

POSITION STATEMENT:

# Joint Recommendation to Increase Federal Efforts to Promote Physical Activity During and After the COVID-19 Pandemic

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## SUMMARY STATEMENT:

Physical activity bolsters immune function and supports coping with stressful life events, but it has declined during COVID-19 pandemic. The Society of Behavioral Medicine and Physical Activity Alliance recommend federal government action to prioritize and fund physical activity research and to coordinate physical activity promotion in multiple sectors, including health care.



## THE PROBLEM

Physical activity helps individuals of all ages cope with stress, social isolation, anxiety, poor sleep, and depression, which are commonplace during the coronavirus pandemic.<sup>1</sup> Evidence indicates that light and moderate intensity physical activity can improve immune function, reduce inflammation, decrease virus susceptibility, and reduce the severity of viral infections.<sup>2,3,4,5</sup> Those who are physically active may experience less severe symptoms and shorter recoveries from viral illnesses, and may be less likely to infect others.<sup>2,3,4,5</sup>

Physical activity could support the immune response to vaccination, especially among the less active subgroups of the population who are at increased risk for severe COVID-19 and death (e.g., people with obesity, chronic conditions, older age).<sup>6,7</sup> For example, in one study of influenza vaccinations, older adults randomly assigned to do moderate-intensity physical activity, such as walking, were 30% to 100% more likely to have an antibody response sufficient to protect them from infection than older adults in a control group.<sup>8</sup> Now that vaccines are available, physical activity could contribute to an optimal response—and should be evaluated in ongoing COVID-19 vaccine trials.

While most Americans were not meeting federal physical activity guidelines before COVID-19, up to one-third of US adults report *even less* physical activity due to the pandemic, with increases in screen time and overall sitting.<sup>9,10</sup> Such data reflect global trends, in that step counts across the world were down by 27.3% one month after the onset of

the pandemic.<sup>11</sup> These changes are linked to worse mental health.<sup>9</sup> Combined with increased food intake during the pandemic, long-term negative effects on weight, fitness, mental health, metabolic system function, and cardiovascular health could occur.<sup>5,12</sup>

## CURRENT POLICY:

Policies are needed that support regular moderate-intensity activity, such as walking, during the pandemic. The pandemic reinforces existing racial and ethnic and socioeconomic status inequalities in physical activity;<sup>13</sup> therefore ensuring equitable access to physical activity opportunities is necessary.<sup>14</sup> While several organizations, including the CDC and WHO, endorse the importance of physical activity during the COVID-19 pandemic, coordinated federal efforts do not exist.<sup>15,16</sup> Given promising prior research on physical activity's role in health and well-being, including improved viral infection outcomes, targeted efforts are needed to evaluate the benefits of physical activity during the COVID-19 pandemic and recommend or develop interventions for immediate implementation.

Furthermore, healthcare systems and insurers play a vital role in promoting physical activity to support patient mental and physical health during and after the COVID-19 pandemic. Some health systems are starting to include exercise as a vital sign, but the vast majority do not; this is important for tracking exercise over time and making appropriate referrals to physical activity programs. Coverage for physical activity programs varies by insurer. Medicaid provides behavioral

intervention for physical activity only for those with obesity or chronic diseases.<sup>17</sup> Medicare benefits can include access to fitness programs,<sup>18</sup> but many people are not aware of these benefits and do not use them.<sup>19</sup> VA coverage is limited to its weight management program (MOVE!) which includes physical activity.<sup>20</sup>

## RECOMMENDATIONS

### Recommendation #1:

Create a federal interagency task force or White House Council to embed physical activity and physical fitness across the lifespan into the COVID-19 response, public health infrastructure investment, and agency priorities that address population health.

### Recommendation #2:

A targeted funding supplement to NIH is urgently needed to elucidate the role of physical activity in COVID-19 vaccine response as well as its impact on infection, complications, death rates, and mental and physical health during the COVID-19 pandemic. A priority should be developing evidence-based recommendations for ensuring equitable access to physical activity opportunities for populations with lower physical activity including people of color, indigenous populations, those with low socio-economic status, and people with physical disabilities.

### Recommendation #3:

Integrate physical activity into healthcare delivery during and after the COVID-19 pandemic by measuring physical activity in electronic health records at routine check-ups, developing performance and quality measures for providers related to physical activity, and asking the Centers for Medicare and Medicaid Services to support coverage and payment for behavioral counseling for physical activity for everyone.

### Recommendation #4:

Provide funding for public health communication campaigns about the importance of physical activity during COVID-19, specifically targeting populations at high-risk for COVID-19 complications and death such as older adults, people of color, indigenous, low-SES groups, and those with pre-existing chronic conditions and disabilities.

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ENDORSEMENTS

