

The Active Living Programs

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Editors' Introduction

The built environment—that is, the physical and social environment in which people live—has become inhospitable to physical activity. Towns are built without sidewalks; suburbs are developed with stores reachable only by car; cities lack parks and recreation areas. People no longer walk to work, or to school, or even down the street to talk with their neighbors. Partly as a consequence of sedentary lifestyles, obesity rates have climbed dramatically over the last half-century, leading to increases in diabetes, heart attacks, and other illnesses. Unless something is done to get Americans moving again, their health will continue to decline.

In 2000 and 2001 the Foundation developed a series of Active Living programs designed to restructure the built environment in ways that would make it easier for people to take walks, go for bike rides, or otherwise get some physical exercise. The idea was not a new one, and it has been fashionable in urban planning circles for many years. What *was* new was that a foundation dedicated to improving *health* would seize upon an idea that was basically an urban planning one. Developing and overseeing programs required Foundation staff members—most of whom were trained in the medical care system, public health, or social science research—to expand their horizons and learn about behavioral psychology, urban planning, education, and transportation.

Recently the Foundation announced a \$500 million programming effort to reverse the epidemic of childhood obesity. The lessons from the Active Living portfolio of grants are being applied in the development of programs addressing the issue.

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When Howard Frumkin of the Centers for Disease Control and Prevention puts together a PowerPoint presentation on health and the built environment, he likes to disarm his audience with some choice photographs illustrating the lighter side of his subject. The picture he sometimes includes of a man walking his dog out the window of his car is a good one. So is the picture of an escalator connecting the floors of an open-plan, two-story gym. And the couple getting married at a drive-through tunnel of vows in Las Vegas prompts audible chuckles.

But the audience's laughter is rueful. We're a nation of shamefully lazy people, the pictures imply, hopelessly addicted to our automobiles, our escalators, our snow blowers, leaf blowers, and riding lawn mowers. Though we know how critical physical activity is to our health, more than half of us can't manage to fit in even 30 minutes of moderate exercise most days. A quarter of us don't get any regular exercise at all. We move from our beds to our cars to our parking garages to our elevators to our jobs and back again, day after day. Or we simply stay in the house with the television on. We cover so little ground under our own steam that our legs only carry us one and a half miles in a typical week. It's no wonder that coffins come in size triple-wide these days.

Inactivity is epidemic. But its root causes in the United States are far more complex than those pictures suggest. Skillfully, Frumkin begins to build his case. He shows pictures of where we live. First, the outlying areas, where every house sits on an acre or two, each with a road feeding into an artery leading onto a highway—in one case, a 23-lane highway, wider than an aircraft carrier is long. The people who live in these houses will never walk or bicycle to any destination, Frumkin tells us, because they're too far away.

More than half of all Americans live in suburbs these days. The unmistakable "loops and lollipops" of newer suburbs appear on Frumkin's screen. Residents of these paisleyesque cul-de-sacs have to drive half a mile to visit the neighbors on the other side of the fence in their own backyards, he notes. And they can't pick up a gallon of milk at the store without getting in their cars, because not a single shop or business lies within reasonable walking distance of home. They'll have to drive their kids to every play date and play performance, and even to school every day if they're not on a school bus route. Up flash photos of schools in Minnesota and Michigan. Newer schools today are built on cheap land in outlying areas, Frumkin tells us, and are surrounded by acres of asphalt parking lot to accommodate all those buses and cars needed to deliver the students. Fewer than 15 percent of American schoolchildren walked to school in 2003—down from 40 percent in 1970.

But physical barriers to activity aren't endemic to the suburbs. Take a city sidewalk—any sidewalk, Frumkin says. He shows streets with no sidewalks and streets with discontinuous sidewalks; sidewalks that list steeply streetward; narrow sidewalks, broken sidewalks, barren sidewalks; sidewalks perilously close to heavy traffic; sidewalks that lead nowhere; and the pièce de résistance, a sidewalk in the aftermath of a storm. A large tree has fallen across this one, initially blocking both sidewalk and street: the highway crew has come out with admirable speed, sawed the fallen tree off at the curb, cleared the street—and left the sidewalk still barricaded by the trunk.

Long before Frumkin's riff on sidewalks winds to a close, the audience has begun to see the bigger picture. We're not inactive because we're lazy. We're inactive because our environment makes us so. "We've engineered routine physical activity out of our daily lives, and now we have to re-engineer it back in," Frumkin says.

That re-engineering—and the policy and behavior changes required to sustain it—is the ambitious goal of a relatively new movement in the field of public health called "active living." The active living movement is a long-term, multidisciplinary effort to redesign communities to make routine daily activity—walking to the store, passing up the elevator to take the stairs, riding a bike to work—convenient, safe, pleasant, and popular. A key principle of the active-living movement is that undertaking such a profound, society-wide change requires a broad, collaborative approach. Thus, active living unites public health with partners in such diverse fields as transportation, planning, architecture, urban design, public policy, government, and criminal justice.

