



ActiveLiving LEADERSHIP

Working with government leaders to
create and promote active communities

A Primer on Active Living for Government Officials

As a government official, you are uniquely qualified to help residents in your jurisdiction become healthier.

Active living is a way of life that integrates physical activity into daily routines. The Surgeon General recommends that American adults accumulate at least 30 minutes of moderate physical activity each day and that children engage in at least 60 minutes each day.¹ Individuals may do this in a variety of ways, such as walking or bicycling for transportation, exercise or pleasure; playing in the park; working in the yard; taking the stairs; and using recreation facilities. Yet the majority of Americans do not meet the Surgeon General's recommendations.

The distance from a person's home to work and other daily destinations, the safety of communities and roads for pedestrians and bicyclists, the availability of facilities for physical activity, and time spent commuting in cars all contribute to how often a person walks, bicycles or just plays. By these measures, the majority of our communities currently do not support active living.

What role do you play?

The built environment—that is, the street layout, zoning, recreation facilities, parks and location of public buildings among other design elements—are all components of a community that can either encourage or discourage active living. Government officials like you, who influence community development and maintenance, play a part in determining people's physical activity levels—and ultimately their health. Planning, transportation, parks and recreation, education, conservation, and public safety issues—all impact healthy community design. All of you should consider how your policy decisions affect physical activity and related healthy community design issues that impact obesity, diabetes, heart disease, asthma, and cancer rates.

This primer provides an introduction to how state and local government officials affect active living and the role many government agencies play in encouraging it. Much of the primer has been adapted from *Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners*.²

A Health Crisis

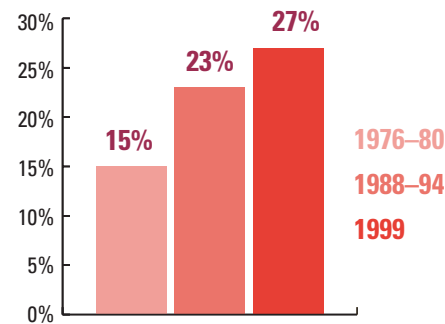
America faces a national health crisis of epidemic proportions. Physical inactivity combined with overeating has, in just a few decades, made us a nation of overweight and out-of-shape people. The incidence of overweight or obesity among adults increased steadily from 47 percent in 1976, to 56 percent in 1994, and 64 percent in 2000.³ In 2000, 15.3 percent of children aged 6 to 11 years and 15.5 percent of adolescents aged 12 to 19 years in the United States were overweight, tripling the numbers from two decades ago.⁴

Obesity is a significant risk factor for developing chronic diseases such as diabetes and heart disease. Physical inactivity and obesity now rank second to tobacco use in their contribution to total mortality in the United States. Nearly 80 percent of obese adults have diabetes, high blood cholesterol levels, high blood pressure, coronary artery disease or other ailments.⁵

Overweight and obese youth are at risk for these health problems, just as adults are. In a recent study, 25 percent of very obese children and 21 percent of very obese adolescents were found to have pre-diabetes and were at risk of developing diabetes.⁶

In addition, the Centers for Disease Control and Prevention and the National Institutes of Health estimate direct and indirect costs associated with obesity at \$117 billion per year nationwide.^{7a, b}

Obesity Rates in U.S. Adults 1976–1999

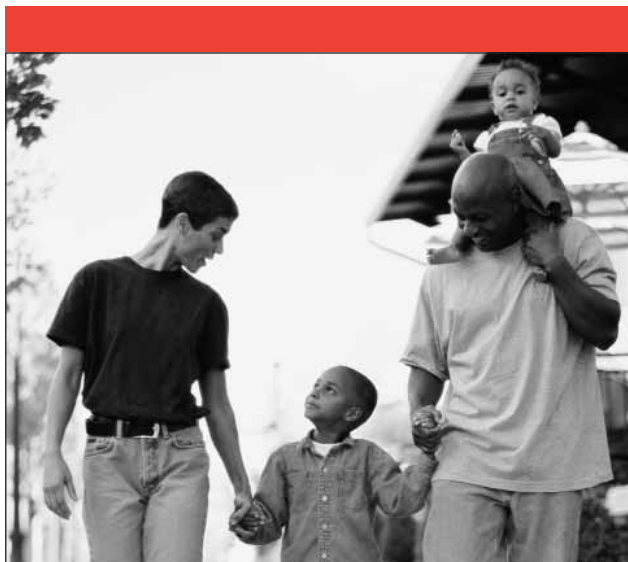


Source: NHANES

Health Benefits of Daily Physical Activity

According to the American Heart Association, daily physical activity:⁸

- Reduces risk of heart disease by improving blood circulation throughout the body.
- Keeps weight under control.
- Improves blood cholesterol levels.
- Prevents and manages high blood pressure.
- Prevents bone loss.
- Boosts energy level.
- Helps manage stress and relieve tension.
- Improves the ability to fall asleep quickly and sleep well.
- Improves self-image.
- Counters anxiety and depression and increases enthusiasm and optimism.
- Increases muscle strength, increasing the ability to do other physical activities.
- Provides a way to share an activity with family and friends.
- Establishes healthy habits in children and counters conditions such as obesity and high blood pressure that lead to heart attack and stroke later in life.
- Helps delay or prevent chronic illnesses and diseases associated with aging.
- Helps to maintain a person's quality of life and independence.



