
NATIONAL PHYSICAL ACTIVITY SOCIETY: ANNUAL REPORT 2013-14



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Collaborating to create active communities

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HISTORY

The National Physical Activity Society (NPAS) formed in 2009 as the Educational Foundation for Physical Activity in Public Health. When the EFPAPH was formed, a sister organization known as the National Society of Physical Activity Practitioners in Public Health (NSPAPPH) served state physical activity *coordinators*. In October 2012, EFPAPH changed its name to National Physical Activity Society to better describe its expanded reach beyond state health departments. NSPAPPH then merged its professional development purposes with NPAS and officially dissolved in 2014. The EFPAPH name is still the legal name for the NPAS organization.

The roots of the NSPAPPH organization formed in the 1990s when state public health physical activity coordinators first started to recognize and learn from each other. NSPAPPH convened in 2005 and was officially announced in 2006 at the International Conference for Physical Activity in Public Health in Atlanta.

With the merger of NSPAPPH and EFPAPH, the National Physical Activity Society represents a coordinated, multi-sectoral approach to improving physical activity levels. The organizational approach is inclusive, yet focused on a public health mission of creating active communities.

INCORPORATION AND TAX EXEMPT STATUS

Articles of Incorporation for the Educational Foundation for Physical Activity and Public Health were filed with the Mississippi Secretary of State's office 12/16/2009, with LeeAnn Mordecai as registered agent. The Employer Identification Number (EIN) is 27-1487580.

EFPAPH received tax exempt status under section 501(c)(3) of the Internal Revenue Code and is designated as a public charity with contributions deductible.

LOCATION

In 2014, the National Physical Activity Society moved its main office to Atlanta. Given the limited funds, NPAS uses a virtual office service to receive mail and packages, with the advantage of a recognizable street address in a major city. The virtual office phone number is answered by a receptionist during the days and goes to voice mail at night. Voice mails are sent by email to NPAS. Offices at 1100 Peachtree also offers free co-working space to clients. The interim executive director visits the office two to five times per month to check mail and do work. Additional office services and conference room space are available on a fee-for-service basis. Offices at 1100 Peachtree is affiliated with Crowne Office Suites, which has eight Atlanta co-working locations available for conference room and day office use.

Upon filing an application and certificate of good standing from Mississippi, EFPAPH received authority to transact business as a "foreign non-profit" corporation in the State of Georgia as Educational Foundation for Physical Activity and Public Health, Inc., with Pamela Eidson, registered agent. Annual filing is due April 1st each year hereafter.

GOVERNANCE

EFPAPH is governed by a board of directors, which selects its officers by July 1st. Nominations are solicited in the spring by the vice president, who prepares a slate for board vote in June.

BOARD OF DIRECTORS

List of 2013-2014 board members

Term ending 2014

- David Buchner, MD, MPH, Univ. of Illinois at Urbana-Champaign (formerly Branch Chief, CDC Division of Nutrition, Physical Activity and Obesity)
- Maya Mohan, MPH, PAPHS, President; Manager, ICF Macro International, Atlanta, GA (formerly PA Coordinator for MA Division of Public Health)
- Catherine Costakis, MS, Montana State University, ex-officio

Term ending 2015

- Amber Dallman, MPH, PAPHS, Secretary / Treasurer; Minnesota Dept of Health, St. Paul, MN (PA Coordinator for MN)
- Brett McIff, PhD, PAPHS, Vice President; Utah Department of Health, Salt Lake City, UT (PA Coordinator for UT Department of Public Health)
- Jill Pfankuch, MPH, CHES [resigned 2014], Lexington, KY (Community Volunteer, formerly PA Coordinator for SC Division of Public Health)

Term ending 2016

- Natasha Frost, JD, William Mitchell College of Law, St. Paul, MN (Attorney, Public Health Law Center)
- Hillary Hanson, MPH, MS, CPH, Flathead City-County Health Department, Kalispell, MT (Local Public Health)
- Virginia Lee, MPH, CHES, Advancement Project, Los Angeles, CA (formerly, Prevention Institute)
- Elizabeth Walker Romero, MS, Association of State and Territorial Health Officials, Arlington, VA (Sr. Director, Health Improvement)

In November and December the board affirmed both its vision (below) and this mission for the organization: "Collaborating to create active communities."

The board president and interim executive director interviewed seven board members in January to February of 2014. These interviews elicited several ideas on future funding, programs, service to membership, training, and direction of the organization. Board members asked for a profile of the membership to be built from the upcoming needs assessment, to make policy a component of every presentation, to create a structured way for members to talk with peers, and to think creatively regarding future activities that appeal to funders. A primary desire expressed by board members is stability of finances and personnel.

*Physical activity is
good for health,
regardless of weight
or weight-related
goals.*

Vision:

Every community is an active, safe, and healthy place, where all people have equal opportunity to be physically active.

Mission:

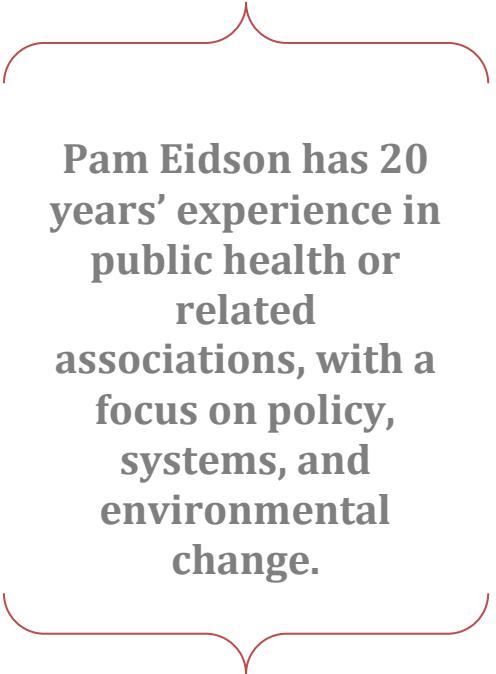
Collaborating to create active communities

PRIMARY STRATEGIES:

1. Advocating policy and systems approaches that make the active choice the easy choice
2. Connecting professionals working on physical activity strategies with each other and with information they need when they need it

3. Representing the needs of state and community based physical activity specialists in the national dialogue on improving public health
4. Widening the circle of advocates who promote changes that will result in increased physical activity
5. Raising the priority of physical activity in discourse and actions of policymakers

Public educational message:



Physical activity benefits every system of the body and is not something you do just to change or maintain your weight. Being active is good for all people.