Although the active-living movement shares some common objectives with other community design initiatives such as Smart Growth (see box), it differs from them in an important if subtle way: improving health is its explicit goal. In 2001 the Robert Wood Johnson Foundation jump-started the active-living movement with grants of \$50 million, funding a portfolio of initiatives that came to be known as the Active Living programs.

The view that typical, car-oriented, mid- to late-20th-century American cities and suburbs are inimical to the pedestrian—and to quality of life in general—is neither new nor original to the Robert Wood Johnson Foundation. The writer Jane Jacobs was one of the first to fling back the curtain, with the publication, in 1961, of *The Death and Life of Great American Cities*, a brilliant and pitiless attack on "modern, orthodox city planning and rebuilding," three chapters of which address the uses of sidewalks.¹ In recent years, a number of community movements and organizations have formed with missions that include stemming sprawl; preserving open space; reducing environmental damage; increasing density, mixed use, and walkability; and improving public transit. These include movements such as Smart Growth and New Urbanism, which have their roots in architecture, city planning, urban design, and the environmental movement. In addition to these, there is a healthy-communities movement, which seeks to employ a variety of community resources to address health disparities and improve health status and quality of life. To a considerable extent, the active-living movement builds on all of these community movements.

The marriage of public health with planning and design has galvanized the field, infusing it with new resources and energy. Though the Robert Wood Johnson Foundation was an early leader—and is still by far the biggest funder to date—health professionals around the country have become key players in the active-living movement. These include health departments, foundations, the Centers for Disease Control and Prevention (CDC), health insurance companies, and national associations.

A New Way of Thinking About Health

"It grew out of a sense of frustration," says Richard Killingsworth, currently the executive director of the Harvest Foundation in Martinsville, Virginia, who had previously served as the director of the Robert Wood Johnson Foundation's *Active Living by Design* program. In 1997 Killingsworth was a health scientist at the CDC. "We'd been doing all this stuff to promote physical activity—fitness and recreation programs, some changes in physical education policies, 'Go to the gym, go out for a walk'—all the same hoopla we're still seeing surface in the media. And it wasn't working. We were

having no effect whatever on the national prevalence. So we knew that we had to move away from the traditional mindset that you have to go to a building, get on a machine, and get your 30 minutes in before you go to work. We needed a whole new paradigm.”

In October of 1997, Killingsworth’s group at the CDC brought together 30 of the country’s top experts in architecture, urban design, city planning, landscape architecture, transportation engineering, community development, and criminal justice, and asked them, “How can we create change that incrementally invites physical activity into the whole day?”

“The consensus was that if we could design a social culture that values physical activity, and an environment that supports it through various policies and programs and its actual physical structure, then we could begin moving the nation in the right direction,” Killingsworth says. There was virtually no research on the subject at that time, he says, and no literature from the public health side. There wasn’t even a common vocabulary. Nevertheless, a year later, the CDC and some heavyweight partners, including the Federal Highway Administration, the National Highway Traffic Safety Administration, and the National Center for Bicycling & Walking, launched a program—KidsWalk-to-School. It consisted simply of a Web site and a program guide, which was distributed to activist groups nationally. Word of the program spread, and the print run of 5,000 guides “flew out the door in a matter of weeks,” Killingsworth recalls.

The subject resonated at the Robert Wood Johnson Foundation. Former Senior Vice-President Michael McGinnis, now a senior scholar at the Institute of Medicine, had recently been brought in to the Foundation to develop the health side of its programming, taking up those issues that fall outside the clinic doors, such as behavior, community improvement, and environment. McGinnis shepherded an internal Foundation staff team through a program review to come up with initial priority areas. Interested in the emerging thinking about the problem of inactivity—that efforts to change individual behavior can succeed only if they take place within the context of larger, community-based efforts to remove environmental barriers and promote appropriate social norms—McGinnis and the health staff put physical activity on the short list.

“Inactivity’ doesn’t have the sinister ring to it that ‘drugs’ and ‘alcohol’ do,” McGinnis points out. Yet during the 1990s medical researchers established a powerful connection between physical activity and health.² Regular physical activity was found to reduce the risks of heart disease, diabetes, high blood pressure, colon cancer, osteoarthritis, depression, and anxiety. Inactivity was shown to increase those chronic health risks. Sedentary adults were nearly twice as likely as active adults to develop coronary heart disease, for example, and a full third of deaths from coronary heart disease were attributable to inactivity. Researchers found that lack of exercise and poor diet accounted for approximately 14 percent of all deaths in the United States every year, second only to tobacco use, but higher than death from alcohol, drugs, firearms, and motor vehicles combined.³

To combat these ill effects, the 1996 Surgeon General’s report recommended that adults engage in at least 30 minutes of moderate activity on all or most days of the week. Research shows that accumulating these 30 minutes of activity in 10- to 15-minute increments over the course of the day is as effective as 30 minutes of sustained exercise done all at once.⁴

In combination with the super-sizing of food portions and increased consumption of soft drinks, this level of inactivity has triggered a dramatic rise in obesity.⁵ The Surgeon General's 2001 *Call to Action* found that approximately two out of three adults and one out of five children were considered overweight or obese.^{6,7} As is the case with inactivity, the problem is especially evident in some minority groups, as well as among those with lower incomes and less education.