Economic Benefits of Active Living

In addition to providing important benefits to individuals, active living can provide cost savings to state and local governments and contribute to cities' and states' economic development.

For example, physical inactivity among adults cost the state of Michigan nearly \$8.9 billion dollars in 2002. Physical inactivity cost each Michigan adult resident approximately \$1,175 dollars in 2002. If these trends continue, the costs attributed to physical inactivity in Michigan will increase to over \$12.65 billion dollars in 2007. If one in twenty sedentary adults becomes physically active, approximately \$575 million dollars per year over the next four years would be saved.⁹

Clearly, the enormous economic burden of physical inactivity borne by state and local governments must be added to the costs associated with sprawl development that discourages active living.

The health care costs individuals must assume are no less real. Obesity is associated with a 36 percent increase in inpatient/outpatient health care costs and 77 percent increase in prescription medication costs.¹⁰ Being overweight increases yearly per-person health care costs by \$125, while obesity increases costs by \$395.¹¹ In addition, a study of individuals age 15 and older without physical limitations found that the average annual direct medical costs were \$1,019 for those who were regularly physically active and \$1,349 for those who reported being inactive.¹²

Obstacles to Daily Physical Activity

Moderately intense, daily physical activity, such as bicycling or walking, has long been recognized as an essential ingredient of a healthy life. Yet many Americans, both young and old, lead a sedentary lifestyle. Our workplaces and routine activities are increasingly automated. Many jobs require workers to spend hours at a desk. We use the automobile as our primary means of travel—even for short trips.

About 25 percent of all trips made in the United States are less than one mile in length, and 75 percent of those short trips are made by automobile.¹³ The number of trips the average American adult takes on foot each year dropped 42 percent between 1975 and 1995. Among children, walking trips dropped 37 percent. It is estimated that only 10 percent of public school students walk to school today, compared with a majority of students a generation ago. The most common means of transportation to school is by car.¹⁴

“The built environment presents both opportunities for and barriers to participation in physical activity, thereby influencing whether or not we exercise. Research by CDC and others has indicated that two of the main reasons for not exercising are lack of structures or facilities (such as sidewalks and parks) and fears about safety.”

—R. Jackson, et al., *Healthy Environment: The Impact of the Built Environment on Public Health*, CDC, 2001

We don't walk or bicycle as much as we used to, partly because our communities—designed around the automobile—lack walkways, bikeways, and opportunities to use transit that would accommodate and encourage such activity. Even where facilities exist, features that support driving, such as wide roads and intersections, large parking lots and drive-through businesses, create an environment that is uncomfortable and unsafe for non-motorists.

Spread-out, isolated destinations typical of car-oriented suburban development also discourage walking and bicycling. For many people, it is no longer possible to walk to the grocery store for a quart of milk or to walk from work to a restaurant for lunch. Many communities lack mixed-use areas where residences are commingled with businesses and public amenities.

How State and Local Officials Can Help Design Active Living Communities

Active living communities encourage and accommodate routine daily physical activity, especially walking and bicycling. In most communities today, individuals must change their behavior in order to be physically active for 30 minutes a day. Active living communities remove obstacles to and provide amenities that support physical activity as part of normal, daily routines.

You can make your community more activity friendly by:

- Active Living Leadership Strategies
- 1 Fostering collaboration and information sharing
 - 2 Supporting safe, pedestrian-oriented transportation
 - 3 Supporting active living land-use planning and development
 - 4 Encouraging healthy school sites, facilities, and policies
 - 5 Supporting recreation facilities, parks and trails
 - 6 Identifying and creating funding sources

1 Foster Collaboration and Information Sharing

Government officials can increase the impact of active living in decision-making processes by bringing different departments together. Officials can also inspire discussion by using the bully pulpit to introduce walkable communities into discussion and public dialogue.



How State and Local Officials Can Help (cont.)