Pam Eidson has 20 years' experience in public health or related associations, with a focus on policy, systems, and environmental change.



STAFF AND CONTRACTORS

The National Physical Activity Society did not employ personnel during the fiscal year period. Several contractors have provided services.

Jimmy Newkirk, who was contracted by a partner organization to provide executive director services to the NPAS, resigned as of September 30th to enter the ministry.

The board contracted with Pam Eidson, M.Ed., beginning in October 2013, as Interim Executive Director. Ms. Eidson has worked in two state health departments and a national public health-serving association, most recently as deputy director. She helped to found NPAS and its predecessor

organization, NSPAPPH. The contract recognizes work that amounts to approximately ¾ of a full-time position. Given the uncertain future funding situation, the board could not extend an offer of employment. The interim position was initially defined at six months, after which the board decided to extend the contract three additional months.

The interim executive director contracted with Public Health Partners, LLC, (Rebecca Drewette-Card, principal), to prepare the NPAS communications and dissemination plan for the proposed Surgeon General's Call to Action on walking and walkability. This time-limited contract will be completed in 2014.

Mississippi Online Ventures, the same website builder NPAS and its predecessor NSPAPPH used, carries out web site support. Services are billed on a fee-for-service basis.

Similarly, accounting services with Charles Bryan, CPA, are billed on a fee-for-service basis.

VOLUNTEERS

Small nonprofit organizations rely heavily on volunteers. In addition to the board of directors, these committee chairs and their action teams (aka committees) have been critical to the NPAS this year.

Professional Development and Training: Eydie Bos, Soby Tadjalli, and Catherine Costakis

Long-time member Ms. Bos led the PDT Action Team through the end of 2013. She stepped down from the overall committee to focus on the PAPHS subcommittee, which she has led since NPAS formation.

Soby Tadjalli, a senior associate at ICF International in Atlanta, co-chairs the PDT Action team with Ms. Costakis. Mr. Tadjalli has volunteered with the NPAS for about 2 years. His primary role is coordinating webinar topics, speakers, and dates, along with collecting biographical information and photos for webinar advertisements. He usually hosts the monthly webinars himself.

Catherine Costakis, long-time member of NPAS and its predecessor organization, NSPAPPH, co-leads the PDT Action Team with Mr. Tadjalli. Her primary role is to organize the non-webinar related goals and activities of the action team.

The team has about a dozen volunteers who provide assistance on webinar selection, PAPHS credential, and other activities.

Corina Martinez, MS, PAPHS, chairs the Communications Action Team. Ms. Martinez works for the Los Angeles County Health Department. Ms. Clarissa Christensen co-chaired the CAT with Ms. Martinez until 2014. The CAT prepares the monthly newsletter, especially the funding, conferences, and news sections, and then works with the interim executive director to prepare feature articles.

PARTNERS

Two members serve as formal liaisons to other organizations. Linda Scovorn of Ohio is liaison to the Association of State Public Health Nutritionists, formerly ASTPHND. Lisa Cirill of California is a liaison to the National Physical Activity Plan's Public Health Sector advisory panel.



NPAS has a board seat on the National Physical Activity Plan Alliance. Interim Executive Director Eidson volunteered to be part of the planning for a national congress in February 2015 in Washington, DC, which would be an ideal opportunity to convene members.

NPAS participates in partner calls with the Every Body Walk! Collaborative (communications and marketing committee member) and is listed as a partner on the everybodywalk.org web site.

NPAS participates on monthly calls of the Physical Activity Policy



Research Network to keep up with research that may be of interest to members. The webinar call on research in February 2014 allowed several PAPRN participants to present directly to practitioners.

NPAS has long had partnerships with the American College of Sports Medicine, the National Association of Chronic Disease Directors, and the Directors of Health Promotion and Education, in addition to ASPHN. The interim executive director keeps in touch with these organizations. Ms. Eidson also speaks with the CDC Physical Activity and Health Branch at least monthly.

MEMBERSHIP

NPAS has 48 paid members out of 334 registrants on the physicalactivitysociety.org web site. In 2013, membership was defined as those who had signed up again on the NPAS web site after changes were made in the spring. However, the mailing list has 1343 active addresses, and several active members are not registered on the web site. NPAS also maintains a list of state coordinators of physical activity.

Membership benefits include full access to the web site and its database, discounts to the *Journal of Physical Activity and Health* and to PAPHS certification exam registration, scholarship opportunities, and access to all archived teleconferences and webinars. Regular membership is \$75; student membership is \$35. Associate members may register for free to have limited access to the website. The membership benefits document from 2013 also lists receiving the monthly newsletter as a membership benefit, effectively making everyone on the mailing list a member.



The various lists have led to some confusion regarding membership, which is a priority to be addressed in the next year. NPAS has just changed to Network for Good's Donate Now system for accepting donations and membership contributions.