McGinnis felt that the best way for the Foundation to get at obesity was through physical activity. He had long been active in the nutrition area, and he knew there was already a substantial array of players in that arena. Philanthropy is fundamentally best suited as gap filling, McGinnis believes, and the gap was clearly on the physical activity side of the equation. "Inactivity and community design were really wide open at that point," he says. "No one was doing anything. So we made physical activity our leading wedge in the diet-activity dyad."

Kate Kraft and Karen Gerlach, two senior program officers who have since left the Foundation, were the primary architects of the inactivity programs, on a team that included Foundation senior scientist and distinguished fellow Tracy Orleans and then-Program Assistant Marla Hollander, among others. It was an intellectual and creative exercise in many ways, they recall. The team members visited walkable model communities. They studied active-living programs in Canada and Australia, borrowing language and program ideas. They met with the leading thinkers in public health, experts in nonhealth fields, leaders of community movements, activists, and stakeholders, convening a series of conferences that functioned as intense, interdisciplinary brainstorming sessions. "We spent a lot of time going around explaining to traffic engineers and zoning officials how their decision-making affects people's health," Kraft recalls.

The team adopted an approach that would address inactivity at three levels: "upstream," "midstream," and "downstream." Upstream efforts work at the policy level: educating government officials about the health benefits that physical activity confers on their constituents and, indirectly, on government budgets; helping them anticipate and weather opposition from citizens fearful of change in their neighborhoods and from developers resistant to increased regulation and higher building costs; and working to make transportation policies more supportive of physical activity. Midstream efforts act at the community level: establishing programs such as Walking School Bus, for example, and making infrastructure improvements such as bike paths, sidewalks, and gyms. Downstream efforts address the individual level: introducing programs that encourage individuals to adopt healthier lifestyles. The team also looked at private-sector models of social marketing techniques to create consumer demand.

"We didn't set out to design a portfolio of programs," Kraft says. "But when we stepped back from it, we found we had this amazing group of activities all heading in one direction." Kathryn Thomas, a Foundation communications officer new to the team, suggested branding the programs with a single tagline, creating a coordinated identity that told people how the pieces fit together and let each program benefit from the exposure and good work of the others. The team settled on "Active Living."

The Foundation ultimately rolled out a portfolio of six Active Living programs with grants totaling \$55 million:

- *Active for Life Increasing Physical Activity Levels in Adults Age 50 and Older*[®] tests evidence-based programs aimed at changing individual behavior in adults age 50 and older.
- *Active Living Research* supports research into the environmental and policy influences on active living.
- *Active Living Resource Center* supplies information and technical assistance to communities.
- *Active Living Leadership* (now *Leadership for Healthy Communities: Advancing Policies to Support Healthy Eating and Living*) is the policy arm that provides expertise and technical support to government leaders.
- The Active Living Network supplies information and technical assistance to professionals in non-health fields.
- *Active Living by Design* funds community partnerships that work upstream, midstream, and downstream to make their towns or cities more activity friendly.

Active for Life

Despite the excitement generated by the prospect of launching a broad-based, socioecological approach to inactivity, there was still strong support within the Foundation for more traditional programs aimed at changing individual behavior. As McGinnis explains it, “We knew that taking on a societal behavior change so counter to prevailing public practices as reversing sedentary lifestyles was going to be tough and slow, so, in addition to building toward the broader, long-term change that was necessary—that is, making the built environment more conducive to routine activity—we funded a smaller partner program that promised a nearer-term payoff: a focus on behavior interventions for older people.”

Authorized initially in April of 2001, *Active for Life: Increasing Physical Activity Levels in Adults Age 50 and Older* tests two evidence-based interventions for individual behavior change to see whether they can be expanded and replicated on a national level. “For 20 years, we’ve seen experimental programs designed to get older people more active,” says Marcia Ory, a professor at the School of Rural Public Health at Texas A&M University and the national program director. “Would their results translate to real-world settings? Our goal with *Active for Life* was to take the interventions that we knew worked in research settings, apply them to populations that are representative of reality, and see if they could be effective there.”

Ory’s team spent the first year scrutinizing studies that seemed to hold promise. The group eventually chose two proven interventions: a Stanford University, one-on-one, telephone-based counseling program called *Active Choices* and a program developed by the Cooper Institute and Human Kinetics, Inc., called *Active Living Every Day*, which brought participants together in groups for weekly meetings. In January 2003 the Foundation awarded grants to nine organizations at 12 sites.

