

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



Editorial

The 2016 Active Living Research Conference: Equity in active living



Keywords: Equity Active living Policy

For over a decade, Active Living Research (ALR) has supported the generation, compilation, and dissemination of interdisciplinary evidence that active living is important to the Earth and its residents. Simultaneously, ALR-affiliated researchers and practitioners recognize that the opportunity to be active within a community is influenced by personal, social, environmental, and policy-related factors (Lee and Cubbin, 2009; Ding et al., 2011). The ALR meeting has served as a consistent forum where physical activity, built environment, and policy professionals can share both ideas and outcomes. From the beginning, ALR as an organization, its grant awardees, and meeting attendees have been focused on the importance of addressing health equity through our work (Sallis et al., 2009). Recognition that certain groups have less access to opportunities and environments supportive of physical activity and are especially vulnerable to policies that prevent physical activity, has fueled these efforts. The 2016 ALR Conference theme, Equity in Active Living, was developed in response to ongoing concerns and growing evidence about inequity of opportunity to be active. This meeting offered research and practice presentations that built evidence for ways to enhance equity of active living among diverse groups, who are most at-risk of physical inactivity.

Achieving equity in active living is not a simple task. People tend to be most comfortable in homogeneous groups where there is trust and social cohesion. These constructs tend to go down in diverse groups (Phillips and Lount, 2007). However, diverse groups perform better both intellectually and economically. The most successful societies, systems and organizations intentionally build diversity in order to address equity (Laurence, 2009). ALR's strategic and deliberate focus on building a large interdisciplinary group of experts who are not only attentive to equity but are also diverse both professionally and demographically (Sallis et al., 2005) may explain why the organization itself has performed so well and why the ALR meetings continue to thrive. ALRaffiliated experts have demonstrated that physical activity is determined by the built environment and by socio-economic context through the employment of policies and the application of social and behavioral models and theory-based interventions that have resulted in healthier communities (Sallis et al., 2006).

Creating equity in active living will aid in addressing both economic and health disparities. At the 2016 ALR meeting, the Program Chair's opening remarks differentiated between equality and equity. *Equality* promotes sameness by insuring that all people have the same access and resources (Morgan and Sawyer, 1979). Creating equal communities

will only close the health disparities gap if the residents of each community are the same. Differences in race, disability, geographic location, religion, sexual orientation or identity, veteran status, gender, physical capability or some other variable can create barriers to access and participation. *Equity* promotes fairness by assuring that all residents get access and resources that are tailored to the needs of the population or community. Before equality can be achieved, equity must be addressed (Morgan and Sawyer, 1979).

It is imperative to keep equity in active living at the forefront of both research and policy. Creating equal communities is not enough. Even in communities where there is no difference in opportunities to be active, it is essential to address the health and socioeconomic historical context of disparate groups because worse health outcomes in some groups may justify better-than-average opportunities for physical activity. Involving the members of such groups in planning and policy actions is important (Jutte et al., 2015).

The good news is that many sectors are now focused on the importance of physical activity and health (World Health Organization, 2013; Hunter et al., 2015; Sallis et al., 2015). This was not always true (Yancey and Sallis, 2009). In the last decade we have seen research, recommendations, and reports with a focus on physical activity and health (Pratt et al., 2009; World Health Organization, 2013). Evidence is not only important, but essential to the goal of achieving equity in active living. Additionally, however, we must learn about community models and best practices that are not necessarily grounded by evidence. While research is vital, it is expensive and requires expertise and resources that are not always available to every community. While we conduct studies inclusive of groups that were historically underrepresented in research, it is our responsibility to continue to identify ways to share stories about what has worked. We must identify affordable assets in environments where diverse populations interact with factors that influence achieving and/or maintaining physical activity recommendations. Physical activity can positively influence the health of every societal sector and address every social justice-related issue. Equity in active living is an achievable way to influence health. Accomplishing this goal will require careful coordination, dissemination, and implementation of much of the evidence and best practices established by ALR-affiliated experts who are committed to work related to the 2016 ALR meeting theme.

1. Examples of progress

Research has made significant progress in understanding and addressing equity in active living. Recent studies have helped shed light on communities and populations that have previously received less attention, yet many of which have higher rates of physical inactivity and obesity. In particular, a growing body of research examines active living among various racial/ethnic groups, low-income populations, rural communities, individuals with disabilities, and across the lifespan. For

S2 Editorial

example, studies in this special issue advance our understanding of how the built environment affects physical activity among people with disabilities (Eisenberg et al., 2017-in this issue), the association of active living-oriented zoning with physical activity (Leider et al., 2017-in this issue), shared use agreements of public school facilities in rural communities (Carlton et al., 2017-in this issue), and using technology to engage youth as community advocates for improving parks (Gallerani et al., 2017-in this issue). We have also seen an increasing diversity of methods used to understand equity/inequity in active living. These range from objective measures through GIS, environmental audits, and observations that help document and quantify disparities, to qualitative approaches such as interviews, focus groups, and photovoice used to better understand experiences and perspectives, as well as increase the voice of underrepresented groups in planning and decision making. Through a variety of such approaches, studies highlight how the built environment may contribute to inequity in active living opportunities, as well as identify strategies to enhance equity through zoning, policies, networks, and community engagement. As researchers continue to examine and promote equity in activity living, there is a continuing need to develop valid and reliable built environment measures, include diverse samples, use a variety of approaches, employ new tools and technology, and engage the populations of interest in the research.