In early 2013, a look into partnerships of NPAS members led to an estimate that members work with more than 8,000 organizations affecting a combined total of 20 million Americans.

PAID MEMBERS: LIST

The National Physical Activity Society thanks its donor members. These individuals paid regular or student membership dues in 2013 or 2014:

Douglas S. Beck
Dan Bornstein
Eydie Bos
Amy Bowersock
Meagan Brown
Nancy Bruning
David Buchner
Mesina Bullock
Rebecca Busanich
Lisa A. Cirill
Donna Conboy
Ian Cook
Kathy Craig
Amber Dallman
Beth Davis
Kathy Dean
Sadeeka Dosu
Rebecca Drewette-Card

Laura Esparza
Faustena Ewing
Eugene Fitzhugh
Jameellah Fox
Hillary Hanson
Vanessa Harbour
Jonny Harvey
Lisa Hoffman
Michael Iserman
Beth Jabin
Kim Kato
Suzanne Kelley
Clare Lenhart
H. Paul Lovelace
Mark Mashburn
Chera McCabe
Barbara McCahan
Brett McIff

Maria McKeown
Jane Moore
Kara Peach
Erica Pendergrass
Nikki Prosch
Kara Richards
James Schoffstall
Linda Scovern
Dennis Shepard
James Simpson
Nicole Smith
Sarah Taylor Watts

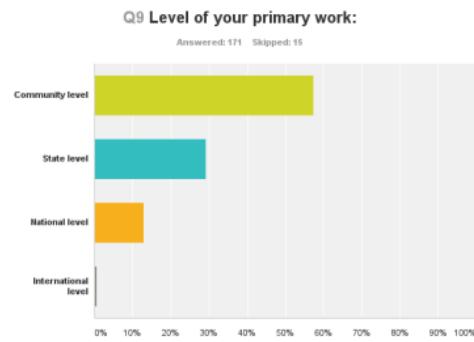
MEMBER SURVEY

NPAS conducted its biennial membership survey April 17-May 7, 2014. NPAS's intentions for the 2014 survey were to profile the membership, determine training needs, and provide direction to NPAS leadership. The survey was deployed to 1314 email addresses and completed by 173 people.

The 2014 Member Survey tells us:

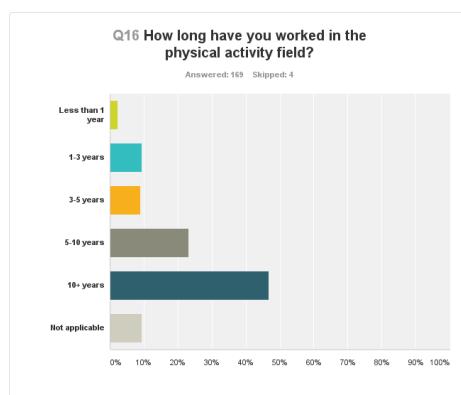
Members are people working collaboratively to promote physical activity, at public health departments, universities, nonprofit agencies, school systems, local health care organizations, and elsewhere.

- 57% of the 173 respondents work at the community level, 29% at the state level, 13% at the national level, and 1% at the international level
- 40% work full time on physical activity
- 70% have worked in physical activity for longer than five years, with 46% more than ten years
- More than half have a professional public health background, and many have experience in



community health education and exercise science. Quite a few are also personal trainers.

- 79% have a Master's or doctoral degree
- Thirty-seven respondents indicated working at the statewide level of a public health department.



Over half of respondents work with partners and build capacity to promote physical activity, echoing and reinforcing the NPAS mission of “collaborating to create active communities.”

Training questions looked for areas of existing competence, solicited information on activities performed often or sometimes by members, and asked for member perceptions of urgent and important training needs.

Activities conducted often or sometimes, but not rarely, by 30% or more of the respondents: writing promotional materials, issuing messages on social media, reporting to a funding agency, providing technical assistance to communities with high disparities burden, answering exercise physiology questions from the public, and promoting safe routes to school.



Respondents self-reported their level of experience with ten PAPHS competencies. Two competencies that yielded “some to none” for the highest percentages of respondents were “Create and communicate appropriate physical activity information on social media (1.3),” and “use media advocacy to advance physical activity (4.6).” These competencies are being checked across subcategories of respondents to find any differences.

Important and urgent professional development and training needs generated the following responses, with percentage and raw number of respondents indicating the need was urgent and important:

- A. Developing worksite policies that support physical activity (53%) 93 of 177
- B. Identifying appropriate policy strategies for different communities (49%) 86

- C. Evaluating policy and environmental change interventions (48%) 85
- D. Developing policies to support physical activity in rural settings (47%) 83
- E. Addressing the needs of high burden populations (45%) 80
- F. Developing policies to support physical activity in urban settings (44%) 78
- G. Communicating the value of policy and environmental change activities (44%) 77
- H. Analyzing policies for their public health impact (41%) 73
- I. Sustaining policy efforts (41%) 73
- J. Conducting health impact assessment (41%) 72
- K. Using data persuasively (39%) 69
- L. Garnering appropriate media attention to a policy effort (30%) 53

For direction of the organization, the highest priority responses for the overall respondents were:

1. Increase priority on education to the public that physical activity has health benefits for all people, regardless of weight or weight-related goals (63% of those answering the question said this should be a high priority; 26% medium)
2. Become more involved in policy development and policy education efforts nationally (55% of those answering the question said this should be a high priority; 36% medium)
3. Expand resources available to professionals and their allies on physical activity in public health (51% of those answering the question said this should be a high priority, 45% said medium)

Other parts of the survey asked about integration with national efforts, value of member benefits, PAPHS certification, and level of influence on public health direction.

Respondents to the survey came from 44 states¹, two territories, the District of Columbia, and other countries.