- 2 Support Safe, Pedestrian-oriented Transportation**

Decisions about transportation resources play a major role in the way communities are designed. By supporting improved connections between destinations and providing a wide range of active transportation choices such as – transit, trails, and pedestrian and biking facilities – leaders can help ensure a balanced transportation system that makes it possible for residents to walk or ride a bicycle to a store, school or work. It is also crucial that leaders keep pedestrian routes free from crime and traffic injury and clear from debris.
- 3 Support Active Living Land-use Planning and Development**

The way communities are designed and built influences residents' ability to engage in routine physical activity. Compact neighborhoods with a mix of uses make it easy for residents to walk or bicycle to a store, school or work. Leaders ensure that public health issues are a guiding consideration in land-use planning decisions.
- 4 Encourage Healthy School Sites, Facilities, and Policies**

Where schools are located plays a large part in whether or not children can walk or bike to them. Schools that are located in the heart of a neighborhood are more easily reached by children without automobiles. School curricula and policies in support of active living can foster daily opportunities for physical activity.
- 5 Support Recreation Facilities, Parks and Trails**

Neighborhood parks that are within walking and biking distance of a person's home or work can promote greater physical activity. Trails that link homes, work, commercial centers, public transit, and community facilities provide safe and attractive thoroughfares for pedestrians. These facilities, combined with educational programming about health and active living, can create opportunities for residents of all ages to be healthier.
- 6 Identify and Create Funding Sources**

State and local officials can leverage, secure and dedicate funding for active living. There are many methods to ensure funding for active living initiatives. Most important, there is a need to garner broad-based support for long-term funding in order to sustain active living programs and efforts.

What State and Local Officials Can Do **Today** to Promote Active Living

Creating active living communities will not always be easy. It can take a long time and a lot of money to change transportation infrastructure and development patterns. However, there are things that can be done **today** to put a community on the path toward active living. Developing communities that support active living is becoming an accepted and admired practice with incredible support from community residents, businesses and professionals across the country. There are many tools, stories, and guiding principles that can serve as models and resources as you begin your work in supporting active living. **A companion Web publication, *Active Living Leadership Action Strategies*, provides a set of suggestions and examples for active living strategies that state and local officials like you can pursue in your communities.**

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References: Complete citation information is available for endnotes 1-14 in the online primer version at www.activelivingleadership.org/resources.htm.



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References

- 1 U.S. Department of Health and Human Services. "Overweight and Obesity: At a Glance." [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington.
http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_glance.htm
- 2 National Center for Bicycling and Walking. *Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners*. Washington, DC: May 2002.
<http://www.bikewalk.org/PubHealth.htm>
- 3 Centers for Disease Control and Prevention. "Defining overweight and obesity." 20 May 2004.
<http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>
- 4 Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, Hispanic Health and Nutrition Examination Survey (1982-84), and National Health Examination Survey (1963-65, 1966-70, 1971-74, 1976-80, 1988-94, 1999-2000).
<http://www.cdc.gov/nchs/data/hus/tables/2002/02hus071.pdf>
- 5 K. Flegal, et al. "Overweight and Obesity in the United States: Prevalence and Trends, 1960-1994." *International Journal on Obesity and Related Metabolic Disorders* 22(1): 39-47, Jan 1998.
- 6 Sinha, Ranjana, M.D., et al. "Prevalence of Impaired Glucose Tolerance among Children and Adolescents with Marked Obesity." *The New England Journal of Medicine* 346(11): 802-810, 14 Mar 2002.
- 7a U.S. Department of Health and Human Services. *The Surgeon General's call to action to prevent and decrease overweight and obesity*. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington.
<http://www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm>
- 7b Wolf, AM, Manson JE, Colditz GA. The Economic Impact of Overweight, Obesity and Weight Loss. In: Eckel R, ed. *Obesity: Mechanisms and Clinical Management*. Lippincott, Williams and Wilkins; 2002.
- 8 See <http://www.americanheart.org/presenter.jhtml?identifier=764>
- 9 DeJong, G., Sheppard, L., Lieber, M. and Chenoweth, D. *Executive Summary: The Economic Cost of Physical Inactivity in Michigan*. Governor's Council for Physical Fitness, Health, and Sports; Michigan Fitness Foundation. 2003.
- 10 Sturm, Roland. "The Effect of Obesity, Smoking, and Drinking on Medical Problems and Costs." *Health Affairs* 21(2): 245-253, 2002.
- 11 "Costs of Obesity, Drinking, Smoking and Growing Older." *Daily Policy Digest: Health Issues/Preventive Medicine* (National Center for Policy Analysis): 19 Apr. 2002.
<http://www.ncpa.org/iss/hea/2002/pd041902e.html>
- 12 Pratt, Michael, M.D., et al. "Higher Direct Medical Costs Associated With Physical Inactivity." *The Physician and Sportsmedicine* 28(10), Oct 2000.
- 13 U.S. Department of Transportation, Federal Highway Administration. 1995 Nationwide Personal Transportation Survey. Oak Ridge National Laboratory, Oak Ridge, Tennessee. October 2001.
<http://npts.ornl.gov/npts/1995/Doc/databook95.shtml>.
- 14 *ibid.*