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Elevating Physical Activity as a Public Health Priority: Creation of the National Society of Physical Activity Practitioners in Public Health

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Background: Physical activity has emerged as a distinct area of public health practice. As this field evolved, the need for a professional organization for physical activity practitioners in public health became evident. A collaboration of several existing public health professional organizations formed to address this new area of public health practice. The collaboration laid the foundation to establish a professional organization. National Association of Physical Activity Practitioners in Public Health (NSPAPPH) was launched in April 2006. NSPAPPH accomplishments to date include convening a national meeting of physical activity practitioners, conducting strategic planning, adopting bylaws and core competencies for professional practice, developing a website and electronic newsletter, and establishing training opportunities for practitioners. ***Conclusions:*** Future plans for NSPAPPH include development of a professional certification for physical activity practitioners in public health; enhancement of training and professional development opportunities; recruitment of members from national, tribal, state, and local organizations working in public and private sectors; publications of journal articles, reports, and issue briefs; and development of a policy agenda. Implementing these plans will serve to strengthen public health infrastructure for physical activity, thus improving the physical activity behaviors of Americans and the health of the nation.

Keywords: chronic disease, health promotion, physical activity

The origins of physical activity practice in public health may be traced back to as early as the 1950s when the disciplines of exercise science and public health began to connect.[1] Since that time, several key developments have emphasized and accelerated the growth of physical activity as a distinct area of public health practice. *Physical Activity and Health: A Report of the Surgeon General*,[2] published in 1996, chronicled the development and importance of physical activity practice in public health. That same year, the U.S. Centers for Disease Control and Prevention's (CDC) Division of Nutrition and Physical Activity (DNPA) established the Physical Activity and Health Branch. In January 2000, the *Healthy People 2010 Health Objectives for the Nation* were released which included 15 physical activity objectives.[3] Physical activity was identified as 1 of the 10 leading health indicators in *Healthy People 2010*. The leading health indicators reflected the major health concerns for the country at the beginning of the 21st Century. The indicators were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues.

Physical activity as a public health issue has been evolving internationally as well over the last 50 years or more. In 2006, the first International Congress on Physical Activity and Public Health convened over 850 representatives from 45 countries in an interdisciplinary forum to exchange information on research and practice in the area of physical activity and public health.[1]

Countries throughout the world have invested in research and interventions to improve the health of their populations through physical activity.

As the field of physical activity in public health has evolved, additional public health staff have been

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dedicated to the practice. In 2000, CDC's DNPA provided funding to support the first 22 state health agencies in the development of state Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases. Funded states were required for the first time to employ a designated full-time physical activity coordinator. Currently, 23 states are funded through CDC in this area and each continues to employ at least 1 full-time physical activity coordinator. Regardless of funding, all state health agencies have identified at least 1 staff person as their state physical activity contact and coordinator. In addition, similar employment practices of dedicating positions to physical activity practitioners have been occurring throughout county and city public health departments.

As this workforce emerged in public health, an informal network of state-level physical activity practitioners began to form in 2003. This informal network represented an important step in the evolution of the field of physical activity in public health. Creating a mechanism for connecting practitioners, developing standards of practice, developing a communication system for information exchange, providing for professional development, and creating a common national agenda for the profession were among an initial set of needs identified by the informal network. This collection of identified needs supported a growing recognition of the importance to create a unifying organization and infrastructure within the U.S. public health system to support physical activity practitioners. Thus, the creation of the new organization began.

Creation of the Physical Activity Collaborative

An early step in creating capacity and permanent infrastructure for physical activity in public health practice was the creation of the Physical Activity Collaborative (PAC). Three professional public health organizations began working together with CDC's DNPA on this effort. These organizations were the Directors of Health Promotion and Education (DHPE) representing health promotion and education program managers, the National Association of Chronic Disease Directors (NACDD) representing chronic disease program managers, and the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) representing nutrition practitioners. Each of these organizations has a strong relationship to physical activity practice in public health agencies as members serve in management roles and impact physical activity practitioners on a daily basis by influencing their practice and programs on the state and local levels.

An interagency agreement between NACDD and DHPE was developed and signed in December 2003, formalizing PAC as a collaborative of CDC's DNPA, DHPE, NACDD and the informal network of state-level physical activity practitioners that existed at the time. A primary goal of the interagency agreement was the establishment of a formal public health physical activity practitioner network that would operate independently of, but receive support from, PAC and its member organizations. PAC was organized with a steering committee of 4 representatives from each member organization and 1 liaison from the ASTPHND organization. After initial strategic planning in 2003 and early 2004, PAC issued an invitation to the informal network of physical activity practitioners to establish a formal physical activity network.

