike to get places</u>
<u>PA-12: Increase the proportion of children and adolescents who play sports</u>
<u>PA-13: Increase the proportion of children ages 2 to 5 years who get no more than 1 hour of screen time a day</u>
Heart Disease and Stroke Objectives
<u>HDS-01: Improve cardiovascular health in adults</u>
<u>HDS-02: Reduce coronary heart disease deaths</u>
<u>HDS-03: Reduce stroke deaths</u>
<u>HDS-04: Reduce the proportion of adults with high blood pressure</u>
<u>HDS-05: Increase control of high blood pressure in adults</u>
<u>HDS-06: Reduce cholesterol in adults</u>
<u>HDS-07: Increase cholesterol treatment in adults</u>
<u>HDS-08: Increase aspirin use for secondary prevention of atherosclerotic cardiovascular disease</u>
<u>HDS-09: Reduce heart failure hospitalizations in adults</u>
Nutrition and Healthy Eating
<u>NWS-12: Reduce consumption of sodium by people aged 2 years and older</u>


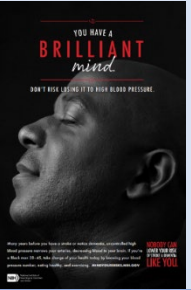
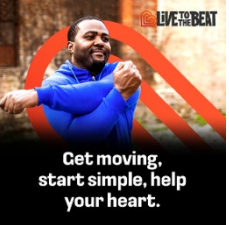
Table A2: CPSTF Findings for Physical Activity

Approach	Intervention	CPSTF Finding	Date
Behavioral and Social Approaches	Classroom-based Physical Activity Break Interventions	Recommended (sufficient evidence)	March 2021
	Classroom-based Physically Active Lesson Interventions	Recommended (sufficient evidence)	March 2021
	Digital Health Interventions for Adults 55 Years and Older	Recommended (sufficient evidence)	April 2019
	Enhanced School-Based Physical Education	Recommended (strong evidence)	December 2013
	Family-Based Interventions	Recommended (sufficient evidence)	October 2016
	Home-based Exercise Interventions for Adults Aged 65 years and Older	Recommended (sufficient evidence)	July 2022
	Individually-Adapted Health Behavior Change Programs	Recommended (strong evidence)	February 2001
	Interventions Including Activity Monitors for Adults with Overweight or Obesity	Recommended (sufficient evidence)	August 2017
	Social Support Interventions in Community Settings	Recommended (strong evidence)	February 2001
	Community-based Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity	Recommended (sufficient evidence)	December 2020
	Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity Among Students at Institutions of Higher Education	Recommended (sufficient evidence)	July 2021
	Worksite Digital Health and Telephone Interventions to Increase Healthy Eating and Physical Activity	Recommended (sufficient evidence)	March 2021
Campaigns and Informational Approaches	Community-Wide Campaigns	Recommended (strong evidence)	February 2001
	Stand-Alone Mass Media Campaigns	Insufficient Evidence	March 2010

Approach	Intervention	CPSTF Finding	Date
Environmental and Policy Approaches	Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design	Recommended (sufficient evidence)	December 2016
	Creating or Improving Places for Physical Activity Combined with Informational Outreach Activities	Recommended (strong evidence)	May 2001
	Interventions to Increase Active Travel to School	Recommended (sufficient evidence)	August 2018
	Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions	Recommended (sufficient evidence)	July 2021
	Park, Trail, and Greenway Infrastructure Interventions when Implemented Alone	Insufficient Evidence	July 2021
	Point-of-Decision Prompts to Encourage Use of Stairs	Recommended (strong evidence)	June 2005

Table A3. Member Agency Campaigns with Physical Activity Information

Agency	Campaign	Current Audience	Campaign Goal	Implementation Components
ODPHP	Move Your Way® 	Physical activity contemplators (insufficiently active, aiming to get active); Americans aged 3 and older	Help people live healthier lives through increased physical activity; increase awareness and knowledge of the Physical Activity Guidelines, build physical activity self-efficacy, and change behavior	<p>Website: consumer resources, health professional/community resources</p> <p>Promotional/educational resources; fact sheets, posters, videos, interactive tools, social media content</p> <p>Campaign implementation guide</p>
NIH/NHLBI	The Heart Truth® 	Women; general public, especially within populations most affected by heart disease	Amplify awareness about heart disease risk factors, help people identify specific health goals to control risk factors, increase individual accountability to prevent heart disease, and help increase the number of Americans who intend to take action to protect their hearts and control modifiable risk factors	<p>Website: consumer resources, partner resources</p> <p>Healthy Hearts Network</p> <p>Promotional/educational resources: social media content, print and digital resources (e.g., fact sheets), videos, community health worker curricula on heart disease prevention</p> <p>Special initiatives: Red Dress Collection, National Wear Red Day, American Heart Month, National High Blood Pressure Education Month</p>
IHS	Just Move It 	Indigenous populations	Encourage indigenous populations to get active by sponsoring Just Move It events in the community	Community events: Education on diabetes, hypertension, and nutrition are provided for participants

