

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 230  
(A-22)

Introduced by: Medical Student Section

Subject: Advancing the Role of Outdoor Recreation in Public Health

Referred to: Reference Committee B

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1 Whereas, Mental illness and chronic diseases are extremely prevalent in the United States with  
2 suicide, heart disease, and diabetes among the leading causes of death<sup>1-3</sup>; and  
3

4 Whereas, Outdoor recreation, defined as outdoor leisure time that occurs in urban, human-  
5 made, and/or natural environments involving elements of nature such as terrain, plants, wildlife,  
6 and water bodies, has been shown to positively impact physical, mental, and social health<sup>4-17</sup>;  
7 and  
8

9 Whereas, Outdoor recreation is associated with decreased risk of cardiovascular mortality and  
10 myopia<sup>7,8</sup>; and  
11

12 Whereas, Compared to recreation in a non-natural environment, recreation in a natural outdoor  
13 environment resulted in a 13.4-15.8% decrease in salivary cortisol levels and a 1.7-1.9%  
14 reduction in systolic blood pressure<sup>9</sup>; and  
15

16 Whereas, A 2018 Oregon study estimated that participation in outdoor recreation produces  
17 between \$735 million and \$1.4 billion in savings per year related to chronic disease<sup>10</sup>; and  
18

19 Whereas, Outdoor recreation can enhance well-being, happiness, and quality of life and  
20 improve symptoms related to depression, stress, and post-traumatic stress disorder (PTSD),  
21 particularly amongst veterans<sup>11-17</sup>; and  
22

23 Whereas, The National Recreation and Park Association and the CDC recognize the  
24 importance of outdoor recreation to public health and support improving access to recreation  
25 opportunities and continuing research efforts<sup>18,19</sup>; and  
26

27 Whereas, Public spaces available for outdoor recreation are increasingly threatened by  
28 decreased public availability due to oil and gas leases and the impacts of climate change<sup>20-22</sup>;  
29 and  
30

31 Whereas, National Park visits increased 16% between 2013 and 2018 and continue to rise,  
32 while discretionary and maintenance appropriations have remained stagnant, with nearly \$12  
33 billion of deferred maintenance accumulated, a trend consistent across public recreation  
34 agencies<sup>23,24</sup>; and  
35

36 Whereas, State parks are also affected by decreased spending with parks across Alabama,  
37 Montana, Connecticut, Massachusetts, Wyoming, Minnesota, Texas, Utah and other states  
38 facing threats of closure and maintenance backlogs<sup>24-29</sup>; and  
39

1 Whereas, Decreased appropriations for recreation spaces may uniquely impact low-  
2 socioeconomic and minority communities that already have lower quality public spaces for  
3 recreation, decreased accessibility, and increased rates of space loss, despite these groups  
4 disproportionately benefiting from outdoor recreation<sup>29-35</sup>; and  
5

6 Whereas, With proven health benefits, outdoor recreation is now being considered as a  
7 potential clinical tool via park prescriptions and outdoor organization referrals<sup>36</sup>; and  
8

9 Whereas, Outdoor recreation as therapy has had limited development in clinical application due  
10 to insufficient program reach and resources, lack of available recreation spaces, and limited  
11 research on the underlying mechanisms, and effective dose and duration<sup>12,37</sup>; and  
12

13 Whereas, Current AMA policies, including H-470.997 and H-135.973, encourage physical  
14 activity and environmental stewardship but do not specifically address outdoor recreation, nor  
15 do they include the unique exercise independent benefits and activities attributed to outdoor  
16 recreation; and  
17

18 Whereas, While AMA policy D-470.993 encourages creation of a set type of exercise venues at  
19 the local level, this policy does not include many forms of outdoor recreation spaces and  
20 activities, nor does it consider federal and state management of outdoor recreation spaces; and  
21

22 Whereas, Our AMA would benefit from clear guidance on how to act on legislation related to  
23 outdoor recreation such as H.R. 2435 and S.500/H.R. 1225 which were introduced in the 2019  
24 cycle to expand opportunities for treatment and healing of military veterans through outdoor  
25 recreation on public lands and to alleviate the maintenance backlog in National Parks and  
26 Public Lands, respectively<sup>38-40</sup>; therefore be it  
27

28 RESOLVED, That our AMA encourages federal, state and local governments to create new and  
29 maintain existing public lands and outdoor spaces for the purposes of outdoor recreation;  
30 (Directive to Take Action) and be it further  
31

32 RESOLVED, That our AMA work with the Centers for Disease Control and Prevention, National  
33 Institute of Environmental Health Science, National Recreation and Park Association, and other  
34 relevant stakeholders to encourage continued research on the clinical uses of outdoor  
35 recreation therapy. (Directive to Take Action)

