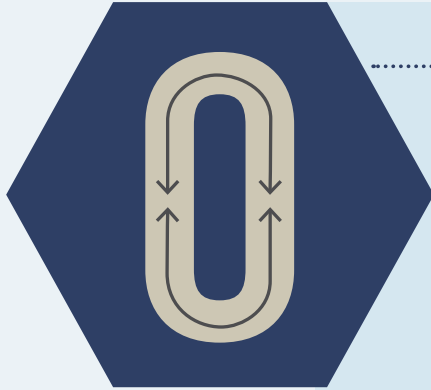


VISION REPORT

LOOKING
TO 2015

An annual summary of what ACE now sees and what's needed to reverse the growth of physical inactivity and obesity.



OUR TAKE ON A NATIONAL OUTLOOK

Every year, ACE reports on our observations, and what we hope for, in 8 areas we've identified as critical paths in the national effort to reverse the epidemics of physical inactivity and obesity.



01

Proactive Involvement from Local Leaders

What's **NOW:**

Thoughtful local leaders have begun integrating health into all aspects of city planning so that becoming and staying active becomes easier and more appealing. Communities from East Lake Meadows in Atlanta, GA to Philadelphia, PA are experiencing measurable results from adjustments to the built environment coupled with meaningful policy change.

What's **NEEDED:**

- Even greater recognition among local and regional policymaking bodies of the value of investing in healthier communities.
- Early adopters to vigorously share their recipe for success to help cities not as well equipped.
- More—and more diverse—stakeholders to join local leaders at the planning table.



02

Greater Access and Innovation in Fitness

What's **NOW:**

We are witnessing an explosion in technological and programming innovation in fitness, but there is inequity in access. The 2014 White House Research Forum on Improved Health and Fitness for Americans with Disabilities, and campaigns such as “Commit to Inclusion,” have begun pinpointing populations that may be overlooked with respect to fitness opportunities, even though they stand to greatly benefit.

What's **NEEDED:**

- Fitness offerings tailored to the needs and interests of the surrounding community.
- Programming to include populations that have sometimes been ignored by the fitness industry, such as persons with disabilities.
- Continued efforts to be placed on development and refinement of technology applications tailored to fitness.



03

Fitness in the Workplace

What's **NOW:**

With the Affordable Care Act's "essential health benefits" and commitment in the commercial sector, the conversation about scaling workplace wellness is underway. But there is little hard guidance from regulatory authorities, innovation is stifled by uncertainty, and there's no clear path forward for small- and medium-sized businesses (where most Americans actually work). There are also lingering questions about return on investment (ROI).

What's **NEEDED:**

- An evolution from a singular focus on ROI to multidimensional focus on return on value. (Think increasing employee attraction and retention.)
- Fitness and recreational facilities in communities to become places where programming is provided to better ensure employee privacy.
- Businesses to tap the content, programming, facilities, and qualified expertise that are available around them.



04

Federal Funding for Livable Communities

What's **NOW:**

Livable communities are more sustainable, healthier, and ultimately lower cost. Yet year after year, funding for such valuable programs as the Recreational Trails Program (RTP) is under siege. Funding that enables communities to get active is treated like an unnecessary luxury—it shouldn't be.

What's **NEEDED:**

- Expansion of Safe Routes to School to include Safe Routes to Community Places.
- Policymakers to recognize that bike/pedestrian projects are a critical piece of the nation's surface transportation act.
- Widespread adoption of shared-use policies to increase accessibility of professionally led physical activity on public lands.



05

More Collaboration Among Fitness and Healthcare Organizations

What's **NOW:**

When it comes to population health, what happens in the community is just as important as what happens in the doctor's office. Recommending authorities like the United States Preventive Services Task Force and the Trust for America's Health are increasingly calling for a full rethink of the preventive care system to include community-based preventive interventions on a population scale.

What's **NEEDED:**

- Investment to be made in dialogue among all parties that could constitute the physician-extender network.
- An expanded, rigorous, stakeholder-wide conversation about how to place even greater emphasis on preventive services.



06

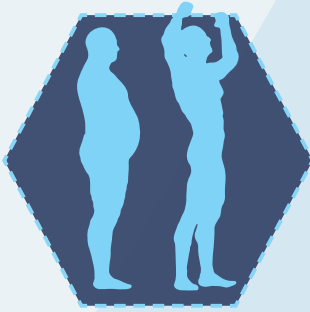
Healthier Choices and Education

What's **NOW:**

There is growing realization of the importance of integrating healthy habits into schools, but there remains no clear path to getting students moving throughout the school day. National recommendations call for children to get at least 60 minutes of physical activity per day, yet the U.S. Report Card on Physical Activity found that less than half of children are getting the recommended amount.

What's **NEEDED:**

- More resources to be made available to teachers on incorporating physical activity into learning.
- School wellness policies to address physical education and physical activity not only during the day but also in before-school, after-school, and out-of-school programs; these opportunities should include families.
- Schools and communities to provide access to their facilities for recreational use outside of school hours.



07

Greater Inclusiveness to Encourage Fitness for All

What's **NOW:**

People have heard the importance of getting regular physical activity, but the “system” is wholly failing to meet people where they are in a way that is sensitive to their health status, culture, and circumstances. The face of fitness is changing, but vastly more work needs to be done to make fitness accessible and inviting to those who don't already have it.

What's **NEEDED:**

- A new message to encourage more individuals to begin adopting lifelong fitness habits by highlighting that it's not about intense physical exercise, but about movement.
- Facilities to adopt programs that engage those beyond the highly fit because fitness must endeavor to be relevant, even integral, to the entire community.
- Behavioral lifestyle coaching to help community members make physical activity a regular part of everyday life.



08

Engagement with Low-Income Communities

What's **NOW:**

Huge disparities exist in the health of those living in low-income communities. Leading authorities highlighted the wide racial, ethnic and income disparities in overweight and obesity rates in their 2014 annual report *The State of Obesity*, and the need for much more work to be done in these communities is clear.

What's **NEEDED:**

- Health and wellness commitment and leadership to come from within the local community.
- Health workers from within the community who are culturally sensitive to be better leveraged to impact the population.
- Creative shared-land use initiatives and partnerships to be implemented so individuals have access to safe places to stay physically active.

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