

## Healthy People 2020 Summary of Objectives

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### Physical Activity

<b>Number</b>	<b>Objective Short Title</b>
PA-1	No leisure-time physical activity
PA-2	Adult aerobic physical activity and muscle-strengthening activity
PA-3	Adolescent aerobic physical activity and muscle-strengthening activity
PA-4	Daily physical education in schools
PA-5	Adolescent participation in daily school physical education
PA-6	Regularly scheduled recess
PA-7	Time for recess
PA-8	Child and adolescent screen time
PA-9	Physical activity policies in child care settings
PA-10	Access to school physical activity facilities
PA-11	Physician counseling about physical activity
PA-12	Worksite physical activity
PA-13	Active transportation—walking
PA-14	Active transportation—bicycling
PA-15	Built environment policies

## Topic Area: Physical Activity

**PA–1:** Reduce the proportion of adults who engage in no leisure-time physical activity.

Target: 32.6 percent.

Baseline: 36.2 percent of adults engaged in no leisure-time physical activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

**PA–2:** Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–2.1 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.

Target: 47.9 percent.

Baseline: 43.5 percent of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–2.2 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination.

Target: 31.3 percent.

Baseline: 28.4 percent of adults engaged in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–2.3 Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week.

Target: 24.1 percent.

Baseline: 21.9 percent of adults performed muscle-strengthening activities on 2 or more days of the week in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

PA–2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.

Target: 20.1 percent.

Baseline: 18.2 percent of adults met the objectives for aerobic physical activity and for muscle-strengthening activity in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

**PA–3:** Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

PA–3.1 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity.

Target: 20.2 percent.

Baseline: 18.4 percent of adolescents met current physical activity guidelines for aerobic physical activity in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.2 (Developmental) Increase the proportion of adolescents who meet current Federal physical activity guidelines for muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

PA–3.3 (Developmental) Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity.

Potential data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

**PA–4:** Increase the proportion of the Nation’s public and private schools that require daily physical education for all students.

PA–4.1 Increase the proportion of the Nation’s public and private elementary schools that require daily physical education for all students.

Target: 4.2 percent.

Baseline: 3.8 percent of public and private elementary schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

PA–4.2 Increase the proportion of the Nation’s public and private middle and junior high schools that require daily physical education for all students.

Target: 8.6 percent.

Baseline: 7.9 percent of public and private middle and junior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

PA–4.3 Increase the proportion of the Nation’s public and private senior high schools that require daily physical education for all students.

Target: 2.3 percent.

Baseline: 2.1 percent of public and private senior high schools required daily physical education for all students in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

**PA–5:** Increase the proportion of adolescents who participate in daily school physical education.

Target: 36.6 percent.

Baseline: 33.3 percent of adolescents participated in daily school physical education in 2009.

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

**PA–6:** Increase regularly scheduled elementary school recess in the United States.

PA–6.1 Increase the number of States that require regularly scheduled elementary school recess.

Target: 17 States.

Baseline: 7 States required regularly scheduled elementary school recess in 2006.

Target setting method: Projection/trend analysis.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

PA–6.2 Increase the proportion of school districts that require regularly scheduled elementary school recess.

Target: 62.8 percent.

Baseline: 57.1 percent of school districts required regularly scheduled elementary school recess in 2006.

Target setting method: Projection/trend analysis.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

**PA–7:** Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time.

Target: 67.7 percent.

Baseline: 61.5 percent of school districts required or recommended elementary school recess for an appropriate period of time in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

**PA–8:** Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.

PA–8.1 Increase the proportion of children aged 0 to 2 years who view no television or videos on an average weekday.

Target: 44.7 percent.

Baseline: 40.6 percent of children aged 0 to 2 years viewed no television or videos on an average weekday in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children’s Health (NSCH), HRSA, MCHB.

PA–8.2 Increase the proportion of children and adolescents aged 2 years through 12th grade who view television, videos, or play video games for no more than 2 hours a day.

PA–8.2.1 Increase the proportion of children aged 2 to 5 years who view television, videos, or play video games for no more than 2 hours a day.

Target: 83.2 percent.

Baseline: 75.6 percent of children aged 2 to 5 years viewed television, videos, or played video games for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

PA–8.2.2 Increase the proportion of children and adolescents aged 6 to 14 years who view television, videos, or play video games for no more than 2 hours a day.

Target: 86.8 percent.

Baseline: 78.9 percent of children and adolescents aged 6 to 14 years viewed television, videos, or played video games for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children’s Health (NSCH).