Creation of the Physical Activity Network

Physical activity contacts and coordinators in state health agencies received a letter of invitation from PAC in January 2004 to join the Physical Activity Network (PAN). In response, 37 individuals joined the newly formed PAN and of those, 26 joined an interim steering committee for PAN. Between March 2004 and March 2005, the interim steering committee worked to develop the structure, function, and scope of the nascent PAN. Operating guidelines were developed which included the mission, purposes, functions, and structure of the organization. The inaugural meeting of PAN was held on September 8 to 9, 2005 in Chicago, Illinois. A total of 53 physical activity practitioners attended representing 42 state departments of health across the country.

The mission of PAN was to elevate physical activity as a public health priority through engagement, education, and expansion of partnerships. To accomplish the mission, PAN identified the following purposes:

- elevate the voice of the physical activity public health professionals through collaborative efforts
- engage and educate key decision makers and advocates to elevate physical activity as a public health priority
- increase the capacity of physical activity public health professionals and supporters at all levels to reduce chronic disease and address other public health issues related to physical activity
- promote evidenced-based and promising practices to increase physical activity, and
- expand partnerships and collaborative efforts, as appropriate, while simultaneously creating a defined identity as physical activity practitioners.

The functions of PAN were also identified, which included

- linking state/territorial/tribal program directors/coordinators, and other key partners in a national forum to act collectively in the promotion of physical activity
- exchanging ideas, strategies, materials, policies, and procedures to improve and enhance comprehensive public health programs/policies for physical activity

- educating key decision makers about the impact of, and/or need for, legislation, policies, and programs that promotes physical activity
- providing comments and recommendations on physical activity issues as appropriate, and
- providing leadership and develop partnerships with affiliates, private, and public associations and industry to catalyze promotion of physical activity.

The PAN operating guidelines defined a leadership structure for the organization in the form of a steering committee. The steering committee was comprised of officers (chair, chair-elect, secretary, and immediate past-chair), chairs of standing committees, and 4 elected members at large. Initial standing committees included governance, nominations, core competencies and training, conference planning and coordination, marketing communications, and scientific interpretation. A policy committee was created the following year.

A significant accomplishment of PAN during this time was the development of core competencies for physical activity practitioners in public health.[4] These core competencies were based on public health benchmarks for physical activity programs developed by the Physical Activity and Health Branch within DNPA at CDC.[5] The core competencies specify fundamental professional competencies for developing capacity to address physical activity in public health practice. Establishing core competencies as the professional standard for physical activity practitioners working in public health across the entire country will create a consistent overall approach to address physical activity, and thereby create a consistent approach in working to improve the health of the public. The 5 benchmarks upon which the core competencies were developed include

1. developing and sustaining effective partnerships
2. making use of public health data and scientific information in developing and prioritizing community-based interventions to address physical activity
3. understanding and implementing a sound approach to physical activity planning and evaluating
4. strategically implementing evidence-based interventions at the informational, behavioral and social, and environmental and policy levels, and
5. developing an organizational structure that facilitates program growth and sustainability.

These benchmarks and associated core competencies functioned to guide training and other professional development activities of the newly-formed PAN.

Emergence of the National Society of Physical Activity Practitioners in Public Health

The initial work of PAN established the foundation to formalize the new professional organization for physical activity practitioners working in public health. The name of the professional organization was changed and was officially launched as the National Society of Physical Activity Practitioners in Public Health (NSPAPPH) at the International Congress on Physical Activity and Public Health (ICPAPH), April 17 to 20, 2006, in Atlanta, GA. The first annual NSPAPPH business meeting took place during ICPAPH, at which time the new organization name was announced; a slate of officers, members at large, operating guidelines, and core competencies were approved; and an official steering committee was installed. NSPAPPH members also met for informal roundtable discussions during ICPAPH.

Over the next year, the steering committee, as well as standing committees, continued to meet regularly via conference calls. In September 2006, members of the steering committee and PAC representatives met in Atlanta, Georgia to identify key NSPAPPH goals for 2007 to 2010 as the first step in developing a strategic plan. Three key goals were identified as follows:

1. create a sustainable organizational structure for NSPAPPH
2. elevate physical activity in public health practice at the national, state, and local levels through professional development, and
3. engage and educate decision makers at national, state and/or local levels.

As described earlier, the mission of NSPAPPH is to elevate physical activity as a public health priority through engagement, education and expansion of partnerships. The efforts taken to form NSPAPPH have been strategic in creating a professional organization for physical activity practitioners working in the public health field to address the mission. Already in the first year of formal existence, NSPAPPH had a number of early accomplishments that are driving the organization and profession toward its mission.

