

**PLAY Every Day Act**

110th CONGRESS  
1st Session  
**S. 651**

To help promote the national recommendation of physical activity to kids, families, and communities across the United States.

**IN THE SENATE OF THE UNITED STATES**

**February 15, 2007**

Mr. HARKIN (for himself and Mrs. CLINTON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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**A BILL**

To help promote the national recommendation of physical activity to kids, families, and communities across the United States.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the 'Promoting Lifelong Active Communities Every Day Act' or the 'PLAY Every Day Act'.

**SEC. 2. PURPOSE.**

The purpose of this Act is to help children, families and communities achieve the national recommendation of 60 minutes of physical activity every day.

**SEC. 3. FINDINGS.**

Congress makes the following findings:

- (1) Health care costs in the United States are rising rapidly. Per capita health spending in the United States is 56 percent higher than the median for countries that are members of the Organization for Economic Co-operation and Development.
- (2) According to the Centers for Medicare and Medicaid Services, total health care spending in the United States in 2004 was \$1,800,000,000,000 and is expected to rise to \$3,600,000,000,000 by 2014. Furthermore, chronic disease accounts for approximately 75 percent of health care costs annually.
- (3) Chief executive officers rank health care costs as their number 1 economic pressure, and McKinsey and Company predicts that by 2008 the health care

costs of the Fortune 500 companies will be greater than their net profits, if current trends continue.

(4) Since the 1970s, the percentage rate of obesity has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19 years, and it has more than tripled for children aged 6-11 years.

(5) The Institute of Medicine reported that in 2004, approximately 9,000,000 children over 6 years of age were obese.

(6) The Centers for Disease Control and Prevention reported in 2000 that only 8 percent of elementary schools, 6.4 percent of middle and junior high schools, and 5.8 percent of senior high schools offer daily physical education or its equivalent for the entire school year for students in all grades of the school.

(7) The Centers for Disease Control and Prevention reported in 2000 that less than 50 percent of all schools offered any intramural activities or physical activity clubs for students.

(8) A 2002 survey reported that 61.5 percent of children do not participate in any organized physical activity outside of school hours.

(9) The Institute of Medicine reported in 'Preventing Childhood Obesity' (2004) that in 1969, an average of 48 percent of all students walked or bicycled to school. In 1999, only 19 percent of children walked to or from school and 6 percent rode bicycles to school.

(10) Between 1977 and 1995, trips made by walking declined by 40 percent for adults while driving trips increased to almost 90 percent of the total.

(11) The Institute of Medicine reported that due to vehicular traffic, high crime rates, and lack of sidewalks or open spaces, children often do not have safe places to play outside in many neighborhoods.

(12) Currently, many governmental, scientific, and public health agencies recommend that school-age children and adolescents engage in at least 60 minutes of moderate to vigorous physical activity that is developmentally appropriate and enjoyable, and which involves a variety of activities, on most, preferably all, days of the week.

#### **SEC. 4. DEFINITION OF SECRETARY.**

In this Act, the term 'Secretary' means the Secretary of Health and Human Services.

### **TITLE I--NATIONAL PROGRAM PROMOTING LIFELONG ACTIVE COMMUNITIES**

#### **SEC. 101. DEVELOPMENT OF COMMUNITY PLAY INDEX.**

(a) Community Play Index- The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall develop a well-validated community measurement tool, which shall be known as the 'Community Play Index', that can measure the policy, program, or environmental barriers in communities to participating in physical activity. The Community Play Index shall include--

(1) cross-cutting measurements that--

(A) examine barriers to physical activities across multiple settings, including homes, after school and child care sites, schools, the community at-large, and worksites; and

(B) focus on the--

- (i) availability of adequate spaces and places for physical activity;
  - (ii) availability of, and access to, quality physical activity and physical education programs; and
  - (iii) the availability of programs, activities, and leaders to educate about the importance of physical activity for the community; and
- (2) additional measurements to assist economically and culturally diverse communities in examining the social determinants of health.
- (b) Guidance and Training- The Secretary shall provide guidance and develop training on utilizing the Community Play Index.

