

The Rx for Better Streets

THE EARLY 1980'S WERE THE HEART of the "fitness revolution" and as a young health psychologist I decided that physical activity would be a good focus for my research.

At the time, "exercise" was seen as consisting of leisure or recreational activities done mainly as the result of knowledge, motivation and other psychological processes. Now we think about "active living" that can be done for a variety of purposes: leisure, occupation, household tasks and transportation. Sweat-inducing exercise is still considered good, but not necessary to achieve health benefits. Plain old walking is now a major focus. As the concept of physical activity in the health field has expanded, the work of city planning and transportation professionals is now seen as central to increasing physical activity. This exposure to the land use and transportation fields has taught public health workers that physical activity is more than just an individual responsibility; being active requires safe, pleasant and convenient places to be active.

Now the most influential public health groups like the Centers for Disease Control and Prevention, Institute of Medicine and the US Surgeon General agree we must create environments and enact policies that help people be active. The needed collaborations are not nearly as well developed as they need to be, but public health is moving in the right direction.

Inactive lifestyles are estimated to be responsible for about 200,000 deaths a year, which is second after tobacco use, which kills over 435,000. Physical inactivity increases risks for leading diseases, such as heart disease, stroke, some cancers, and diabetes, along with diminished mental health and quality of life. But physical activity promotion is still poorly funded by public health. Most state health departments have only one person working on physical activity, and only now are efforts being made to develop a National Plan for Physical Activity.

There are natural allies among advocates for new urbanism, smart growth, complete streets, traffic safety and public transit who also share an interest in getting people more active as a part of daily life. There are few better examples of multi-sector partnerships focusing on physical activity than the ones in New York City, with the Fit City series being only one manifestation.

A core value of public health is evidence-

The decades-old focus on active recreation is giving way to active transportation.



NICK WHITACKER

based practice. Acting on this, the Robert Wood Johnson Foundation initiated the Active Living Research Program in 2001. The goals are to build evidence about environmental and policy solutions to inactivity and use the evidence to stimulate and guide policy changes. More recently, Active Living Research has focused on reversing the childhood obesity epidemic, especially among communities of color and low-income populations. Here are some findings:

- People who live in walkable neighborhoods, with connected streets and nearby destinations, do more total physical activity than those who live in low-walkable suburbs.
- Parent concerns about traffic are the strongest predictors of children walking to school, and those concerns are higher in low-walkable suburbs.
- Cyclists in Portland, OR, rode half their miles on streets with bicycle infrastructure (including lanes and bike boulevards), even though those were only 8% of all streets.
- A national survey found support for traditionally designed (walkable) communities increased from 44% to 59% between 2003 and 2005 as people became more aware of the links between community design and health.

It is a challenge to introduce credible research results to the people who make decisions because scientific studies are not easy reading and many researchers are not comfortable talking with policy makers. In addition,

the research is growing rapidly, and the sometimes inconsistent findings need to be carefully summarized. Active Living Research has developed research summaries and briefs written for non-scientists, available at activelivingresearch.org. Advocacy groups are in a good position to "translate" research to decision makers and the public.

As public health, planning and transportation professions work together on research and advocacy, we have a better chance of achieving our joint goals of getting people active and reducing the pollution and danger of automobile traffic. In my vision of the future, public health professionals would participate in developing general plans and master plans and designs, and reviewing project proposals. There would be an expansion of joint public health and planning education. The evidence certainly supports changes in zoning codes nationwide to require or strongly favor walkable communities. I would like to see Health Impact Assessments for major construction and transportation projects. There is a clear need to change the goals of transportation to achieve a balance across modes. I look forward to the day when active transportation is not considered alternative transportation. □

James F. Sallis, Ph.D., is professor of psychology at San Diego State University and Director of Active Living Research