Translating active living research to practice is essential to improving population health and creating equitable opportunities for active living. However, there may be social, economic, political, and other barriers to achieving this goal. A recent review of global efforts to scale up active living research interventions into sustainable real-world programs (Reis et al., 2016) noted that sectors outside of health (e.g., urban planning, transportation, parks and recreation) achieved the greatest success. Key factors to this success included diverse stakeholder engagement, active monitoring of physical activity in surveillance systems, selection of programs with the highest face-validity with target populations, and integrating active living policy across sectors (Reis et al., 2016). Three papers in this special issue focus on some of the best practices for scaling up active living research to practice. The papers describe the impact of diverse stakeholder engagement and comprehensive tools in planning, decision-making, and evaluation of active living policies and practices. Bias and Abildso (2017-in this issue) highlight the utility of health impact assessments (HIAs) to inform public policy and set priorities for intervention. They further stress the need for longer-term evaluation of health outcomes resulting from these decisions. Similarly, Maiden et al. (2017-in this issue) describe the development and testing of a comprehensive scorecard to systematically assess the inclusion of health-related design principles, policies, and requirements in land use plans and development of regulations. Finally, Elwell et al. (2017-in this issue) present a framework and tool to integrate scientific models with community and social metrics to implement more equitable strategies for distributing active living resources. As active living practitioners search for better ways to target populations, settings, and locations with fewer active living resources, new tools and active engagement of stakeholders seem to hold the key to initial and intermediate successful outcomes.

Highlights of the Active Living Research Conference 2016

The ALR2016 Conference represented both change and continuity. The Conference was organized in a new partnership in which the Program Committee determined the content and Elsevier Conference Services managed the details of the production and implementation. We thank the Elsevier staff for being open to ALR's defining features, such as activity breaks, a high standard for healthy and tasty food, and the diversity of attendees in terms of discipline and research/practice focus. The 2016 Conference was in a new location of Clearwater Beach, Florida. The close proximity of sea and sand was familiar to previous attendees and provided numerous options for physical activity in an aesthetically pleasing setting. Some presenters were probably concerned about the

8-minute presentation time they were assigned for "speed talk sessions", which was a new addition for 2016. However, this approach worked well and allowed more attendees to present their work orally. As always, we had a dance event one evening, but the change was that talented attendees, especially those from Latin America, kept the party going for over an hour after the scheduled leader left.

The theme of "Equity in Active Living" was addressed by Keynote Speaker Julian Agyeman from Tufts University who challenged all of us to make progress toward "just sustainabilities" by taking inclusiveness in decision making to a higher level. Two panel discussions featured leaders of national organizations and grassroots groups who showed there are numerous ways to apply principles of social justice to achieving more equitable opportunities for active living.

Thanks to both Elsevier's promotion of the Conference to their international network and a grant from the Robert Wood Johnson Foundation's Global Health team, international participation was stronger than ever. Studies from many countries were integrated throughout the program. Research and practice presentations were also mixed in most oral sessions and in the poster session. Though it is an ongoing challenge to ensure both constituencies benefit from all presentations, there is great value in learning from less-familiar voices.

At the end of the Conference there was an open discussion about the future of the ALR Conference. There was strong agreement about the need to continue the meeting because the interdisciplinary gathering fills an important gap in research, research translation, and capacity building. Chris Pringle, Senior Editor at Elsevier, explained there are many models by which Elsevier can manage the Conference. We very much appreciate his enthusiastic support for creating a sustainable model of ALR Conferences. The 2017 ALR Conference will represent what we believe will be a sustainable self-governing model led by respected experts in the main disciplines that have emerged as essential to active living research. An Executive Program Committee will take responsibility for the scientific content of ALR Conferences, and this group is setting up a governance structure that will both maintain itself and steer the evolution of the Conferences so they remain at the cutting edge of science with an explicit goal of transferring useful knowledge to practice and policy communities. We will experiment with a new model of publishing the best papers presented at ALR2017 by working with journals in several disciplines to publish themed sections. Please send us your ideas for improving the quality and sustainability of ALR Conferences and publications.

References

Bias, T.K., Abildso, C.G., 2017. Measuring policy and related effects of a health impact assessment related to connectivity. Prev. Med. 95, S92–S94.

Carlton, T.A., Kanters, M.A., Bocarro, J.N., Floyd, M.F., Edwards, M.B., Suau, L.J., 2017. Shared use agreements and leisure time physical activity in North Carolina public schools. Prev. Med. 95, S10–S16.

Ding, D., Sallis, J.F., Kerr, J., Lee, S., Rosenberg, D.E., 2011. Neighborhood environment and physical activity among youth: a review. Am. J. Prev. Med. 41 (4), 442–455.