## **SEC. 102. SENSE OF THE SENATE REGARDING FUNDING.**

It is the sense of the Senate that the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out this title using any additional and available funds provided to the Secretary for the steps to a healthier United States program carried out by the Centers for Disease Control and Prevention.

## **TITLE II--MODEL COMMUNITIES OF PLAY IMPLEMENTATION GRANTS**

### **SEC. 201. MODEL COMMUNITIES OF PLAY IMPLEMENTATION GRANTS.**

- (a) Program Authorized-
- (1) IN GENERAL- The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award 3 grants to State health departments to enable the State health departments to work in partnership with eligible community-based coalitions to plan and implement model communities of play that--
    - (A) increase the physical spaces and places available for physical activity;
    - (B) increase the opportunities for children and families to participate in quality play, and the number of children and families participating in quality play; and
    - (C) increase knowledge and awareness about the importance of individuals achieving 60 minutes of recommended physical activity every day.
  - (2) AMOUNT OF GRANTS- A grant awarded under this subsection shall be in the amount of \$250,000. If the amounts appropriated under this Act for a fiscal year are not sufficient to support 3 grants at such level, the Secretary shall ratably reduce the amount of all grants.
- (b) Application- A State health department desiring a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.
- (c) Coordination- In awarding grants under subsection (a), the Secretary shall ensure that the proposed programs assisted under each grant are coordinated in substance and format with programs currently funded through other Federal departments and agencies, including--

- (1) State-based nutrition and physical activity programs, comprehensive school health education programs, and community-based health and wellness programs of the Centers for Disease Control and Prevention;
  - (2) the physical education programs under subpart 10 of part D of title V of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7261 et seq.;
  - (3) the safe routes to schools program under section 1404 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (23 U.S.C. 402 note; 119 Stat. 1228); and
  - (4) other health and wellness programs operating within the community.
- (d) Partnership With Community Coalitions- A State health department receiving a grant under subsection (a) shall use grant funds to carry out the activities described in subsection (e) in partnership with 1 or more community coalitions that meet all of the following requirements:
- (1) The community coalition is comprised of a representative sampling of community partners, including not less than half of the different types of individuals or entities described in subparagraphs (A) through (O):
    - (A) A community-based organization that focuses on children and youth, preventive health, physical activity, or physical education.
    - (B) A local parks and recreation department.
    - (C) A local health department.
    - (D) A local educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).
    - (E) A local city planning agency.
    - (F) A local health care provider.
    - (G) A 4-year institution of higher education, as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).
    - (H) A tribal health facility, where applicable.
    - (I) A tribal educational agency, where applicable.
    - (J) A Federally qualified health center or rural health clinic, where applicable.
    - (K) A hospital.
    - (L) A faith-based organization.
    - (M) A policymaker or elected official.
    - (N) A community planning organization.
    - (O) A business.
  - (2) The community coalition completed and submitted to the State health department--
    - (A) a Community Play Index developed under section 101 for the community that identifies the gaps and barriers to physical activity in the community to children and youth; and
    - (B) a community action plan describing the programs, policy, and environmental change strategies that will be implemented with grant funds to help children and youth in the community reach the recommended 60 minutes of physical activity every day.
  - (3) The community coalition provided--
    - (A) documentation to the State health department on the manner in which the coalition will coordinate with appropriate State and local authorities, including--
      - (i) State or local health departments;

(ii) State educational agencies or local educational agencies, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801);

(iii) State or local parks and recreation departments or associations;

(iv) State or local departments of transportation or city planning;

(v) community foundations; and

(vi) any other entities determined to be appropriate by the Secretary; and

(B) a description of the manner in which the coalition will evaluate the effectiveness of the programs carried out with grant funds.

(e) Authorized Activities- A State health department that receives a grant under subsection (a) shall use funds available through the grant to carry out the following activities:

(1) Train community-based coalitions on how to utilize the Community Play Index to measure the program, policy, and environmental barriers to promoting lifelong physical activity for youth.