Early results have been encouraging. Sara Wilcox, an associate professor at the University of South Carolina’s Arnold School of Public Health who heads the team evaluating the program, and her colleagues conducted a study that was published in the *American Journal of Public Health*. It

concluded, “The first year of Active for Life demonstrated that [the] two evidence-based physical activity programs can be successfully translated into community settings with diverse populations.”⁸ The senior Foundation program officer who oversees the program, Terry Bazzarre, noted, “What’s compelling about this work is that it was done in real-world communities with a population that’s more difficult to reach and probably much less healthy than the populations in the original studies funded by the National Institutes of Health.”

Active Living Research

“Leaders in fields like parks and recreation, city planning, and transportation have a lot of skills for understanding places; in public health and the behavioral sciences we have a lot of skills for understanding people,” says James Sallis, who is a professor of psychology at San Diego State University and the director of Active Living Research. “Putting them together,” Sallis says, “you’re able to understand how people interact with their environment and how you can improve those interactions by improving the environment.”

Active Living Research funds investigator-initiated research designed to identify environmental factors and policies that influence physical activity. In five years of operation through April 2007, Active Living Research has funded 85 research projects. It also provides its research team members with technical assistance and holds annual conferences where researchers in different areas have a chance to exchange information about methodology and ideas. The program also helps disseminate results, funneling information to policy-makers and, through the media, to the public at large.

Investigators come from a wide array of disciplines, representing at least 20 fields. For example, Robert Brown, an assistant professor of criminology at Indiana University-Purdue University, Indianapolis, is looking at how crime and the perception of crime affect people’s use of Indianapolis’s extensive trail network. “I’m tracking crimes on the trail itself and crimes in the neighborhood of the trail, and that poses a question from the start,” Brown says. “How do you define the neighborhood of the trail? Is it within a block? Half a mile? Does it include the parking lot where a trail user parks a car?” Now Brown is turning the tables and looking at the impact of trails on crime, addressing the commonly held perception in the United States that trails are conduits of crime—a perception that trail activists constantly battle.

Kimberly Shinew, an associate professor in the Department of Recreation, Sport, and Tourism at the University of Illinois in Urbana-Champaign, is investigating setting and its impact on physical activity in the Latino population in the Chicago area. One of the settings Shinew studied is a sports facility well attended by Latinos of both sexes. Latino men go there to play soccer, the researcher found, but Latino women go there to watch the men play, getting little or no exercise while at the sports center. Shinew also monitored trail use. “Anglos used the trail in what we consider the traditional way—they go to it and walk for 30 minutes to get their exercise,” Shinew reports. “The Latinos used it almost exclusively on a Sunday, and essentially as an open green space, setting up their barbecues beside it, for up to four hours at a time. So there’s nobody on the trail, but all these picnic chairs and tents beside the trail.” Because the Latino population is growing so fast in some

neighborhoods, Shiner says—in some areas going from 5 percent to as much as 40 percent in a decade—these cultural differences have important policy implications for how communities allocate their parks budgets.

At the Department of Design and Environmental Analysis at Cornell University's College of Human Ecology, Nancy Wells, an environmental psychologist, is studying activity levels in people moving to Habitat for Humanity housing in Georgia, Alabama, and Florida, to determine how housing quality affects physical health. Do neotraditional neighborhood design features like small lots, porches, and sidewalks really encourage walking? Do conventional, car-oriented suburban features like loop-and-lollipop street design, big lots, and no sidewalks discourage walking? Might it be worth spending scarce public resources to retrofit suburban neighborhoods to make them more pedestrian friendly? Stay tuned for answers, says Wells, whose results have been submitted for publication.

Active Living Research issued its seventh call for proposals in 2007. Marjorie Gutman, formerly a senior evaluation officer at the Foundation and now a consultant, has been conducting an evaluation of the program. An in-house summary of the survey of grantees and nonfunded applicants concludes that the program has made “rapid progress on the main Active Living Research goals of building an evidence base, building capacity of researchers, leveraging funding, informing policy debates, and providing service to applicants and grantees.” Informal conversations with active-living researchers tend to support that conclusion, as does a glance at the professional literature: hundreds of papers on related topics have been published in the past four years.

The Active Living Resource Center

The mission of the Active Living Resource Center is to provide information and technical resources to community and grassroots groups working to encourage walking and bicycling. The resource center is managed and staffed by the National Center for Bicycling & Walking—a nonprofit organization based in Bethesda, Maryland, with a long history of supporting individuals, organizations, and agencies trying to create bicycle-friendly and walkable communities.