¹States not represented: Indiana, New Jersey, Nevada, Rhode Island, West Virginia, and Wyoming. All other states had at least one response.

ACTION TEAM: PROFESSIONAL DEVELOPMENT AND TRAINING

Chairs: Soby Tadjalli and Cathy Costakis

The Professional Development and Training action team has about a dozen active members, including several new people who bring years of experience and expertise to the table. Some team members are academics, assisting NPAS with learning objectives and with reaching higher education. Ultimately, students should learn about certification as they are just beginning their careers.

Mini-teams are being formed around the three overall PDT goals:

1. Increase the number of PAPHS certified professionals

2. Complete the revision of the PAPHS exam
3. Develop and conduct training opportunities to increase awareness and education specific to evidence-based physical activity strategies and policy, systems, and environmental change initiatives.

PHYSICAL ACTIVITY IN PUBLIC HEALTH SPECIALIST

This certification, developed by NPAS's predecessor organization, NSPAPPH, measures competencies in the field of public health physical activity. The American College of Sports Medicine runs the certification, with PearsonVue as the testing organization.

As of June 30, 2014, 325 people are certified PAPHS. One year earlier, the number was 284. During the year, 102 exams were delivered and 75% passed.

The PDT Action Team has begun revisions to the exam and is working with ACSM to review and revise.

WEBINARS 2013-2014

NPAS successfully launched a well-attended webinar every month this year, with topics suggested by members and important to the field of physical activity. Webinars are posted on the NPAS Web site after airing. All are archived for NPAS paid members, with some webinars available to any web site registrant. An average of 62 people participated in each webinar.

Eight Ways Parks Improve Your Health	Jun 16 2014	David Bennell, The Trust for Public Land
Building Active Communities Initiative (rural Montana)	May 19 2014	Catherine Costakis, Mark Fenton, Ben Brouwer, and Jenny West
Practical Evaluation: Applying CDC's Evaluation Framework to Physical Activity Programs	Apr 21 2014	Thomas J. Chapel, MA, MBA, Centers for Disease Control and Prevention
Using Astronaut Training to Promote Health and Fitness in Youth	Mar 17 2014	Scott Townsend, program director, NASA
Physical Activity Policy Research Network Research Update	Feb 24 2014	Marissa Zwald, MPH, Washington University in St Louis; Michelle Segar, PhD, MPH, University of Michigan; Jeanette Gustat, PhD, MPH, Tulane University, New Orleans
Preparing for the Proposed Call to Action	Jan 13 2014	Corina Martinez, MS, PAPHS, Brett McIff, PhD, MSPH, PAPHS
Fitness Zone 101	Dec 16 2013	David Bennell, The Trust for Public Land
Building Successful Physical Activity Coalitions through Understanding the Needs of Coalition Members	Nov 18 2013	Daniel B. Bornstein, PhD, The Citadel, Charleston, SC

Ready for Recess	Oct 21 2013	Jennifer Huberty, PhD, Arizona State University and Aaron Beighle, PhD, University of Kentucky
PRACTICAL EVALUATION-Avoiding Minefields and Ensuring Use of Evaluation Results	Sep 16 2013	Thomas J. Chapel, MA, MBA, Centers for Disease Control and Prevention
Exercise Is Medicine; Merging Fitness with Healthcare	Aug 19 2013	Robert E. Sallis, MD, FAAFP, FACSM, Kaiser Permanente, Chair of Exercise IS Medicine for the American College of Sports Medicine
How Dog Walking can Increase Physical Activity and Improve Health	Jul 15 2013	Jacqueline Epping, MPH, Physical Activity and Health Branch, Centers for Disease Control and Prevention

COMMUNICATIONS ACTION TEAM

Chaired by Corina Martinez, MS, PAPHS (Los Angeles County Department of Public Health), the communications action team published a monthly newsletter all 12 months of this year. The CAT populates the newsletter with updates on funding sources, conferences, research, and legislation updates. The CAT chair works with the interim executive director to prepare feature articles. Clarissa Christensen (Nebraska Department of Health & Human Services) co-chaired the CAT with Ms. Martinez until early 2014. CAT had one additional volunteer early in the fiscal year and is currently seeking additional volunteers. Once further volunteers are identified, the team will update its annual goals and action plans.

NEWSLETTER

The monthly newsletter is sent to all contacts who have not opted out of the Constant Contact list and has an average open rate of 30%, which is above the nonprofit industry average (per Constant Contact statistics). An average of 366 people opened each monthly newsletter, with a high of 431 and a low of 271. The interim executive director added a new section, Member Profile, featuring a short interview with an active member and a photo of the person doing something active. Messages in the introduction to the newsletter have highlighted the interim executive director, the member survey, and the outgoing president.

The contact database for the NPAS is maintained in Constant Contact. The interim executive director culled the Constant Contact list several times during the year, and total list number ranged from 1335 to 1494. Meticulous combing of addresses that were bouncing, combined with uploads of new web site registrants and ensuring that all paid members, board members, and action team volunteers are included in the database led to highs and lows. NPAS also added a designation for partner organization representatives in the database.

STATE PAPH CONTACTS

The state physical activity in public health representatives list was updated for all states, with New Mexico and Connecticut still missing representatives after repeat attempts. For several other states, the list contains personnel whose full time job is not physical activity. Some states choose to designate two people, and some territories are included.

At year end, the full active contact list stands at 1343, with 55 tagged as state representatives and 22 as partners.

A communications and dissemination network list for the proposed Surgeon General's Call to Action on walking and walkability includes 41 people, who, along with the state representatives list, will be receiving multiple communications related to the call to action when it is released.

