



HEALTH, WELLNESS, AND PHYSICAL ACTIVITY



NRPA POLICY POSITION

- Maintain funding for the Centers for Disease Control and Prevention (CDC) Community Transformation Grant (CTG) program at \$226 million in FY14.
- Ensure park and recreation agencies are included as directly eligible partners in any federal strategy or guidelines aimed at increasing physical activity at the local level.

BACKGROUND

Public parks and recreation play a vital role in improving the overall health and wellness of the nation. Because parks provide the spaces, places, and opportunities for physical activity as well as nutrition programs, they are essential partners in combating some of the most complicated challenges our country faces – poor nutrition, hunger, and obesity – and play an important role in creating positive health outcomes. The federal government invests in community-based solutions to these problems through the Community Transformation Grants (CTG) Program.

CTG provides resources to park and recreation agencies, along with other community agencies, to help them promote health and wellness through programs that increase physical activity, improve nutrition, reduce obesity, and lower tobacco use. The CTG Program is eligible for funding derived from the Prevention and Wellness Trust Fund with annual CTG funding amounts contingent upon appropriations. In FY 12 \$226 million was provided to the CTG Program.

The CTG program is driven by data, and for that reason has produced significant results in communities throughout the country. Investments in this type of preventative care and wellness promotion produce healthier children and adults, decreasing the need for public support for chronic disease care.

Impact on Local Communities and the Economy

The obesity epidemic has serious health and economic consequences for our country. Since 1980 adult obesity rates have doubled, while childhood obesity rates have more than tripled, leading to a significant increase in more than 30 serious diseases. Physical inactivity and poor nutrition are large contributing factors to increased obesity. The obesity epidemic has placed a major strain on the health care system as more than one-quarter of health care costs are now related to obesity! Many of these costs are paid for by States and local communities and add to increased health insurance costs for all individuals.

Beyond quality of life, the obesity epidemic has direct economic consequences. A Harvard University-promoted study looking at 2005 data found that the U.S. spent \$190 billion on obesity-related health care expenses.² Additional studies show that there are serious increases in the cost of outpatient care provided to obese people (heavily impacting programs like Medicaid and Medicare). The epidemic forces employers to pay a high price in reduced productivity, increased use of sick leave, and more costly health insurance plans.³

The Role of Parks in Obesity Prevention and Improving the Public's Health:

Nutrition

- Park and recreation agencies are the second largest public provider of food to children, next to schools, and are helping to reduce hunger and obesity by increasing access to nutritious meals for low income children.
- A recent study showed that park and recreation agencies in 30 communities across the country distributed more than 16 million healthy meals to children of low-income families over a two-year period (2010-2011).⁴
- Through a youth community gardening program implemented by 20 park and recreation agencies in 2010-2011, 51 percent of participants reported eating more fruits and vegetables.⁵

Physical Activity

- Studies show that living close to parks and other recreation facilities results in higher physical activity levels for both adults and youth.⁶
- A 2011 study conducted on Seattle's park and recreation system revealed that Seattle's residents were able to save \$64 million in medical costs as a result of getting physically active in the parks.⁷

1 Trust for America's Health.

2 Cawley J, Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *J Health Econ*. 2012; 31:219-30.

3 Trogon JG, Finkelstein EA, Hylands T, Della PS, Kamal-Bahl SJ. Indirect costs of obesity: a review of the current literature. *Obes Rev*. 2008; 9:489-500; and Colditz GW, Wang, YC. Economic costs of obesity. In: Hu F, *Obesity Epidemiology*. New York: Oxford University Press, Inc., 2008.

4 NRPA Serving Communities: Healthy Meals for Children 2010-2011 Report.

5 NRPA Community Gardens in Parks: Opportunities for Health, Community, and Recreation Report.

6 Humpel, N., Owen, N., Leslie, E. 2002. Environmental Factors Associated with Adults' Participation in Physical Activity: A Review. *American Journal of Preventive Medicine*. 22(3): 188-199; Sallis, J., & Kerr, J. 2006. Physical Activity and the Built Environment. *President's Council on Physical Fitness and Sports Research Digest*. 7(4): 1-8.

7 The Trust for Public Land Center for City Park Excellence. 2011. *The Economic Benefits of Seattle's Park and Recreation System*. Trust for Public Land. Retrieved February 16, 2012.

<http://cloud.tpl.org/pubs/ccpe-seattle-park-benefits-report.pdf>