The Active Living Resource Center uses its Web site as a portal to connect with communities, placing an emphasis on simple and straightforward language and practical guidance. Its staff members also make “house calls” to needy communities, providing training, outreach, and workshops to help local advocates organize and get programs started, says Bill Wilkinson, the center's executive director. A principal Active Living Resource Center program is Safe Routes to School. Patterned after a program initiated in Denmark in the 1970s that reduced pedestrian and cyclist casualties by 80 percent in 10 years and then was expanded to Great Britain and Canada, Safe Routes to School attempts to get children to walk or bike to school and to make routes to school safer. Under Safe Routes to School, communities have, among other activities, organized “walk to school days”; incorporated walking into after-school events; worked with police, crossing guards, and parents to enforce traffic laws; and collaborated in a “walking school bus,” in which schoolchildren, accompanied by responsible adults, walk to school in a group. In 2006 the Active Living Resource Center staff began work on City-Safe Routes to School, a variation of the Safe Routes to School program specifically for diverse populations in heavily urbanized environments where schools are

typically located in the middle of cities with row homes, multifamily dwellings, and industrial neighbors. In fall of 2006 the Active Living Resource Center held City-Safe Routes to School workshops in Chicago, Birmingham, and St. Paul, Minnesota.

Active Living Network

The Active Living Network serves a function similar to that of the Active Living Resource Center for professionals in the different disciplines collaborating in the active-living movement. “Our objective is to promote collaboration across sectors,” says Welling Savo Justin, the director of the Active Living Network, which is based at Pyramid Communications in Seattle. “We serve urban planners, transportation engineers, architects, bike and pedestrian advocates, and professionals in public health and the environment committed to creating active, healthy communities.” The network’s primary outreach tool is its Web site, where, among other resources, professionals can find narrative descriptions of active-living projects all around the country.

Active Living Leadership

The Foundation had already racked up almost a decade of experience in tobacco control and substance abuse as the health behavior group was formulating a strategy for taking on inactivity. “We’d learned a lot about how to do it and how not to do it,” Karen Gerlach says. “One of the big things that rang out to us is that we hadn’t enlisted policy-makers early on. The Foundation can’t lobby, but we certainly can educate leaders such as mayors and state legislators to help them understand how policy change can have an impact.” The policy-oriented program that emerged was called Active Living Leadership.

The program, whose national program office was originally located at San Diego State University and is now located at the Washington, D.C.-based Global Policy Solutions, started small, getting off the ground in 2002 with three institutional grantees—the National Governors Association, the International City/County Council Management Association, and the Local Government Commission—and a concentrated effort in California, Colorado, Kentucky, Michigan, and Washington. Three additional organizations joined the program in the second year, and the program went national. Today, there are 10 grantees: the original three plus the National Association of Counties, the National Conference of State Legislatures, the National League of Cities, the United States Conference of Mayors, the American Association of School Administrators, the Council of State Governments, and the National Association of Latino Elected and Appointed Officials Educational Fund.

“We’re working in collaboration,” says Larry Morandi, the director of state policy research at the National Conference of State Legislatures. “For instance, the National Conference of State Legislatures, the National Governors Association, and the Local Government Commission looked at the state of Washington and said, ‘Here’s an opportunity for the three of us to identify stakeholders within our constituencies—governors, legislators, and local government officials—and help them as they consider policy changes.’ So in 2004 we held a workshop in Seattle where we brought together state agency directors and legislators and local officials dealing with public health, transportation,

and land use, and looked at policy options to try to encourage greater physical activity, access to healthy foods, and so on. The result was legislation introduced in the 2005 session, and when the bill was being heard in committee the Conference of State Legislatures was asked to testify—not to lobby but to talk about how the proposed legislation might meet the legislature’s objectives, how it compared with policy approaches being considered in other states. A ‘here are your options’ kind of thing. And the legislation passed with very substantial margins.”

Active Living by Design

Active Living by Design, the hands-on component of the active-living portfolio, funds 25 action-oriented, multidisciplinary community partnerships that are developing and implementing local projects that support physical activity and active living. The Active Living national program office (NPO) is based at the School of Public Health at the University of North Carolina at Chapel Hill. Richard E. Killingsworth directed the program from December 2001 through May 2005. Sarah Strunk, a clinical instructor in the school’s department of health policy and administration, was the deputy director and took over as director in October of 2005.

Active Living by Design’s original call for proposals required applicants to address four strategies:

1. Create and maintain an interdisciplinary partnership that addresses active living.
2. Increase access to and availability of diverse opportunities for active living.
3. Eliminate design and policy barriers that reduce choices for active living.
4. Develop communications programs that create awareness and understanding of the benefits of active living.

The 25 community partnerships that ultimately received Active Living by Design grants are a diverse group of entities, as are their settings, which include Honolulu, the South Bronx, the Smoketown neighborhood of Louisville, Albuquerque, five neighborhoods in Seattle, and the college town of Columbia, Missouri. Their tactics vary, too, but most include such efforts as increasing the number of parks, trails, and community gardens; promoting transit and bicycle-commuting possibilities; changing local zoning laws to require sidewalks in new developments and redesigning street standards; developing walking clubs and programs such as Safe Routes to School; encouraging employers to provide bike lockers, showers, and gym memberships for their employees; engaging local elected officials and the media; and raising public awareness about the relationship between inactivity and the built environment.