SOCIAL MEDIA

This year, NPAS increased its presence on social media to further connect with members and to raise the profile of NPAS. The four vehicles are Facebook, Twitter, LinkedIn, and Pinterest. The Facebook page (facebook.com/NationalPhysicalActivitySociety), which had 55 followers in October 2013, climbed to 219 by June 2014, a 298% increase. NPAS created a Twitter profile in November 2013 and now has 35 followers (using the @moveUSmore Twitter handle). The new Pinterest page (www.pinterest.com/pasociety/) has 14 followers and is growing. The LinkedIn page (<https://www.linkedin.com/company/national-physical-activity-society>), also created in November, has 64 followers. The Communications Action Team chair posts on Facebook and LinkedIn, with the interim executive director able to post on all four. Followers have been encouraging in NPAS's use of social media. Assessing how to work with multiple social media platforms to meet NPAS's goals is a key strategy. The outgoing president, experienced in social media strategy, has volunteered to work with the communications action team on plan development, and these channels will therefore receive more tailored attention in 2014-2015.

WEB SITE

The Web site at physicalactivitysociety.org features a seasonal appeal to physical activity on its welcome page. The cumbersome sign-up process is being re-examined in light of the new DonateNow membership and donation system. For the web site to become central to the Society's presence, content must be fresh and up to date, especially for pages that are free to all. NPAS will organize and develop content strategy and actions during the remainder of 2014.

NPAS uses the ReadyTalk platform for its webinars. After each webinar, the recording files are downloaded and then uploaded to the NPAS web site.

STRATEGY

The CAT is eager to grow NPAS's overall communications campaign, but it has been challenging due to insufficient volunteers and staff. To remedy the situation, the interim executive director and the CAT chair are working to bring a co-chair and volunteers to the group, and plans are being made for social media strategy. The 2013 communications plan will be revisited and updated to reflect new communications goals.

PUBLICATIONS

NPAS wrote Chapter 32 of the new book *Implementing Physical Activity Strategies*. The article highlights five strategies of the National Physical Activity Plan used by NPAS: develop the capacity of the public health workforce, create and maintain leverage cross-sector partnerships, engage in advocacy and policy development, disseminate tools and resources, and expand the monitoring of PA and interventions. The article goes on to describe the PAPHS competencies. The lessons learned section highlights the challenge of describing work and demonstrating impact completed with partnerships.

Newkirk J, Abercrombie E, Dallman A, Pfankuch J. (2014) The National Society of Physical Activity Practitioners: Elevating the Issue of Physical Activity; Equipping Professionals to Do So. In *Implementing Physical Activity Strategies*. R. Pate and D. Buchner (eds) Human Kinetics.

Member Linda Scovern co-wrote a paper for CDC on successes and lessons learned in increasing physical activity programming at out-of-school time childcare sites, which will list her affiliation as with the National Physical Activity Society.

SURGEON GENERAL'S CALL TO ACTION PROJECT

The National Physical Activity Society subcontracted with a CDC prime contractor (McKing) to prepare a communications and dissemination plan for public health professionals and their allies for the upcoming Surgeon General's Call to Action on walking. NPAS brought in a former state physical activity coordinator, Rebecca Drewette-Card of Public Health Partners, LLC, to manage the activity. Two NPAS volunteers, Brett McIff from the state level (Utah) and Corina Martinez from the local level (Los Angeles), co-chair the committee.

NPAS conducted a needs assessment¹ focusing on target audiences, materials needed, and evaluation, and submitted it in February 2014. Recommendations to CDC and the US Surgeon General's office included allowing as much planning time as possible for state and local partners; offering tiered approaches within the document; emphasizing the need for policy and environmental change efforts; identifying a specific goal and action steps for the public health community; targeting messages while being mindful of health equity, special populations, and setting; and providing success stories.

The federal release of the Call to Action has been delayed until late in 2014. A committee of state and local public health representatives is developing NPAS's communications and dissemination plan.

¹See appendix for needs assessment report *Preparing for a Walking Call to Action*

MAJOR RISKS: SWOT ANALYSIS

A recent SWOT analysis identified strengths, weaknesses, opportunities, and threats to the organization.

Assets/Strengths

- Monthly newsletter with more than 360 opens
- Monthly professional development webinar with more than 60 participants
- PAPHS credential: Created, partnered, 325 certified
- Mailing list of 1343
- 48 paid members
- Vision and mission recently confirmed
- Publications
- Member survey data
- Board with diverse job experience and extensive leadership abilities
- Interim executive director with extensive experience
- State contacts in state health departments
- Reach of members estimated at 8,000 organizations and the potential for 20 million Americans
- Professional address in Atlanta, a major public health center
- Partnerships
- Facebook, Twitter, LinkedIn, and Pinterest accounts
- Board seat on the National Physical Activity Plan Alliance
- Sources of income: Human Kinetics royalties, certification registrations, contractual work, memberships

Opportunities

- Cannot have overall public health improvements in America without physical activity
- Using the health angle, not the weight angle
- Surgeon General's Call to Action on walking
- National Physical Activity Plan, NPAPA meeting/Congress February 2015
- Partners offering NPAS a meeting spot
- New FOA "1418" and partnership requests
- New sign-up and donation system being implemented on the web site
- Membership campaign

Weaknesses

- No membership coordinator to define and match volunteers and potential volunteers with jobs
- No in-person network opportunity recently
- History of majority federal dollars. Other sources of income are small.
- Lack of full staff for web site, advocacy, development, finance

Threats

- Federal funding is down; competition with other issues
- Hard to be tangible – national support of professionals using public health approaches to physical activity doesn't lend itself to event fundraising very easily.
- Without funding by the fall of 2014, the NPAS will have no staff or contractors.