PA–8.2.3 Increase the proportion of adolescents in grades 9 through 12 who view television, videos, or play video games for no more than 2 hours a day.

Target: 73.9 percent.

Baseline: 67.2 percent of adolescents in grades 9 through 12 viewed television, videos, or played video games for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

PA–8.3 Increase the proportion of children and adolescents aged 2 years to 12th grade who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

PA–8.3.1 Increase the proportion of children aged 2 to 5 years who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: Not applicable.

Baseline: 97.4 percent of children aged 2 to 5 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2005–08 (NHANES).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health and Nutrition Examination Survey (NHANES).

PA–8.3.2 Increase the proportion of children and adolescents aged 6 to 14 years who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: 100 percent.

Baseline: 93.3 percent of children and adolescents aged 6 to 14 years used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2007 (NSCH).

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH).

PA–8.3.3 Increase the proportion of adolescents in grades 9 through 12 who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day.

Target: 82.6 percent.

Baseline: 75.1 percent of adolescents in grades 9 through 12 used a computer or played computer games outside of school (for nonschool work) for no more than 2 hours a day in 2009 (YRBSS).

Target setting method: 10 percent improvement.

Data source: Youth Risk Behavior Surveillance System (YRBSS).

**PA–9:** Increase the number of States with licensing regulations for physical activity provided in child care.

PA–9.1 Increase the number of States with licensing regulations for physical activity in child care that require activity programs providing large muscle or gross motor activity, development, and/or equipment.

Target: 35 States.

Baseline: 25 States required activity programs providing large muscle or gross motor activity, development, and/or equipment in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.2 Increase the number of States with licensing regulations for physical activity in child care that require children to engage in vigorous or moderate physical activity.

Target: 13 States.

Baseline: 3 States required children to engage in vigorous or moderate physical activity in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

PA–9.3 Increase the number of States with licensing regulations for physical activity in child care that require a number of minutes of physical activity per day or by length of time in care.

Target: 11 States.

Baseline: 1 State required a number of minutes of physical activity per day or by length of time in care in 2006.

Target setting method: Maintain consistency with national programs, regulations, policies, and laws.

Data source: National Resource Center for Health and Safety in Child Care and Early Education maintains a public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

**PA–10:** Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).

Target: 31.7 percent.

Baseline: 28.8 percent of the Nation’s public and private schools provided access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations) in 2006.

Target setting method: 10 percent improvement.

Data source: School Health Policies and Practices Study (SHPPS), CDC, NCCDPHP.

**PA–11:** Increase the proportion of physician office visits that include counseling or education related to physical activity.

PA–11.1 Increase the proportion of office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to exercise.

Target: 14.3 percent.

Baseline: 13.0 percent of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.

Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

PA–11.2 Increase the proportion of physician visits made by all child and adult patients that include counseling about exercise.

Target: 8.7 percent.

Baseline: 7.9 percent of physician office visits made by all child and adult patients included counseling or education related to exercise in 2007.

Target setting method: 10 percent improvement.



Data source: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS.

**PA–12:** (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

**PA–13:** (Developmental) Increase the proportion of trips made by walking.

PA–13.1 (Developmental) Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older.

Potential data source: National Household Travel Survey (NHTS), DOT, FHWA.

PA–13.2 (Developmental) Increase the proportion of trips of 1 mile or less made to school by walking by children and adolescents aged 5 to 15 years.

Potential data source: National Household Travel Survey (NHTS), DOT, FHWA.

**PA–14:** (Developmental) Increase the proportion of trips made by bicycling.

PA–14.1 (Developmental) Increase the proportion of trips of 5 miles or less made by bicycling by adults aged 18 years and older.

Potential data source: National Household Travel Survey (NHT), DOT, FHWA.

PA–14.2 (Developmental) Increase the proportion of trips of 2 miles or less made to school by bicycling by children and adolescents aged 5 to 15 years.

Potential data source: National Household Travel Survey (NHTS), DOT, FHWA.

**PA–15:** (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.

PA–15.1 (Developmental) Increase community-scale policies for the built environment that enhance access to and availability of physical activity opportunities.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.2 (Developmental) Increase street-scale policies for the built environment that enhance access to and availability of physical activity opportunities.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.

PA–15.3 (Developmental) Increase transportation and travel policies for the built environment that enhance access to and availability of physical activity opportunities.

Potential data source: CDC Division of Nutrition, Physical Activity, and Obesity Legislative Database.