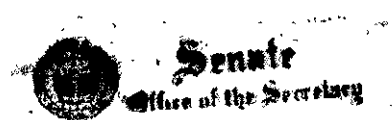


SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)



'13 AUG -1 P 4:39

SENATE
S. No. **1195**

RECEIVED BY: *ji*

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

Health care costs in the country are rising rapidly. Chief executive officers rank health care costs as their number one economic pressure and by 2009, companies will be greater than their net profits, if current trends continue. Chronic disease accounts for approximately 75 percent of health care costs annually.

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.

This bill seeks to address the health problem by helping children, families and communities achieve the national recommendation of 60 minutes of physical activity every day.*

mir
Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO

* This bill was originally filed in the Fourteenth Congress, Second Regular Session.



'13 AUG -1 P4 39

SENATE
S. No. 1195

RECEIVED BY: *jia*

Introduced by Senator Miriam Defensor Santiago

1 AN ACT
2 ESTABLISHING THE NATIONAL PROGRAM PROMOTING LIFELONG ACTIVE
3 COMMUNITIES

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

4 SECTION 1. *Short Title.* – This Act shall be known as the “Promoting Lifelong Active
5 Communities Every Day Act or PLAY Every Day Act.”

6 SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote
7 the right to health of the people and instill health consciousness among them. It is also espoused
8 that the State shall promote and protect the physical, moral, intellectual and social well-being of
9 the people.

10 SECTION 3. *Establishment of a National Program Promoting Lifelong Active*
11 *Communities.* – The Secretary of Health, acting through the Director of the National Center for
12 Disease Prevention and Control, shall develop a well-validated community measurement tool,
13 which shall be known as the “Community Play Index” that can measure the policy, program, or
14 environmental barriers in communities to participating in physical activity.

15 The Community Play Index shall include the following:

16 A. Cross-cutting measurements that:

- 17 1. examine barriers to physical activities across multiple settings, including
18 homes, after school and child care sites, schools, the community at-large, and
19 worksites; and
20 2. focus on the--

- a. availability of adequate spaces and places for physical activity;
 - b. availability of, and access to, quality physical activity and physical education programs; and
 - c. the availability of programs, activities, and leaders to educate about the importance of physical activity for the community; and
- B. Additional measurements to assist economically and culturally diverse communities in examining the social determinants of health.

SECTION 4. *Model Communities of PLAY Implementation Grants.* – The Secretary of Health, acting through the Director of the National Center for Disease Prevention and Control, shall award three grants to regional health departments to enable them 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.

SECTION 5. *Partnership With Community Coalitions.* – A regional health department receiving a grant under Section 4 shall use grant funds to carry out the activities described in Section 5 in partnership with one or more community coalitions that may be one of the following organizations:

- 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.
- E. A local city planning agency.

- F. A local health care provider.
- G. A 4-year institution of higher education.
- H. A qualified health center or rural health clinic.
- I. A hospital.
- J. A faith-based organization.
- K. A policymaker or elected official.
- L. A community planning organization.

The community coalition completed and submitted to the health department the following documents:

- A. Community Play Index developed under Section 3 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.

SECTION 6. *Authorized Activities.* – A regional health department that receives a grant under Section 4 shall use funds available through the grant to carry out the following activities:

- A. 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.
- B. Work in partnership with community coalitions described in Section 5 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:
 - 1. 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--
 - a. 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;

- b. schools, faith-based organizations, and recreational facilities serving the community that provide programming on physical activity and physical education before, during, or after school;
 - c. schools serving the community that provide recess, physical education , and physical activity for children and youth;
 - d. day care, child care, and after school care sites in the community that provide physical activity for children and youth;
 - e. 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;
 - f. 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;
 - g. capital improvement projects that increase opportunities for physical activity in the community; and
 - h. 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.
2. 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-
- a. 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;

- b. 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;
 - c. scholarships to low-income children and youth for physical activity programs;
 - d. education and training programs for education , recreation, leisure, child care, and coaching professionals regarding quality physical education and physical activity programs and policies;
 - e. 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;
 - iv. assessment tools used to measure the quality of physical activity, sports, and intramural sports programs;
 - v. 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
 - vi. 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.
 3. 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--

- a. school and after school care faculty and staff, including coaches, that serve as positive role models for students regarding regular physical activity;
- b. businesses that serve as role models by providing physical space and incentives for employees to participate in physical activity;
- c. 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;
- d. insurers that provide incentives for maintaining healthy body weight, including offering screening and obesity prevention services in routine clinical practice;
- e. groups representing low-income individuals or individuals with disabilities, that can promote and secure safer and more accessible sites for activity;
- f. consumer research-driven marketing strategies for ongoing initiatives and interventions that enhance physical activity for children and youth;
- g. products and opportunities provided or offered by leisure, entertainment, and recreation industries that promote regular physical activity and reduce sedentary behaviors;
- h. 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
- i. 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.

1 SECTION 7. *Appropriation.* – To carry out the provisions of this Act, such amount as
2 hereby necessary is hereby authorized to be appropriated from the National Treasury.

3 SECTION 8. *Separability Clause.* – If any provision or part hereof, is held invalid or
4 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
5 valid and subsisting.

6 SECTION 9. *Repealing Clause.* – Any law, presidential decree or issuance, executive
7 order, letter of instruction, administrative order, rule, or regulation contrary to or is inconsistent
8 with the provision of this Act is hereby repealed, modified, or amended accordingly.

9 SECTION 10. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
10 publication in at least two (2) newspapers of general circulation.

Approved,