FINANCIAL STATUS

NARRATIVE

NPAS shifted desktop Quick Books 2012 edition to QuickBooks Online so that staff and treasurer could both use it and software would update automatically. The bank account is accessed online by the treasurer and the interim executive director; the president and vice president also have access. The interim executive director has payment authority except on any payments to herself. Bills to NPAS are kept electronically in files maintained by the interim executive director, organized by company, invoice number, and date.

Charles Bryan, CPA, located in Angier, North Carolina, completes 1099s and tax returns for NPAS. The outgoing executive director commenced the tax return process in September. The interim executive director sent relevant data to the CPA in January for the 1099s, which were issued on time.

Offices @1100 Peachtree, Intuit QuickBooks, and now Network for Good bill to a credit card belonging to the interim executive director, which is then paid by the NPAS bank account. The credit card is not used for any purpose other than NPAS. Online transaction fees such as for Secretary of State's offices in Mississippi and Georgia are also billed to this credit card. These transactions are all available to the treasurer and executive team for oversight. The three ongoing expenses amount to approximately \$289/month.

ReadyTalk bills NPAS electronically and is paid monthly from the bank account; these bills vary widely depending on the number of person-minutes per webinar and have ranged from \$178 to \$326 in 2014. Mississippi Online Ventures bills as services are rendered. Bills for time range from \$65 to \$162.50 in 2014. Hosting fees for the web site and for @physicalactivitysociety.org email addresses are reimbursed to Mississippi Online as telecommunications expenses. NPAS maintains a Survey Monkey account at \$300/year.

The outgoing executive director paid Constant Contact fees in September. The interim executive director canceled the subscription to Constant Contact's EventSpot, which had not been used in three years. NPAS's Constant Contact account should therefore have a credit.

NPAS paid an administrative assistant for mail processing and other tasks in Coats, North Carolina, before moving the office to Atlanta. The costs of the Atlanta virtual office are lower than payments to the administrative assistant, who resigned in December. Final payment was in January 2014.

NPAS used PayPal to accept membership fees until June 2014. PayPal deducts its fees from payments automatically. The account is in the former director's name and will be discontinued after all funds are transferred to the NPAS bank account.

NPAS paid the American College of Sports Medicine in February 2013 for three years as an approved provider of continuing education units for the Physical Activity in Public Health Specialist (PAPHS) credential.

NPAS was awarded one service contract this year, to prepare public health communications and dissemination to public health physical activity practitioners and their allies for the proposed Surgeon General's call to action on walking and walkability. NPAS cannot invoice for final payment

until release of the call to action. NPAS hired one subcontractor to help fulfill the duties of this contract. McKing formally approved the subcontractor before she started in February.

The interim executive director writes contracts and has the executive team review them. The executive director has signing authority on any contract in the budget.

The budget is prepared annually. In 2013-2014, the treasurer presented a new budget in March to reflect the addition of the McKing subcontract and the change in executive director.

NPAS operates on a cash basis and its fiscal year ends June 30.

INCOME

NPAS receives income from PAPHS course sales and registrations, paid memberships, honoraria, and contractual work. A physical location of the NPAS bank (name omitted for security reasons) is in Atlanta, and the interim executive director drives there to make deposits. The original account, however, is in North Carolina. Treasurer and officers have discussed switching to a locally based bank, though this has not been a high priority. The current bank account charges no fees.

This year's contract with McKing is for a fixed price of \$50,000. As of June 30, \$40,000 of the \$50,000 has been deposited.

Income deposited during the fiscal year totaled \$49,982.32.

- Contract for communications with McKing: \$40,000
- PAPHS certification and royalties on courses: \$4,693.83
- Honoraria for speaking engagements: \$1,750
- Membership dues: \$2,820
- Miscellaneous donations: \$46.89

The remaining deposits were reimbursed expenses.

EXPENSES

Expenses for the year totaled \$69,265.70.

- Executive management: \$44,800
- Consultants: \$15,413.50
- Telecommunications: \$4,452.28
- Office address and mail handling in Atlanta: \$1,416.45
- Financial management and tax accounting: \$1,163.01
- Corporate fees and insurance: \$1,001.57
- General operations: \$273.33

The remaining expenses (travel and meetings) were later refunded.

BALANCE

The operating balance for the fiscal year was (19,283.38). The board had expected to operate at a deficit for the year. NPAS had greater than \$70,000 in the bank when the former executive director resigned. The board decided in 2013 to use some of that funding for an interim executive director. Cost savings measures have been implemented and NPAS operates frugally to maximize the impact of available funds. Each year, NPAS seeks new opportunities for funding that promotes its mission.

National Physical Activity Society Profit and Loss

July 2013 - June 2014

	Total
Income	
Certification & Royalties	4,693.83
Contracts	40,000.00
Donations	46.89
Honoraria	1,750.00
Membership Dues	2,820.00
Reimbursed Expenses	671.60
Total Income	\$ 49,982.32
Gross Profit	\$ 49,982.32
Expenses	
Bank Fees	68.36
Contractual	
Admin	4,790.00
Consultants	9,000.00
Exec Mgmt	44,800.00
Total Contractual	\$ 58,590.00
Corporation Fees	251.57
Financial Mgmt	299.65
General Office	273.33
Insurance	750.00
Professional Service	795.00
Rent	1,416.45
Telecomm	4,452.28
Travel and Meetings	745.56
Webmaster	1,623.50
Total Expenses	\$ 69,265.70
Net Operating Income	-\$19,283.38
Net Income	-\$19,283.38

The end-of-year bank balance on June 30, 2014, is \$54,089.45.