Active Living by Design takes what Sarah Strunk calls a “high touch/low dollar” approach to grant making. That is, it makes relatively modest financial contributions to the community partnerships—just \$200,000 over five years for each site—but provides generous support in the form of high-quality technical assistance to build capacity in the 25 demonstration communities.⁹ “The program encourages the community partnerships to be creative in seeking additional sources of support and helps them use the Foundation’s grant as a launching pad,” Strunk explains. “The model is based on the assumption that a modest amount of funding over five years coupled with technical assistance is more replicable and sustainable than a larger, shorter-term grant.”

Through the first three years of the program, Strunk says, the community partnerships secured \$129 million from other sources to support Active Living initiatives in their project areas, a huge number relative to the Foundation's initial investment of nearly \$5 million in grants. The NPO has held itself to the same standard. Although the Foundation is still its primary funder, Active Living has brought in four significant grants and contracts, totaling roughly \$1.7 million.

How the program's structure and vision play out in the real world is best seen through a look at individual community partnerships. Two profiles are offered here: Bike, Walk, and Wheel: A Way of Life in Columbia, and Active Seattle.

Columbia, Missouri

It's the last Wednesday of the month and Bike, Walk, and Wheel is holding its monthly management team meeting at the kitchen table of its director Ian Thomas. Besides Thomas—who is the director of the community partnership's lead organization, the PedNet Coalition—the team includes Chris Walthall, PedNet's schools program coordinator, and Stacia Reilly, a health educator at the Columbia/Boone County Health Department. Thomas' is a fairly typical suburban house on a wide, curved, suburban street of the type demonized by opponents of sprawl. A hundred yards beyond the kitchen window lies the answer to why a pedestrian advocate might choose to live in a loop-and-lollipop neighborhood: a bucolic gravel rail-trail that runs from downtown Columbia nine miles to the Missouri River.

Thomas, a lanky experimental physicist turned activist, leads the team through the administrative exercise of filling out the previous month's progress reporting system updates. Next item: Passport to Fitness, a year-long, elementary-school-based, physical activity challenge program this community partnership has created and runs, engaging 2,100 kids throughout the school district. How's the new booklet layout coming? Are the prizes offered—a packet of coupons to the local activity and recreation center and roller rink—leaning too heavily on the same businesses? Is their appeal getting stale? The program requires the kids to bring their logs to their physical education teacher to sign; one teacher has asked to keep the booklets at school because so many of her students come from disadvantaged homes where parents may be too overwhelmed to deal with one more task. How can the team make this wrinkle work? Lastly, promotion: the team debates pitching individual PTAs, getting blurbs in school newsletters, on school bulletin boards, and displayed in stores, staging assemblies at school. A daunting action list results.

On to the next items: Walk-to-School Day events, Walk/Bike Safety Education (Walthall gleefully recounts dropping a pumpkin from the stage at school assemblies, then dropping another that is strapped into a bike helmet), and Walking School Bus. The partnership now runs 16 Walking School Bus routes, each with a dozen or so kids led by two trained adults, to six schools every day. Thomas quotes a boy in his "bus" who announced, "I love the Walking School Bus. It's like recess before school!" When the team turns to promotion—and discussion of every program on this agenda concludes with "better promotion ideas"—Thomas suggests putting the kid's words to use.

Under the agenda item “other business,” Thomas updates Walthall and Reilly about a city contract they’ve applied for. Columbia has been awarded a \$25-million non-motorized-transportation pilot project grant from the Federal Highway Administration to help build a citywide bike/walk system. The PedNet Coalition hopes to land the contract to run the promotion and education part of that grant. It was widely expected to get the job, given its track record. In its first year of operation, picking up an ongoing PedNet project, the new partnership led a successful push to adopt new pedestrian-and-bike-friendly citywide street standards—going head to head with developers who absolutely opposed the changes.

“For many years, PedNet was playing this terrible catch-up game,” Thomas says. “We’d hear about a new road that was being designed. We’d run around trying to arrange meetings with the public works staff and we’d finally get to see these plans for this new road—well, there’s no *sidewalk* there. And there’s a housing development here and there’s a school there and there’s a business district here, so why aren’t they putting a sidewalk in so people can actually walk instead of having to use the car all the time? Well, sometimes we were too late and the whole process had moved beyond the stage of being able to add a sidewalk even if we were able to convince them to do it, which was not a given. So that was when we started working on policy.

“The great thing about policy is you can basically save yourself having to run around after every single new road that’s being designed. If you can change the policy, then all you have to do is make sure they’re following the policy—which is not a given.”

