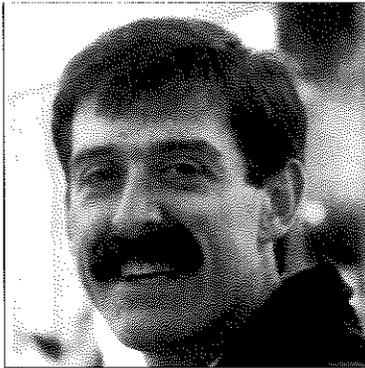


## Increasing Physical Activity with the Three Ps: Programmatic, Physical Project, and Policy Level Interventions

By Mark Fenton



Physical inactivity is a severe and growing public health problem across the United States. It is estimated that less than 50% of the adult population meets the Surgeon General's recommendation to accumulate at least 30 minutes of moderate physical activity most, if not every, day of the week.<sup>i</sup> Fewer than 25% of adults are estimated to meet the 30-minute recommendation through leisure time physical activity (LTPA).<sup>ii</sup> Most disturbing, that figure has been stuck at about one-quarter of the adult population for roughly 20 years with no indication that the conventional exercise-promotion programs we've been pursuing will provide population-

level increases in physical activity. Although there is not nearly sufficient surveillance data on children, that which is available is similarly discouraging. For example, it appears that only about one quarter of adolescents meet current recommendations to obtain at least one hour of moderate intensity physical activity a day.<sup>iii</sup> Further, childhood obesity rates have roughly tripled in the past three decades, suggesting a chronic caloric imbalance--more calories taken in than expended--across the age spectrum for children.<sup>iv</sup>

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As a result there is increasing interest in exploring how to increase not just exercise, but routine physical activity in the population. Much current discussion focuses on the idea of building a world where people can comfortably, conveniently, and enjoyably get physical activity as part of their daily lives. Further, it is thought that such routine activity is more likely to occur in places where it's easy and pleasant to walk and bicycle--not just for recreation, but for routine transportation, such as commuting trips and incidental travel.

The recent release of the Center for Disease Control's *Guide to Community Preventive Services* indicates that there is now enough evidence to support these approaches. Specifically, the Guide recommends the following approaches to increasing physical activity at the community population level:<sup>v</sup>

- Informational approaches:
  - o Community-wide campaigns (e.g. media outreach and education)
  - o "Point of decision" prompts (e.g. stairwell campaigns)
- Behavioral and social approaches:
  - o Individually adapted health behavior change (e.g. through health care providers)
  - o School-based physical education
  - o Social support in community settings (such as work sites, recreation programs)

- Environmental and policy approaches:
  - o Creation of and/or enhanced access to places for PA combined with information outreach and activities.
  - o Community-scale urban design/land-use policies and practices.
  - o Street scale urban design/land-use policies and practices.

The last category of recommendations, environmental and policy approaches, requires unique skills that are not typically found within the public health community. Activities may include changing roadway standards to improve facilities for bicyclists and pedestrians; traffic calming roadways to slow traffic in residential and retail districts; altering zoning codes and site design standards to create more proximate mixed uses (housing near retail, commercial, educational, recreation, and civic institutions); sites designed to welcome pedestrians, cyclists, and transit riders; and development of trail and greenway networks. This will require partners including but not limited to planners, engineers, public works, school and public safety officials, private developers and lenders, and elected and appointed officials. Further, it will require community leaders, advocates, and public health agents to facilitate a broad array of interdisciplinary discussions and collaborative work to develop and implement local and regional plans and policies.

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This type of work is increasingly being described as Active Living by Design, or the creation of Active Living Environments. The premise is simply that the design and creation of community settings in which physically active choices--especially walking, bicycling, and transit use--are actually the safer, more convenient, less expensive, and more appealing choices for increasing numbers of citizens. Further, incidental physical activity, whether functional (walking to the store) or recreational (riding bikes to the beach) can become the norm in these settings.