National Physical Activity Society

Trial Balance

As of June 30, 2014

	Debit	Credit
First Citizens Operating Acct	<hr/>	54,089.45
PayPal	599.32	
Undeposited Funds	75.00	
Furniture and Equipment	25.00	
Citi Credit Card	288.90	
Contribution of Net Assets	0.00	
Opening Balance Equity {3}	2.68	
Unrestricted Net Assets	73,730.57	
Certification & Royalties	4,693.83	
Contracts	40,000.00	
Donations	46.89	
Honoraria	1,750.00	
Membership Dues	2,820.00	
Reimbursed Expenses	671.60	
Bank Fees	68.36	
Contractual:Admin	4,790.00	
Contractual:Consultants	9,000.00	
Contractual:Exec Mgmt	44,800.00	
Corporation Fees	251.57	
Financial Mgmt	299.65	
General Office	273.33	
Insurance	750.00	
Professional Service	795.00	
Rent	1,416.45	
Telecomm	4,452.28	
Travel and Meetings	745.56	
Webmaster	1,623.50	
TOTAL	<hr/>	\$ 124,029.47 \$ 124,029.47

The books have not been reviewed by an accountant or auditing firm for this fiscal year. However, a QuickBooks expert was consulted to ensure all transactions were categorized correctly and reconciled. Needs, other than funding, include tailored training on bookkeeping.

FUNDRAISING

Several board members formed a grants, resources, and opportunities group to develop fundraising plans. NPAS is seeking philanthropies open to working on physical activity workforce development and education or advancing the message of physical activity's benefits to all people.

Services NPAS can provide include distance-based training on basic and advanced strategies in physical activity promotion, dissemination of research, leadership and consultation on physical activity in public health, messaging and planning for promotional campaigns, and more.

CONCLUSION

The National Physical Activity Society had a year that featured change in directorship, increase in social media, a project to complement a national initiative of the Surgeon General, working with partners, a primary location move, 12 monthly newsletters and 12 webinars, confirmation of the vision and mission, 173 responses to a biennial membership survey, and behind-the-scenes improvements to contact lists and web site. Total income was less than \$50,000, and operating expenses were higher than income. For the NPAS to remain viable, the changes initiated in 2013-2014 must be sustained through stable funding, secure staff, and involved volunteers.



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Preparing Our Public Health Professionals for a Call to Action on Walking: A Needs Assessment

Prepared by:

The National Physical Activity Society

February 2014



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Introduction

The National Physical Activity Society (NPAS) is developing a communications and dissemination plan to support the anticipated release of a Surgeon General's Call to Action on Walking in the spring of 2014. To this end, NPAS conducted a needs assessment to identify what preparation public health professionals at the state and local levels need to support the release of the Call to Action.

This report details the activities undertaken as part of the needs assessment, the assessment results, and recommendations from that process.

Surgeon General's Call to Action

A Call to Action is a science-based document to stimulate action nationwide to solve a major public health problem. Past Calls to Action have focused on breastfeeding (2011), a healthy and fit nation (2010), healthy homes (2009), and the very first Call to Action on suicide (1999).

The Surgeon General's Call to Action on Walking is anticipated to focus largely on the need for policy and environmental changes to support physical activity. To that end, much of the needs assessment work was focused in that way.

Methods

A mixed-methods approach was used to collect information for this needs assessment.

On January 13, 2014, the NPAS hosted a Webinar for members on the anticipated Call to Action. During the call, participants discussed how they could use the Call to Action as a springboard for their work to promote walking and walkability. Eighty-four people participated in the Webinar: 38% from state health departments, 19% from local health departments, 31% from other organizations, and 12% from unknown organizations. As part of that discussion, participants were offered a series of optional questions about target audiences, materials needed, and evaluation efforts associated with the Call to Action. An electronic polling function on the Webinar collected participant responses. These responses were used in part to develop discussion topics for further exploration.

In February 2014, NPAS hosted a series of telephone-based group discussions with state and local physical activity public health professionals. Participants were state and local public health practitioners. The discussions covered the following topics: target audiences for messages associated with the Call to Action, communication materials needed and how to best disseminate them, and evaluation efforts. A total of ten individuals from state (70%) and local (30%) health departments participated in the discussions. Participants represented a geographic diversity; west coast states were less well-represented than other parts of the country.

Participants were not asked a standard set of questions but expanded upon conversation

starters by describing their activities and anticipated needs. Therefore, the discussions were tailored to the people participating on each call.

Since local health department participation in the calls was somewhat low, interviews were conducted directly with 2 additional local health department representatives. These discussions focused on identifying their existing local efforts to promote walking and what kinds of materials (and for whom) they would like to support the release of the Call to Action.

Finally, the two committee chairs, who work at the state level and local level, had the opportunity to provide additional insight into the findings.

Results

Target Partners and Audiences: State and local health department staff identified a variety of partners who could be targeted with messages to support the release of the Call to Action. This included local officials, planners, transportation officials, worksites, advocates, the general public, and others. Participants pointed out that each stakeholder group has different priorities, so messaging that is appropriate for one group is not necessarily appropriate for another. For example, local officials are more likely to respond to a message about the economic benefits of walking infrastructure. One participant noted that the tone of the message would be important to local officials: It is important that the message does not sound like “big government” telling them what to do. Finally, participants felt it would be important to be explicit about the action steps each audience should take.

Communication Materials: In all cases, participants wanted short, simple tools they could readily use with their partners. This includes assessment and action tools for neighborhoods, with simple action items that a neighborhood can use to achieve an “easy win.” Communities that are just getting started need small successes to build up to comprehensive policies. Fact sheets and success stories from a variety of urban, suburban, and rural settings were also mentioned as items that would be useful. Including a brief “how to” guide would be helpful.

As noted above, the health department representatives felt that messages would need to be targeted to the various stakeholders with whom they would be communicating around the Call to Action.