Fiscal Note: Not yet determined

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## RELEVANT AMA POLICY

### Government to Support Community Exercise Venues D-470.993

Our AMA will encourage: (1) towns, cities and counties across the country to make recreational exercise more available by utilizing existing or building walking paths, bicycle trails, swimming pools, beaches and community recreational fitness facilities; and (2) governmental incentives such as tax breaks and grants for the development of community recreational fitness facilities. Res. 423, A-04; Reaffirmed in lieu of Res. 434, A-12

### Exercise and Physical Fitness H-470.997

The AMA encourages all physicians to utilize the health potentialities of exercise for their patients as a most important part of health promotion and rehabilitation and urges state and local medical societies to emphasize through all available channels the need for physical activity for all age groups and both sexes. The AMA encourages other organizations and agencies to join with the Association in promoting physical fitness through all appropriate means.

BOT Rep. K, A-66; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: BOT Rep. 10, A-14

### American's Health H-440.859

Our AMA will: (1) make improving health through increased activity and proper diet a priority; (2) propose legislation calling on the federal government and state governments to develop new and innovative programs in partnership with the private sector that encourage personal responsibility for proper dietary habits and physical activity of individual Americans; and (3) continue to work in conjunction with the American College of Sports Medicine, American Heart Association, US Department of Health and Human Services and any other concerned organizations to provide educational materials that encourage a healthier America through increased physical activity and improved dietary habits.

Res. 201, A-09; Reaffirmation, A-12

### Physical Activity Guidelines H-60.979

Our AMA supports the continued expert review and development of national guidelines regarding physical activity for all ages and the dissemination of such guidelines to physicians. Res. 186, I-90; Reaffirmed: Sunset Report, I-00; Modified: BOT Rep. 10, A-14

### Promotion of Exercise Within Medicine and Society H-470.990

Our AMA supports (1) education of the profession on exercise, including instruction on the role of exercise prescription in medical practice in its continuing education courses and conferences, whenever feasible and appropriate;(2) medical student instruction on the prescription of exercise;(3) physical education instruction in the school system; and (4) education of the public on the benefits of exercise, through its public relations program.

Res. 56, I-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmation: I-98; Reaffirmation: A-07; Reaffirmed: BOT Rep. 21, A-12

#### **Promotion of Exercise H-470.991**

1. Our AMA: (A) supports the promotion of exercise, particularly exercise of significant cardiovascular benefit; and (B) encourages physicians to prescribe exercise to their patients and to shape programs to meet each patient's capabilities and level of interest.

2. Our AMA supports National Bike to Work Day and encourages active transportation whenever possible.

Res. 83, parts 1 and 2, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Appended: Res. 604, A-11; Reaffirmed: CSAPH Rep. 1, A-21

#### **Increasing Outdoor Activity to Prevent Myopia Onset and Progression in School Children H-60.913**

Our AMA supports efforts to increase outdoor time and promote other activities that have been demonstrated to reduce the progression of myopia in children.

Res. 405, A-17

#### **Stewardship of the Environment H-135.973**

The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation. (12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support.

CSA Rep. G, I-89; Amended: CLRPD Rep. D, I-92; Amended: CSA Rep. 8, A-03; Reaffirmed in lieu of Res. 417, A-04; Reaffirmed in lieu of Res. 402, A-10; Reaffirmation, I-16

#### **Environmental Preservation H-135.972**

It is the policy of the AMA to support state society environmental activities by:

(1) identifying areas of concern and encouraging productive research designed to provide authoritative data regarding health risks of environmental pollutants;

(2) encouraging continued efforts by the CSAPH to prepare focused environmental studies, where these studies can be decisive in the public consideration of such problems;

(3) maintaining a global perspective on environmental problems;

(4) considering preparation of public service announcements or other materials appropriate for public/patient education; and (5) encouraging state and component societies that have not already done so to create environmental committees.

Res. 52, A-90; Reaffirmed: Sunset Report, I-00; Modified: CSAPH Rep. 1, A-10; Reaffirmed: CSAPH Rep. 01, A-20

#### **Research into the Environmental Contributors to Disease D-135.997**

Our AMA will (1) advocate for greater public and private funding for research into the environmental causes of disease, and urge the National Academy of Sciences to undertake an authoritative analysis of environmental causes of disease; (2) ask the steering committee of the Medicine and Public Health Initiative Coalition to consider environmental contributors to disease as a priority public health issue; and (3) lobby Congress to support ongoing initiatives that include reproductive health outcomes and development particularly in minority populations in Environmental Protection Agency Environmental Justice policies.

Res. 402, A-03; Appended: Res. 927, I-11; Reaffirmed in lieu of Res. 505, A-19