(2) Work in partnership with community coalitions described in subsection (d) to enable the community coalitions to carry out the coalition's community action plan and promote a model community of play, which may include the following:

(A) Enabling the maximum use of, or the creation of spaces and places for, physical activity for children, families, and communities before, during, and after school or work, which may include increasing the number of--

(i) programs that increase the number of safe streets and sidewalks in the community to walk and bike to school, work, or other community destinations, such as recreation sites, parks, or community centers;

(ii) schools, faith-based organizations, and recreational facilities serving the community that provide programming on physical activity and physical education before, during, or after school;

(iii) schools serving the community that provide recess, physical education, and physical activity for children and youth;

(iv) day care, child care, and after school care sites in the community that provide physical activity for children and youth;

(v) venues in the community that provide co-curricular physical activity programs, including sports fields and courts, especially venues for all-inclusive intramural programs and physical activity clubs;

(vi) playgrounds and activity sites in the community for young children, including sites that offer programs that provide physical activity instruction that meet the various needs and interests of all students, including those with illness, injury, and physical and developmental disabilities, as well as those that live sedentary lifestyles or with a disinterest in traditional team sports;

- (vii) capital improvement projects that increase opportunities for physical activity in the community; and
- (viii) networks of walking and cycling trails where trails do not exist in the community, that offer both a functional alternative to automobile travel and an opportunity for exercise, recreation, and community connectedness.

(B) Enhancing opportunities and access for children and youth in the community to participate in quality physical activity and physical education programs before, during, and after school, which may include increasing the number of--

- (i) school and after school care sites in the community that implement proven health curricula, physical education (including developing innovative approaches to teaching and staffing, physical education), and physical activity programming;
- (ii) children and youth in the community that are able to participate in physical education or activity during and after school, by ensuring that adequate equipment is available to such children and youth;
- (iii) scholarships to low-income children and youth for physical activity programs;
- (iv) education and training programs for education, recreation, leisure, child care, and coaching professionals regarding quality physical education and physical activity programs and policies;
- (v) training programs to assist physicians in--
  - (I) carefully communicating the results of body mass index (BMI) tests to parents and, in an age-appropriate manner, to the children and youth themselves;
  - (II) providing information to families so they may make informed decisions about physical activity and nutrition; and
  - (III) explaining the benefits associated with physical activity and the risks associated with childhood overweight and obesity;
- (vi) assessment tools used to measure the quality of physical activity, sports, and intramural sports programs;
- (vii) guidelines and informational materials used by teachers, parents, caregivers, and health-care professionals who are interested in promoting physical activity for infants, toddlers, and preschoolers; and
- (viii) guidelines and informational materials used to promote physical activity with the intent of improving the current health, fitness, and wellness of preadolescent children (ages 6 through 12) as well as to promote lifelong physical activity.

(C) Identifying, engaging and mobilizing community leaders, decision-makers, experts, and the media to raise awareness and educate the public about the importance of securing 60 minutes of physical activity every day, which may include increasing the number of--

- (i) school and after school care faculty and staff, including coaches, that serve as positive role models for students regarding regular physical activity;
- (ii) businesses that serve as role models by providing physical space and incentives for employees to participate in physical activity;
- (iii) businesses that serve as role models to communities by--
  - (I) providing support to intramural teams, clubs, sports leagues, playgrounds, trails, biking and walking paths, and fields and venues for sports, play, and physical activity;
  - (II) incorporating built environment strategies into new construction of facilities;
  - (III) adopting safe routes to school programs;
  - (IV) providing bike racks at the office; and
  - (V) encouraging the use of the stairs;
- (iv) insurers that provide incentives for maintaining healthy body weight, including offering screening and obesity prevention services in routine clinical practice;
- (v) groups representing low-income individuals or individuals with disabilities, that can promote and secure safer and more accessible sites for activity;
- (vi) consumer research-driven marketing strategies for ongoing initiatives and interventions that enhance physical activity for children and youth;
- (vii) products and opportunities provided or offered by leisure, entertainment, and recreation industries that promote regular physical activity and reduce sedentary behaviors;
- (viii) media advocacy training programs for public health and exercise scientists so as to empower the scientists to disseminate their knowledge to a broad audience; and
- (ix) campaigns to foster awareness about the health benefits of regular physical activity of not less than 60 minutes a day for all children and youth.

(3) To support the evaluation of the community action plans of the community coalitions and the activities carried out under this Act.

(f) Authorization of Appropriations- There are authorized to be appropriated to carry out this title \$750,000 for fiscal year 2008.