- Rural areas: “Walking is so fundamental you do it wherever you are.” This message speaks to the issue of walking in areas that don’t have a strong walking infrastructure.
- Individuals with disabilities: “Walking” might look different for them, so messages need to recognize that, rather than just taking an able-bodied approach and including a token image of an individual with a disability.
- Vehicle users: An “It’s their road, too” message would remind drivers to watch out for pedestrians.
- General public: A variety of messages should touch on the many reasons people



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may choose to walk. Some of these messages do not need to mention health. For example, highlight walking as a social activity with friends or a way to be neighborly. Health messages can focus on varied motivations to walk (e.g., stress release, prevention, treatment). Messages need to validate walking as an acceptable form of exercise. Participants felt that many people dismiss it as legitimately healthy. The simplicity of walking should also be highlighted as a feature.

Needs assessment participants believed that efforts to increase walking have to address the root reasons people do not walk, even if the infrastructure is in place. The consensus was that safety concerns are a huge barrier in both urban and rural areas. The precise issue of concern may differ depending on location (e.g., gang activity and other crime, stray animals, fast traffic).

Dissemination: Participants would like a central Web site of support materials that can be accessed and downloaded any time. They would like that supplemented with emails including links to the materials. Overwhelmingly, they said that advance notice of the release of the Call to Action (and the materials that will be available to support it) would be useful. Note that even if content is not available in advance, knowing what types of materials will be available can help communities plan.

Evaluation: State and local health departments are available to assist in evaluation efforts. There was some confusion about exactly what would be evaluated: the Call to Action's impact on walking behaviors, or the NPAS's communication and dissemination efforts around the Call to Action.

RECOMMENDATIONS

Recommendations for the U.S. Department of Health and Human Services: The needs assessment produced some recommendations for the Call to Action:

Planning Time

- Provide state and local partners with as much advance notice of the release date and the direction of the Call to Action as possible so that they can help support the Call to Action with local media interviews and events.

Public Health Approaches to Increase Walking

- Offer tiered approaches. Communities--and the state public health physical activity practitioners who provide them technical assistance--need actions they can take immediately in addition to long-term strategies such as Complete Streets policies. Respondents suggested street beautification, starting with curb cuts on one block in a downtown area, or working with businesses to publish suggested walking routes or indoor places for walking. Lay out “1-2-3 style” specific action steps for a local health department to get started.
- Emphasize the need to combine policy and environmental change efforts with social programming (e.g. walking groups, “Walk with a Doc”).
- Balance the policy, systems, and environmental change recommendations with the individual.

Public Health Messages

- Identify a specific goal for the public health community in preparation for the Call to Action. What clear action step(s) should public health practitioners take when the Call to Action is released? (For example, is it preparation on supporting local infrastructure efforts? Or with worksites? Or a focus on persuasive messaging and public communications?)
- Address safety issues. Safety concerns are a significant barrier for many in the target audience and include such issues as un-sidewalked roads with fast traffic, dogs on the loose, dim or limited street lighting at night, and fear of assault. The public health community is seen as ignoring these concerns when promoting physical activity. NPAS recommends directly acknowledging and addressing safety concerns in the Call to Action.
- Target specific messages to different settings: worksites, community, healthcare, schools, media. Target community leaders who can make a difference regarding “safe routes to everywhere.”

- Ensure walkability messages relate to broad ethnic groups.
- Be mindful of the needs of special populations such as rural residents, seniors, pregnant women, and people with disabilities.
- Partner with public and private groups to share consistent messages nationwide.
- Finally, emphasize health benefits beyond weight control as independently worthy of walking.

Tools and Resources

- Provide success stories that highlight how walking was promoted or how walkability was improved in a variety of settings. These should cover rural, suburban and urban communities, and could include state parks, trails, and other settings.
- Link to a walkability assessment tool. Encourage use for different settings, including short-term and long-term action items organizations and communities can take to begin to promote walking and to create walkable communities as soon as possible.
- Provide resources for decoding the language of non-public health partners (e.g., transportation, urban planning, or parks). Use the framework of the National Prevention Strategy to demonstrate interests of a variety of sectors in increasing walkability.
- Suggest action steps to overcome common barriers local organizations encounter when establishing walking programs (e.g., what to do when municipalities require permits to lead walking programs on park grounds).
- Issue a funding opportunity in conjunction with the Call to Action to support local initiatives, or in the Call to Action include suggestions for funding of local initiatives.

Communications and Dissemination Plan: Based on the needs assessment, the following recommendations are offered for the public health communications and dissemination activities supporting the Call to Action:

- Develop a central Web site where all resources supporting the Call to Action can be found.
- Use email to make stakeholders aware of resources available on the Web site.
- Provide “prepackaged” messages that state and local public health partners can use on Facebook and Twitter. This could include events, announcements, physical activity information, calendars, and photos of events.



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Next Steps

With the results of the needs assessment in place, NPAS is now ready to convene a steering committee to oversee the development of the communications and dissemination plan for the Call to Action. The steering committee will be approximately 8-10 NPAS members, representing a mix of local and state public health agencies from around the country. Two committee chairs have been identified and will help recruit committee members.

The steering committee will be tasked with:

- Reviewing the findings from the needs assessment and associated recommendations,
- Communicating with partner organizations, such as the Centers for Disease Control and Prevention and America Walks, to learn about their anticipated activities around the release of the Call to Action,
- Developing the communication and dissemination plan,
- Developing an evaluation plan of the communications and dissemination effort,
- Assisting with the development and implementation of training materials (e.g. conference calls, print materials, Webinars) pre- and post-release of the Call to Action, as outlined in the communication and dissemination plan.

All activities are anticipated to be completed by July 2014.