It is valuable to recognize that the public health benefits of creating Active Living Environments aren't restricted to increased physical activity. Communities with more physically active travel will not only be healthier, but the air quality will improve and traffic congestion and associated costs will diminish. Proper pedestrian, bicycle, and transit oriented design and such techniques as traffic calming can reduce crash rates and thus injuries and fatalities for all users, including those in motor vehicle. With increased “eyes on the street” public by-ways will be safer, and local economies will benefit from local foot and bike traffic. Perhaps most important, livability and quality of life will be on the rise as we begin to sew together the community fabric that was torn apart by designing exclusively for the automobile. In fact, on the islands of Hawaii these “ancillary” benefits of Active Living promotion are anything but ancillary. Developable land is extraordinarily finite and environmental issues are

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paramount. There may be no place in America in which development of a more sustainable, healthy transportation and development model is more critically important than Hawaii.

Technical training and workshop facilitation can be offered to provide both the inspiration and technical instruction necessary for community leaders, key stakeholders, and residents in general to take concrete and specific action to create Active Living Environments in their communities. In acknowledgement of the CDC's Community Guide, for most working groups I recommend a three-P framework for development of their action plan and priorities. These "Ps" are programmatic, project, and policies, as outlined here:

**The Three P's: Programs, Projects and Policies:**

- **Programs.** These can be quick to start, and often require little overhead as they can be undertaken by interested groups already familiar with social marketing and behavior change efforts. Programs are also well suited to being locally driven. Though usually not permanent, programs can help to build awareness, support, and even demand for improvements to the walking and bicycling environment. They also can build necessary skills, say through pedestrian and bike safety programs, or help a community develop more concrete plans, such as to develop a trail system.
- **Projects.** It's well established that the built environment strongly shapes behavior, and a vast array of improvements can make it more appealing to bicycle and walk. From completing the sidewalk or pathway network to improving street crossings, creating a connected network of facilities is known to help get people out of their cars. There are also well-established techniques to help improve the safety of street crossings and to slow traffic in neighborhoods (called traffic calming). But subtler elements, from the presence of trees, plantings, and water features, to functional aids such as maps and signs, to a wide array of aesthetic elements such as benches, drinking fountains, restrooms, and public art all have a great impact on the quality of the environment for routine physical activity, both functional and recreation.
- **Policies.** The shortcoming of even the most successful projects is that often we're working to fix what was originally designed poorly. Why should we have to add sidewalks to a residential subdivision when they should have been built in the first place? Why convince a developer to pursue a variance to build a mixed use development with retail below and apartments above, when the zoning code could have simply allowed or even rewarded that (say, with a density bonus) instead? To create permanent change in a community's culture, how we do business as a norm, requires that the rules and policies reflect the long term goals of more walking and cycling and routine physical activity. Typical policies for consideration include zoning codes, subdivision rules and regulations, street standards, and school districting and setting standards. But private sector policies around employee travel and parking and building site design, as well as rewards for healthy behaviors can have a great influence at the population level.

**Interested in knowing more?**

Content from this paper can provide a framework in the delivery of training to community members and leaders, and in training a facilitation or leadership team, who will be carrying on further community education and facilitation going forward. Contact Mark Fenton for further details.

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<sup>i</sup> Department of Health and Human Services, *Report of the Surgeon General on Physical Activity and Health*, July 1996.

<sup>ii</sup> Morbidity and Mortality Weekly Report (MMWR), *Adult Physical Activity Rates*, 50 (09); 166-9; Mar. 9, 2001.

<sup>iii</sup> Centers for Disease Control, Youth Risk Behavior Survey, 2004.

<sup>iv</sup> Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, & Flegal KM. (2004). Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *JAMA*, 291(23):2847-50.

<sup>v</sup> Heath et.al., *The Effectiveness of Urban Design and Land Use and Transport Policies and Practices to Increase Physical Activity: A Systematic Review*, Journal of Physical Activity and Health, 3, Suppl. 1, S55-S76; 2006.