One of the first accomplishments was the process of institutionalizing the core competencies. These competencies have already been employed on multiple levels in a number of public health agencies across the country. For example, they have been used as the basis for interview questions during new physical activity practitioner applicant searches and in defining the practice for existing physical activity practitioners. A number of existing physical activity practitioners have had job classification upgrades based on mastery of the competencies. Early on in the creation of NSPAPPH, the core competencies established the standard of practice for the profession and the institutionalization of these competencies continues.

A professional training system is another early accomplishment of NSPAPPH. The organization has established a schedule of quarterly national training teleconferences with the training topics for each teleconference based on the core competencies. NSPAPPH hosted its first 4 quarterly teleconference trainings in 2007. Future quarterly teleconferences are being

planned to address additional core competencies which are rapidly becoming the professional standard for physical activity practitioners in the public health field.[4]

Another accomplishment has been in communications. After formally launching the new organization in April 2006, NSPAPPH developed its brand and associated logo and website. The website features information about the organization and PAC, national resources, frequently asked questions, member blogs, physical activity news, and links to related sites. The website can be accessed at www.nspapph.org. Another communications accomplishment is a NSPAPPH feature article that appears as a standing addition to the CDC's weekly physical activity electronic newsletter sent to physical activity practitioners and others interested in the promotion of physical activity. The newsletter is now published as a collaborative of CDC and NSPAPPH and has been renamed the CDC/NSPAPPH Physical Activity One-Way Listserv to reflect the collaboration.

One of the most important early accomplishments has been developing and strengthening partnerships with other professional public health organizations. Collaboration with DHPE, NACDD, and ASTPHND, along with ongoing support and partnering with CDC, has been critical to the development of NSPAPPH. NSPAPPH is on track developmentally with guidance from these other long-standing professional organizations, all of which play critical roles in contributing to health promotion and chronic disease prevention to improve the health of the nation. Notwithstanding, NSPAPPH will fill the critical need in the area of physical activity promotion.

Conclusions

The formation, public launching, and initial accomplishments of the budding NSPAPPH organization have been significant. To continue to make progress toward achieving its mission, NSPAPPH will need to execute its strategic plan by implementing the following short-term actions.

1. Provide an enhanced web-based matrix of resources for physical activity practitioners. The matrix was piloted-tested and fully implemented in 2007 for state-level practitioners to post their state and view other states' resources in a variety of topic areas. Plans to expand the resource matrix so that additional practitioners can access it are being developed.
2. Develop a professional credentialing process for physical activity practitioners in public health. A team of subject matter experts was assembled in 2007 and began the process to develop a national certification for the field. The core competencies are being used to develop the certification by defining knowledge, skills and abilities within each competency. The expected launch date of the certification is January 2009.
3. Provide continuing education opportunities through annual meetings, quarterly teleconferences, coordination with the national Physical Activity and Public Health practiti1r course cosponsored by the University of South Carolina's Prevention Research Center and CDC, as well as other related conferences and trainings. A system for offering a variety of continuing education opportunities, derived from the core competencies, has been established.
4. Expand the recruitment and involvement of members at the national, tribal, state, and local levels. Recruitment plans are being developed and will include outreach to physical activity practitioners working at all levels in both the public and private sectors.
5. Publish materials of benefit to the membership and partners such as scientific interpretation journal articles, reports, and issue briefs. A number of publishing opportunities have arisen and NSPAPPH is establishing a system to address these.
6. Develop and implement a policy advocacy agenda aligned with its mission and purpose. This agenda will be the sole focus of the PAC working in conjunction with the policy committee of NSPAPPH.

NSPAPPH's strategic plan also outlines longer range plans that will be accomplished within the next 3 or more years. These plans will be evaluated and updated at annual strategic planning sessions. Plans include

- recommendation of professional standards for physical activity practice in the public health field
- development and initiation of a plan for fiscal stability and organizational sustainability for NSPAPPH, and
- expansion of partnerships to include additional relevant organizations within and external to the public health field.

As these plans are implemented and realized, NSPAPPH will accomplish its mission to elevate physical activity as a public health priority. It will engage decision makers and advocates at the national, state, and local levels on the importance of physical activity; provide training and professional development opportunities to practitioners; and expand its partnerships and collaborations. In so doing, NSPAPPH will increase the capacity of physical activity practitioners and advance the field of physical activity in public health. As a result, the physical activity behaviors of Americans and therefore the health of the nation will be improved.

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