THE ROBERT WOOD JOHNSON FOUNDATION

Lessons Learned: *Promoting Physical Activity at the Community Level*

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Grant Results Special Report

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Table of Contents

Executive Summary

Promoting healthy communities and lifestyles is a goal of the Robert Wood Johnson Foundation (RWJF). Encouraging people to engage in routine physical activity is one aspect of the Foundation's effort in this area. This report describes 25 projects funded by RWJF to promote walking, biking and other forms of physical activity and draws 12 general lessons from these efforts. What works; what doesn't? The RWJF program staff selected this diverse set of 25 initiatives for examination in the hope that a breadth of approaches would help provide answers to that question.

The 25 projects had one thing in common: all aimed at getting people moving at the community level. However, the approaches the projects took and the audiences targeted for intervention varied widely. Just as the projects differed, so did the RWJF grants supporting them. They ranged in size from $2,000 to more than $1 million and funded activities that included planning, communications, community health promotion and urban design consultation.

Based on the sponsor's main focus during the grant period, the report places each of the 25 projects in one of these five intervention categories:

- **Community-wide campaigns** that promote physical activity through different kinds of media–paid and free–and often in conjunction with health fairs and other community events.
- **Programs that teach behavioral-change skills** adapted to the individual's interests and readiness for change. Participants in these programs learn, for example, how to set goals and monitor their progress.
- Interventions that **build social support networks** for physical activity. Organized walking groups and buddy systems are examples.
- The creation of–or enhancement of access to–**walking or biking trails, exercise facilities and other places for physical activity**. Informational outreach activities accompany these physical improvements.
- **Changes in community design and land use policies and practices** to promote physical activity. New roadway design standards that encourage walking to local destinations are an example.

Staff and others familiar with the 25 projects shared their experiences and insights. These 12 lessons are syntheses of their remarks:

- **Building the community's capacity to implement change is important, not only to the initial success of a project but also to sustaining behavioral change.**
- **Communities value opportunities to learn from other communities.**
- **A local champion to spearhead an initiative and encourage community investment can be extremely helpful.**
- **Mayors, in particular, can be key levers of change in a community. They are often able to garner the resources to sustain change.**
- **Programs to provide social support for physical activity in community settings need staff and are best housed in stable institutions able to support ongoing personnel costs.**

- **To ensure use, paths, trails and parks need to be promoted and maintained, and that requires community sponsors and long-term partnerships.**
- **To engage lower-income and minority residents in physical activity, programming should be adapted to their circumstances and needs.**
- **Making physical activity fun, social and not intimidating is beneficial, especially when trying to reach the least active.**
- **Over time, a walking program may spur development of broader programming to meet a variety of needs and preferences.**
- **Pedometers can motivate new walkers but need oversight for optimal use.**
- **Without significant funding and support, service organizations that sponsor physical activity programs can find it challenging to take on additional activities, such as research and evaluation.**
- **Messages promoting physical activity must be intense if they are to compete successfully with other messages and influences.**

Report

Purpose

Physical inactivity contributes to numerous physical and mental health problems and, in conjunction with obesity, is a primary factor in an estimated 200,000 deaths a year, according to the U.S. Surgeon General. One study, for example, attributes 34 percent of coronary heart disease deaths to physical inactivity. The good news is that even small changes in daily activity levels can add up to major population health benefits. In short, a sweaty gym workout with barbells and a treadmill is not the only way. Moderate activity on a regular basis is beneficial. The federal Centers for Disease Control and Prevention (CDC) recommends 30 minutes of brisk walking at least five times a week.

Promoting healthy communities and lifestyles is a goal of the Robert Wood Johnson Foundation (RWJF). Encouraging people to engage in routine physical activity is one aspect of the Foundation's effort in this area. This report describes 25 projects funded by RWJF to promote walking, biking and other forms of physical activity and draws 12 general lessons from these efforts. What works; what doesn't? The RWJF program staff selected this diverse set of 25 initiatives for examination in the hope that a breadth of approaches would help provide answers to that question.

The lessons are based primarily on interviews with the project staffs about their experiences, both good and bad. Several outside experts in the field of active living also provided insights. For a full description of the report methodology, see **Appendix 1**. The author, a former RWJF program officer, is a public health consultant in Princeton, N.J.

Overview of the 25 Projects

The 25 projects examined for this report had one thing in common: all aimed at getting people moving at the community level. The approaches the projects took, however, varied widely. One relied heavily on an advertising campaign; several developed social support networks; others initiated changes in the physical environment; and some employed a combination of these methods. Likewise, the audiences targeted by the interventions spanned a broad spectrum–from Native American communities in the West to African-American women in Philadelphia to lower-income seniors in Massachusetts. The outcomes also were disparate. Although most of the projects did not undergo formal evaluation, some clearly were more effective than others.

Just as the projects differed, so did the RWJF grants supporting them. They ranged in size from $2,000 to more than $1 million and funded activities that included planning, communications, community health promotion and urban design consultation. Many of the grants were handled by RWJF's Health & Behavior Team (active 1999–2003) as part of its overall objective to increase Americans' physical activity levels–many of the objectives of that team are now addressed by RWJF's Childhood Obesity Team. Most of these grants were individual responses to distinct local needs and not part of a comprehensive national program. In a few instances, the funding came through an RWJF national program focused on goals other than physical activity. For example, two of the projects developed physical activity programming as part of an overall effort to

reduce substance abuse by youth in Native American communities. Also, the report includes a number of New Jersey projects funded in connection with New Jersey Walks & Bikes, a special RWJF initiative for its home state.