Eisenberg, Y., Vanderbom, K.A., Vasudevan, V., 2017. Does the built environment moderate the relationship between having a disability and lower levels of physical activity? A systematic review. Prev. Med. 95, S75–S84.

Elwell, H., Shulaker, B., Rippon, J., Wood, R., 2016. Strategic and integrated planning for healthy, connected cities: Chattanooga case study. Prev. Med. 95, S115–S119.

Gallerani, D.G., Besenyi, G.M., Wilhelm Stanis, S.A., Kaczynski, A.T., 2017. "We actually care and we want to make the parks better": a qualitative study of youth experiences and perceptions after conducting park audits. Prev. Med. 95, S109–S114.

Hunter, R.F., Christian, H., Veitch, J., Astell-Burt, T., Hipp, J.A., Schipperijn, J., 2015. The impact of interventions to promote physical activity in urban green space: a systematic review and recommendations for future research. Soc. Sci. Med. 124, 246–256.

Jutte, D.P., Miller, J.L., Erickson, D.J., 2015. Neighborhood adversity, child health, and the role for community development. Pediatrics 135(Supplement 2), S48–S57.

Laurence, J., 2009. The effect of ethnic diversity and community disadvantage on social cohesion: a multi-level analysis of social capital and interethnic relations in UK communities. European Sociological Review.]—>Eur. Sociol. Rev. 27 (1), 70–89.

Lee, R.E., Cubbin, C., 2009. Striding toward social justice: the ecologic milieu of physical activity. Exerc. Sport Sci. Rev. 37 (1), 10–17.

Leider, J., Chriqui, J.F., Thrun, E., 2017. Associations between active living-oriented zoning and no adult leisure-time physical activity in the US. Prev. Med. 95, S120–S125. Editorial S3

- Maiden, K.M., Kaplan, M., Walling, L.A., Miller, P.P., Crist, G., 2017. A comprehensive scoring system to measure healthy community design in land use plans and regulations. Prev. Med. 95, S141–S147.
- Morgan, W.R., Savyer, J., 1979. Equality, equity, and procedural justice in social exchange. Soc. Psychol. Q. 42 (1), 71–75.
- Phillips, K.W., Lount, R.B., 2007. Chapter 1 The affective consequences of diversity and homogeneity in groups. In: Mannix, E.A., Neale, M.A., Anderson, C.P. (Eds.), Affect and Groups (Research on Managing Groups and Teams, Volume 10). Emerald Group Publishing Limited, pp. 1–20.
- Pratt, M., Epping, J.N., Dietz, W.H., 2009. Putting physical activity into public health: a historical perspective from the CDC. Prev. Med. 49 (4), 301–302. Reis, R.S., Salvo, D., Ogilvie, D., Lambert, E.V., Goenka, S., Brownson, R.C., 2016. Scaling up
- Reis, R.S., Salvo, D., Ogilvie, D., Lambert, E.V., Goenka, S., Brownson, R.C., 2016. Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving. Lancet 388 (10051), 1337–1348.
- Sallis, J.F., Cervero, R.B., Ascher, W., Henderson, K.A., Kraft, M.K., Kerr, J., 2006. An ecological approach to creating active living communities. Annu. Rev. Public Health 27, 297–322
- Sallis, J.F., Linton, L., Kraft, M.K., 2005. The first Active Living Research Conference. American Journal of Preventive Medicine.]->Am. J. Prev. Med. 28 (2), 93–95.
- Sallis, J.F., Linton, L.S., Kraft, M.K., Cutter, C.L., Kerr, J., Weitzel, J., et al., 2009. The Active Living Research program: six years of grantmaking. Am. J. Prev. Med. 36 (2), S10–S21.
- Sallis, R., Franklin, B., Joy, L., Ross, R., Sabgir, D., Stone, J., 2015. Strategies for promoting physical activity in clinical practice. Prog. Cardiovasc. Dis. 57 (4), 375–386.
- World Health Organization, 2013. Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013–2020. WHO, Geneva.
- Yancey, A.K.T., Sallis, J.F., 2009. Physical activity: Cinderella or Rodney Dangerfield? Prev. Med. 49 (4), 277–279.

NiCole R. Keith

Indiana University Center for Aging Research, 1101 W 10th Street, Indianapolis, IN 46214, USA

Corresponding author. *E-mail address:* nkeith@iupui.edu

Monica L. Baskin

University of Alabama at Birmingham, 1717 11th Ave S, MT 618, Birmingham, AL 35294-4410, USA

E-mail address: mbaskin@uab.edu

Sonja A. Wilhelm Stanis

School of Natural Resources, University of Missouri, 105 Anheuser-Busch Natural Resources Building, Columbia, MO 65211, USA E-mail address; sonjaws@missouri.edu

James F. Sallis

Department of Family and Preventive Medicine, University of California, San Diego, 9500 Gilman Dr, La Jolla, CA 92093, USA E-mail address: jsallis@ucsd.edu

9 December 2016