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Commentary

Creating physical activity-promoting community environments: Time for a breakthrough[☆]

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ABSTRACT

Increasing the amount of physical activity Americans get to recommended levels will require changes in community environments so that people can be more active as part of everyday life. Recent and pending federal legislation can provide the investments and other support necessary to make. These changes also positively address other major challenges we face as a nation, including climate change and the ailing economy.

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As described elsewhere in this issue, America's physical activity gap drives a host of health problems, including, but not limited to, heart disease, cancer, obesity and diabetes, with profound impacts on Americans' lifespan, quality of life, educational opportunity and healthcare costs. Many of these impacts disproportionately affect populations and communities of color and those with low-wage jobs, driving ever-widening health inequities. Few disagree that to have a healthy nation, to control healthcare costs, and to be competitive in the global economy, we must close the physical activity gap for all Americans, regardless of where they live.

Closing the nation's physical activity gap is a priority for each of our organizations. A range of programs and initiatives we are undertaking reflect a shared view that effective efforts to close the physical activity gap must emphasize environmental and policy change. The California Endowment (TCE) launched its Healthy Eating Active Communities Program (HEAC) in 2004 and the Central California Regional Obesity Prevention Project (CCROPP) in 2006. Through these two initiatives, TCE supports community-based organizations, public health departments and schools to work collaboratively to develop and implement policies that improve food and physical activity environments for children in neighborhoods and schools. Kaiser Permanente established its Community Health Initiatives for Healthy Eating and Active Living (HEAL) initiative in 2004. This initiative aims to transform food and physical activity environments through changes in policy and

organizational practices. Kaiser Permanente is currently a sponsor or co-sponsor of 40 intensive, place-based HEAL initiatives in Kaiser Permanente communities (Kaiser, 2008). Since 1999, the Robert Wood Johnson Foundation (RWJF) has funded numerous "active living" grants and programs to identify, implement and promote policy and environmental strategies for re-engineering physical activity back into everyday life. In 2003, RWJF adopted the goal of reversing the rise in childhood obesity trends by 2015 and began to refocus its efforts to increase the adoption of policy and environmental changes with potential to increase activity levels for youth aged 3–18, especially those in the low-income and racial/ethnic populations and communities where the rates of childhood obesity are highest and rising fastest (Orleans et al., 2009; Sallis et al., 2009).

To enhance our collective impact, our organizations joined forces with the W.K. Kellogg Foundation, Nemours and the Kresge Foundation, with the Centers for Disease Control and Prevention (CDC) as a technical advisor, to establish the Healthy Eating Active Living Convergence Partnership (Healthy Eating/Active Living Convergence Partnership, 2009). In its 10-point *Vision for Healthy People in Healthy Places*, the Convergence Partnership calls out the significant role that neighborhoods, schools, workplaces, transportation systems, parks, open space, homes and other aspects of the built environment play in making physical activity a part of everyday life. It also identifies and supports promising policies and environmental change strategies for increasing physical activity in each of these settings, with a particular emphasis on facilitating active lifestyles in low-income neighborhoods and communities of color, where there are profound inequities in opportunities for safe physical activity (Glover Blackwell, 2009).

Two especially promising strategies for increasing youth physical activity and improving health equity supported by our respective

[☆] The findings and conclusions in this report are those of the authors and do not necessarily represent official positions of Kaiser Permanente, the California Endowment or the Robert Wood Johnson Foundation.

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foundations are Safe Routes to School initiatives and joint use agreements that expand school playground use. The Safe Routes to School initiative is a comprehensive approach to creating safe and convenient opportunities for school-aged children to walk and bike as part of everyday life. This approach includes a focus on the “Four Es” – *education* of parents and students, *encouragement* through social marketing efforts and *enforcement* of traffic laws and *engineering* changes such as cross walks and sidewalks to make biking and walking safer. Mounting evidence indicates that these interventions are effective in increasing physical activity (Active Living Research, 2009). For example, a recent study of Safe Routes programs implemented in three California schools showed that sidewalk improvements were associated with a 38% increase in how frequently children walked to school (Boarnet et al., 2005). A different study of 1596 middle school children in six states found that students who walk to school report an average of 14 more minutes of total physical activity per day than students who report traveling by car (Sirard et al., 2005).

A growing number of communities across the country are implementing joint use agreements to unlock school playgrounds after school and on weekends – an approach that is particularly well-suited for park-poor communities and communities without access to other recreation facilities. Evidence of the impact of these community changes on physical activity levels is just starting to emerge. For instance, a 2007 intervention study assessing the impact of opening school yards after school and on weekends found an 84% increase in the number of children who were outdoors and active compared to matched control schools (Farley et al., 2007).

There is increasing awareness that community-level interventions to improve the physical activity environment such as the ones described above are powerful preventive medicine, with significant potential to mitigate downstream healthcare costs (American Academy of Pediatrics, 2009; Trust for America's Health, 2008; Woolf, 2009; Cardin, 2009; Harkin, 2008; Roybal-Allard, 2008). Community-based prevention is now integrated into major health reform proposals, and increasingly policy-makers and others framing the national debate talk not about “healthcare reform” but about “health reform” emphasizing the role of community design and other factors beyond care and coverage in keeping Americans healthy. The American Recovery and Reinvestment Act made a significant down-payment on these strategies, including \$650 million for community-based public health strategies (American Recovery and Reinvestment Act, 2009).

Not only is the creation of active community environments key to improving health, reducing disparities and driving down healthcare costs, it is also a potentially powerful mechanism for stimulating the economy and addressing climate change. The Recovery Act includes more than \$45.5 billion to employ out of work Americans to improve public transit systems, making our communities more walkable and bikable and investing in projects that reduce reliance on automobiles – the source of close to 30% of total greenhouse gas emissions (California Air Resources Board, 2008). Although these projects represent a small share of total transportation spending in the stimulus bill, the debate on the Recovery Act highlighted the opportunity and need to balance more traditional road and highway projects with investments in activity-promoting transportation projects – what some have likened to a choice between burning calories, or burning carbon. Further, at a time of intense focus on jobs creation, it is important to note that investments in a typical public transit project yield 19% more jobs than a typical road and bridge project (Litman, 2008). A wide array of groups are looking to reauthorization of the federal Surface Transportation Act, which expires in 2009, as a major opportunity to reorient new public investments in transportation towards health and environmental sustainability.

Taken together, infrastructure spending in the Recovery Act and the pending Surface Transportation bill, along with community-based prevention initiatives being advanced as key elements of health reform, have the potential to fundamentally reshape the nation's physical activity environment for generations to come. These invest-

ments could lead to lasting changes in the physical activity defaults that presently contribute to rising chronic disease rates and health care costs. Such investments could also significantly reduce disparities in access to activity-supportive environments to benefit those in low-income communities and communities of color.

Taking full advantage of these opportunities will require us all to hold fast to a different vision of what our communities can look like and to do things differently. We must all see the connections between healthy people, a healthy environment, and a healthy economy. And we must all cultivate partnerships and community change strategies in the nexus of these “Three Healths.” Foundations can and must lead the way by breaking down their programmatic silos, refocusing on sustainable policy and environmental change efforts and working more effectively together. Perhaps most importantly, foundations must follow the lead of communities who already understand community health as an integrated system that will produce physical activity, social connection and health equity as a natural and necessary byproduct of truly, deeply healthy communities.

Conflict of interest statement

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