PedNet was an all-volunteer grassroots organization with no budget before it formed the community partnership with 29 other organizations and won an Active Living by Design grant. In the first year or two after receiving the grant, Thomas says that he relied heavily on guidance from Rich Bell, his project officer at the national program office in Chapel Hill. He feels more comfortable now, but the city contract, if PedNet lands it, would triple the organization’s budget, forcing Thomas to hire more staff and move out of his basement into central offices. Lately, Bell has been helping him find training materials and courses he might take to improve his management skills. “That’s the type of thing they encourage us to ask them for,” Thomas says. “They’re a resource for the 25 community partnerships, and they want to help us any way they can.”

Thanks to Active Living by Design, the partnership has learned to enlist a broad array of voices in the community and to wield the universal value of public health on behalf of walkability, which otherwise tends to be seen as a luxury item. In the street standards fight, for instance, “We’d phone around to doctors, teachers, and the business owners who were supportive of our position, urging them to go to the planning and zoning meetings. We’d explain why these street standards would be so much better for the health of people, for the kids walking to school who’d do better at their education because they’d had this exercise, for the business owners because a totally car-oriented community isn’t good for their businesses, for the disability community and how *desperately* they need sidewalks to get around. We were able to present a very comprehensive argument. And it passed.”

Active Seattle

On a rainy early December night at one of Seattle's busiest neighborhood intersections, a chicken is crossing the road—with the “walk” sign, of course, hence this chicken's battle cry of “Wok, wok, wok, walk!” Accompanying the chicken is an assorted group of neighborhood activists carrying signs reading, “Try the view from the crosswalk,” “Stop and look,” and “Come walk with us!” “This is the heart of the Lake City neighborhood business district,” says Erika Berg, a resident inspired to become a pedestrian activist by a few close calls in the crosswalks. “Main Street here is a highway—State Route 522. I've had some scary experiences here, and I've witnessed plenty more.”

The group is staging a “crosswalk action,” a pedestrian awareness demonstration that makes drivers more aware of crosswalk law and pedestrian safety at dangerous street crossings. Local department of transportation records show at least 16 incidents involving pedestrians at this intersection in the last three years, says David Levinger, who served as the executive director of the pedestrian awareness organization, Feet First, through April of 2007. It's easy to believe: here are a man in a yellow chicken suit, two leashed dogs, and a dozen men, women, and children—one driving a wheelchair, four carrying large electric-yellow placards, and three wearing Santa caps—marching across the intersection every time the light changes, and cars are turning left through them, past them, and around them as if they weren't even there. “A left turn is the riskiest maneuver drivers make, because it's cognitively so complex,” Levinger says. “King County Metro trains its bus drivers to make left turns at five miles per hour. In fact, bus drivers have killed several pedestrians recently while turning left.”

Few are the conversations in which Levinger doesn't mention the violent recent death of a pedestrian, and he usually refers to the victim by name. “When Tia was killed,” he says. “When Joe was hit.” What drives Levinger appears to be a sense of outrage: it's not right that people should have to risk their lives if they choose to walk. But it wasn't until Feet First received an Active Living by Design community partnership grant and became immersed in the values of the active-living movement that his sense of outrage got some muscle behind it, he says.

“Feet First had a fairly naïve and unsophisticated rationale for why we were doing what we were,” Levinger says. “We certainly had not had health as a central part of our mission. We were more focused on the rights of pedestrians than we were on making a case for why policy-makers stand to benefit from improving the environment. Now pedestrian advocacy has become defined with health as a central tenet.”

Feet First was a small pedestrian activist group that hadn't quite gotten around to applying for 501(c)(3) nonprofit status when it joined forces with core partners Public Health-Seattle & King County, the Seattle Department of Transportation, and 27 other organizations to respond to the Active Living by Design call for proposals. “That's one of the things about Active Living by Design,” Levinger says. “They funded a lot of community partnerships that were small or struggling or had no paid staff. That meant that they ended up with groups that formed themselves around the core values of Active Living by Design, using the Robert Wood Johnson Foundation model and approach.”

The grants legitimized these small groups. I've seen some of them grow dramatically in this time period—Feet First included—and for me this work has gone from being an avocation to a profession. This is real capacity building.”

Active Seattle (the project's overall name) had targeted five Seattle neighborhoods for programs, physical improvements, and promotions to increase walkability. It has landed state grants to implement three Safe Routes to School programs with walking school buses and street improvements, and it leads regular senior walking groups in its target neighborhoods. The group publishes walking maps of its neighborhoods, showing destinations such as bakeries and bookshops, public bathrooms, and parks. “We're working with doctors in neighborhood clinics to encourage them to address activity with their patients and distribute our maps.” A walk-to-shop program in the low- and middle-income Delridge neighborhood will eventually make it possible for residents to check out not only their groceries but also their shopping carts—walking groceries home instead of having to load them into a car and drive or lug heavy bags onto and off the city bus.