Agency	Campaign	Current Audience	Campaign Goal	Implementation Components
<p>CDC</p>	<p>Moving Matters (English)</p> <p>Movernos es importante para nuestra salud (Spanish)</p> 	<p>Black/African American women (ages 18 to 44)</p> <p>Latina/Hispanic women (ages 18 to 44)</p>	<p>Increase awareness of the benefits of physical activity, build self-efficacy to be more physically active, and prompt more physical activity among adults who are insufficiently active.</p>	<p>Website: consumers resources, partner resources</p> <p>Promotional/education resources: social media messages, digital ads, outreach materials, sample digital communications copy</p>
<p>NIH/NINDS</p>	<p>Mind Your Risks®</p> 	<p>Black/African American male adults ages 28 to 45</p>	<p>Educate Black/African American men with or at risk of high blood pressure on the importance of taking charge of their health.</p>	<p>Website: consumer resources, health professional resources</p> <p>Promotional/educational resources: social media content, videos, print ads, posters, fact sheets, webinars</p>
<p>CDC Foundation and Million Hearts® initiative</p>	<p>Live to the Beat</p> 	<p>Black/African American adults ages 35 to 54</p>	<p>Reduce the risk of cardiovascular disease among Black/African American adults ages 35 to 54 by encouraging people to take small steps to move more, eat better, and work with a health care professional to address key risk factors such as hypertension, high cholesterol, and high blood sugar.</p>	<p>Website: consumer resources, partner resources</p> <p>Community Ambassador Network</p> <p>Promotional/educational resources: PSA/videos, social media content, print and digital resources (e.g., small steps tracker)</p>

Agency	Campaign	Current Audience	Campaign Goal	Implementation Components
CDC Foundation and Million Hearts® initiative	Start Small. Live Big. Heart-Healthy Steps	Adults 55+	Encourage adults ages 55 and older to get back on track with small steps—such as scheduling their medical appointments, getting active, and eating healthy—so they can get back to living big.	Website: consumer resources Promotional/education resources: video
OWH	Stronger than Sarcopenia	Women 65+	Increase awareness of sarcopenia among women ages 65+, the health providers who treat them, and the public through helpful risk reduction, prevention, and treatment resources. Improve physician and other health providers’ awareness and clinical practice on prevention and treatment.	Promotional/educational resources: fact sheets, videos, and exam room posters Continuing education activity related to the screening, evaluation, treatment, and management of sarcopenia Digital toolkit for collaborators

Table A4. Member Agency Educational Materials with Physical Activity Information

Agency	Materials	Description	Audiences	Components
NIH/NHLBI	High blood pressure educational resources	Materials on topic areas including advancing women’s heart health, preventing and controlling hypertension, healthy eating plans, and nutrition tips	Adults, Asian Americans and Pacific Islanders, American Indians and Alaska Natives, African Americans, Hispanics and Latinos, women, pregnant women	Fact sheets, handouts Available in a variety of languages
CDC	Physical activity fact sheets and infographics	Materials include Health Benefits of Physical Activity, More People Walk for Better Health, and Physical Activity Builds a Healthy and Strong America.	Consumers, partners	Fact sheets, infographics
IHS	Physical Activity Kit (PAK)	PAK topics include youth activities, trail challenges, modified games, exercise breaks, activities for adults and families, and exercises for older adults. The kit can be used in schools, communities, worksites, Head Start programs, elder centers, and youth programs.	American Indian and Alaska Native children, adults, and older adults	Videos, books
IHS	Patient education materials	Materials are locally developed and culturally relevant patient education handouts on a variety of diseases and topics, including blood pressure, nutrition, and physical activity	Elders, health care professionals, patients/clients, newsletter editors, program staff, youth, youth educators	Tip sheets, posters, fact sheets, books, articles
IHS	Advancements in Diabetes Webinar series	Webinar topics have included hypertension guidelines, managing hypertension, and creating an exercise program	Physicians, nurse practitioners, physician assistants, nurses, dentists, diabetes program coordinators, and other health care professionals	Webinar recordings