Working closely with the mayor's office, Active Seattle successfully advocated for \$875,000 in the 2006 budget for sidewalks and stairways—Seattle is a hilly town—and won almost \$2 million more from the real estate excise tax for sidewalks and crossing improvements. The community partnership has pushed for changing city policy so that sidewalks will be required of developers building just a few units of housing. “Right now, the city has a threshold of six units,” Levinger explains. “But a developer can build an eight-unit complex in two sets of four and sidestep the sidewalk requirement. That's a loophole we're going to change.” Every street should have a safe sidewalk along it, Levinger believes. Everyone is a pedestrian.

Conclusion

In the late 1990s, the Robert Wood Johnson Foundation recognized the importance of encouraging people to get more exercise as a way to improve health. Statistics showed that despite two decades of efforts by public health officials and practitioners, people were even less active than they had been when the problem was first identified. Emerging research suggested that no small part of the problem is the built environment—modern urban design and land-use patterns often make routine daily physical activity possible only for a heroic few. Streets are designed to facilitate driving, not walking. Intersections are so wide that, as one activist noted, you need a car just to get across them. Stairwells are hidden away in sterile, airless shafts behind heavy steel fire doors. Sidewalks are *pro forma*. State zoning requirements push new schools far out into the countryside. Older, urban schools are often surrounded by unsafe streets with heavy traffic.

Simply urging people to get more exercise isn't enough to overcome these barriers. A new approach was needed, and the Robert Wood Johnson Foundation took the unusual step for a health foundation of developing partnerships with urban planners, environmentalists, transportation engineers, and landscape designers to launch a series of transdisciplinary programs—the Active Living programs—whose goal was to transform the built environment.

Five years down the road, former Foundation Senior Vice President Michael McGinnis says, “The intersecting nature of the domains of influence on health behavior and health outcomes is much more clearly understood now, so there’s a greater awareness of the need to tend to the environment if we’re going to make a difference. And there is now a growing set of successful efforts about ways in which environmental change might be effected to promote activity.”

Though it would be an exaggeration to say the movement is catching fire around the country, as the inactivity and obesity alarm bells grow increasingly clangorous, there is evidence that sparks are flying. “Robert Wood Johnson is still the biggest funder,” says the Active Living by Design project officer Richard Bell, “but local and state health departments, public health nonprofits, the CDC, Kaiser Permanente, North Carolina and Minnesota Blue Cross Blue Shield, local hospitals and health-oriented foundations, and a number of national health-related associations have all become significant participants in active living.” The response of these organizations is an indication that the movement for creating healthy communities is moving forward.

As the Active Living programs were being designed in the 1990s, obesity had not reached the staggering proportions that it has in 2007. Today, recognizing the great damage that obesity is doing to the nation’s health, one of the Foundation’s highest priorities is to reverse the obesity epidemic. It is focusing its efforts on children. In April 2007 the Foundation’s President and Chief Executive Officer Risa Lavizzo-Mourey announced a five-year, \$500 million effort aimed at addressing childhood obesity.

The focus on childhood obesity has, of course, implications for the Active Living portfolio, and the Active Living portfolio offers lessons about how the built environment can be modified to encourage young people to be more physically active. These lessons are informing the development of the Foundation’s childhood obesity efforts. Some of the programs, such as Active Living Research, will be continued and refocused on children. Active Living Leadership was renamed *Leadership for Healthy Communities: Advancing Policies to Support Healthy Eating and Living* in 2004 and its mission expanded to include a focus on healthy eating. In 2005 the Foundation expanded the mandate of Active Living by Design to include healthier eating in 12 of its partnerships. The Foundation’s current grant runs through November 2008, and the program’s continuation will be considered prior to that date. Active for Life, the Active Living Network, and the Active Living Resource Center will not be renewed, to the great regret of many in the field.

Whatever the Foundation’s role in the future, it spawned a movement that is likely to continue. “Active Living is still in its infancy,” Richard Killingsworth says. “It will probably take another 10 to 15 years for this stuff to really get off the ground, and two generations of work before we might see real societal change. We need to develop a national agenda about policy and practice and test the things we’re implementing. A call to action needs to be made by the Surgeon General or a cabinet official—the Secretary of Health and Human Services or Transportation. This is a very long-range issue. We’ve started the effort; people are aware of it. But it’s going to take decades to play out.”

Notes

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5. United States Department of Health and Human Services, Public Health Service, Office of the Surgeon General. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001*. (www.surgeongeneral.gov/topics/obesity/)
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7. Ibid.
8. Wilcox S, et al. "Results of the First Year of Active for Life: Translation of Two Evidence-Based Physical Activity Programs for Older Adults into Community Settings." *American Journal of Public Health*, 96: 1201–1209, 2006.
9. Strictly speaking, the Robert Wood Johnson Foundation makes the award, based on the recommendations of national program office and national advisory committee.