Agency	Materials	Description	Audiences	Components
IHS	Diabetes Standard of Care Resources for Clinicians and Educators Diabetes Standards of Care and Resources for Clinicians and Educators	Materials include regularly updated recommendations, useful clinical tools and resources, patient education materials, and CME training for diabetes care topics such as blood pressure and physical activity	Clinicians and educators who serve American Indian and Alaska Native people	Recommendations, clinical tools, patient education materials
IHS	Hypertension Therapy in Type 2 Diabetes Treatment Algorithm	The algorithms provide basic information on diabetes-related conditions; step-by-step management of common clinical problems; dosing, common adverse reactions, and contraindications for medications on the IHS National Core Formulary; and treatment targets and recommended monitoring parameters	Clinicians and educators who serve American Indian and Alaska Native people with type 2 diabetes	Handout, mobile version of handout
OWH	National Women's Blood Pressure Awareness Week (NWBPAW)	NWBPAW focuses on (1) increasing awareness of heart-healthy messages and behaviors that can help women and girls improve their heart health; (2) increasing access to resources and tools regarding hypertension, cardiovascular disease, health risks associated with high blood pressure, and factors that increase the risk of high blood pressure; and (3) increasing knowledge and utilization of self-measured (or self-monitored) blood pressure (SMBP) activities	Women consumers; health professionals	Resources for consumers related to heart disease, stroke, healthy eating, getting and staying active, self-measured blood pressure monitoring

Table A5. Member Agency Initiatives with Physical Activity Components




Agency	Initiative	Current Audience	Initiative Goal	Implementation Components/Activities
CDC/CMS	Million Hearts® 	Health care and public health professionals and advocates	Avert 1 million preventable cardiovascular disease events in the next 5 years (January 2022–December 2026)	<p>Convene health care and public health champions</p> <p>Facilitate collaboration and resource sharing</p> <p>Promote implementation of evidence-based strategies to prevent cardiovascular disease</p> <p>Address health inequity through specific policies, processes, and practices</p>
CDC	Active People, Healthy NationSM 	Individuals Organizations, Community Champions	Help 27 million Americans become more physically active by 2027	<p>Promotes cross-sector collaborations and coordinated actions between public and private partners</p> <p>Resources and information on evidence-based strategies to increase physical activity</p> <p>Website: professional resources</p> <p>Promotional/educational resources: graphics, infographics to educate people on the benefits of physical activity</p>
IHS	Healthy Weight for Life (IHS) 	American Indian and Alaska Native populations	Promote a healthy weight at all stages of life for American Indian and Alaska Native individuals through innovative nutrition, physical activity, and weight management programs	<p>Website: professional and consumer resources</p> <p>Promotional/educations resources: webinars on obesity prevention; actions for individuals and families, providers, and communities; and strategies for achieving healthy weight on each level of the social-ecological model</p>

Table A6. Key Agency Webpages with Physical Activity Information

Agency	Webpage	Content
ODPHP	About the Physical Activity Guidelines	Provides information on the current edition of the Physical Activity Guidelines for Americans.
ODPHP	Move Your Way® Community Resources and Move Your Way Microsite	The community resources page shares information to help professionals promote the Physical Activity Guidelines, while the microsite is for the general public to learn about how much physical activity they need.
ODPHP	Healthy People 2030 Physical Activity Objectives	Lists all Healthy People 2030 objectives related to Physical Activity.
CDC	Prevent High Blood Pressure	Shares information on preventing and managing high blood pressure.
CDC	Active People, Healthy NationSM	Provides information on joining Active People, Healthy Nation; evidence-based strategies to increase physical activity; tools for action; and multimedia tools.
CDC	Physical Activity Basics	Provides information about physical activity benefits and recommendations for different age groups.
NIH/NHLBI	What Is Physical Activity?	Shares information on physical activity basics and the relationship to heart health.

Appendix B: Supplemental Information

Table B1: USPSTF Grade Definitions (After July 2012)

Grade	Definition	Suggestion for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Table B2. Federal Data Sources with Measures Related to Physical Activity

Agency	Survey	Age Range	Additional Information
CDC	Behavioral Risk Factor Surveillance System (BRFSS)	18 years and older	BRFSS collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
CDC	National Health Interview Survey (NHIS)	18 years and older	NHIS data are used widely throughout HHS to monitor trends in illness and disability and to track progress toward achieving national health objectives.
CDC	National Health and Nutrition Examination Survey (NHANES)	All ages	NHANES is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.
CDC	Youth Risk Behavior Surveillance System (YRBSS)	Grades 9 to 12	YRBSS monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults.
HRSA	National Survey of Children's Health (NSCH)	Birth to 17 years	NSCH is a self-administered mail- and web-based survey conducted annually by the U.S. Census Bureau. One child per household is randomly selected, and a parent or guardian is given an age-specific topical survey regarding the child, to report as an adult proxy.