For the most part, the grants were awarded after 2000, but a handful of the projects date back to the 1990s. Several of the grants are still active. Many of the projects involved additional funders, including other foundations and governmental units.

These 25 projects do not cover all RWJF grantmaking to stimulate healthy communities. Excluded are projects that RWJF is currently funding through a suite of five national *Active Living* programs. For example, *Active Living by Design*, a $16.5 million RWJF initiative based at the University of North Carolina School of Public Health, is supporting local efforts across the country to address community design, land use, transportation and architecture issues that influence physical activity. For the list of all five *Active Living* national programs–and their Web site addresses–see **Appendix 2**.

Also, these 25 grants preceded RWJF's targeted effort to halt the rise in childhood obesity by the year 2015–an undertaking that includes encouraging physical activity in schools and communities. Lessons learned from these 25 community-level projects are informing this new, more tightly focused work on childhood obesity.

Types of Interventions

The Task Force on Community Preventive Services–an independent, multidisciplinary panel appointed by CDC–assesses the effectiveness of various population-based health interventions, including those designed to stimulate greater levels of physical activity (RWJF provided funding for this review; see **Grant Results Report on ID# 035772**). This report groups the 25 RWJF-funded projects according to five types of interventions studied by the task force.

The task force has found the first four to be effective strategies for changing physical activity behavior and has recommended their implementation. A decision on the fifth intervention was pending at the time this report was prepared, but a CDC official said a positive recommendation was expected. The task force bases its recommendations on reviews by experts of relevant research literature.

(The task force has studied more than just these five intervention types. The additional strategies are not listed here because none of the organizations receiving RWJF grants used them. The task force publishes its findings in the *Guide to Community Preventive Services*. The chapter on physical activity–including information on the other interventions–is accessible online at **www.thecommunityguide.org/pa**.)

With a few exceptions, the organizations that received the RWJF grants did not explicitly design their projects to fit any specific intervention type. Innovation, common sense and knowledge of the local community determined the strategy for the most part. Indeed, many of the organizations used more than one kind of intervention. Several organizations first implemented an informational campaign or developed a social

support program and later–after the RWJF grant had ended, in some cases–began to address environmental and policy changes. Nevertheless, based on the sponsor's main focus during the grant period, the report places each of the 25 projects in one of these five intervention categories:

- **Community-wide campaigns** that promote physical activity through different kinds of media paid and free–and often in conjunction with health fairs and other community events.
- **Programs that teach behavioral-change skills** adapted to the individual's interests and readiness for change. Participants in these programs learn, for example, how to set goals and monitor their progress.
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- The creation of–or enhancement of access to–**walking or biking trails, exercise facilities and other places for physical activity**. Informational outreach activities accompany these physical improvements.
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Some public health researchers believe that interventions that change the built environment–design and land-use policies and practices of a community–may hold the most promise for increasing physical activity for the greatest number of people over the long term. For an expanded discussion of strategies, see **Appendix 3**. For grant and contact information for the projects, see **Appendix 4**.

The 25 Projects: Description and Results

Community-Wide Campaigns
(Project 1)

1. Developing a Media-Based Community Physical Activity Campaign
West Virginia University Research Corporation (Morgantown, W.Va.)

A team at West Virginia University implemented Wheeling Walks, a community-wide campaign in Wheeling, W.Va., to increase walking among sedentary residents ages 50–64. Paid television advertising reached targeted residents more than 50 times on average over an eight-week period. Public relations events–such as press conferences and public health educational activities at worksites, churches and local organizations–bolstered the effort. A 37-member local advisory committee–which included elected officials, community agency personnel, members of health-related coalitions and residents–provided guidance throughout the campaign. Wheeling's mayor, a member of the advisory committee, appointed a task force to improve community walking facilities, including parks and trails.

Results: An evaluation headed by the project director documented increases in walking immediately after the campaign and one year later. After one year, the most sedentary people in Wheeling were almost twice as likely as similar residents in a similar, nearby city to have increased their daily walking time. They were also significantly more likely to walk 30 minutes per day at least five days per week than residents of the nearby city. An article in *Preventive Medicine* ("Wheeling Walks: A Community Campaign Using Paid Media to Encourage Walking Among Sedentary Older Adults") provides additional information. See **References** for this and other references. After the RWJF grant ended, a local hospital gave West Virginia University $20,000 to promote safe walking and biking routes to Wheeling schools and to help the schools incorporate more physical activity into physical education classes.

2. Increasing Sustained Participation in Walking Clubs; Evaluation of a Walking Program for African-American Women
National Black Women's Health Project (Philadelphia, Pa.)
University of Pennsylvania (Philadelphia, Pa.)

The Black Women's Health Imperative (formerly the National Black Women's Health Project) and the University of Pennsylvania School of Medicine undertook a joint research study to test a walking program to help increase and sustain physical activity among African-American women. African-American women are at higher risk than the general population for physical inactivity and chronic diseases such as diabetes, according to the researchers. The team designed the study to test three different combinations of support. The first relies primarily on the Internet, with participants accessing the program online and setting their own goals and monitoring their progress. The other two levels involve additional counseling and social support in such areas as healthy eating and stress reduction. The study design called for recruiting 65 participants in each of three study cities: Philadelphia, Washington and Los Angeles.

Results: Recruitment of study participants was underway as this report was written.

3. Supporting Health and Physical Activity in a Rural Community
Wray Rehabilitation and Activities Center (Wray, Colo.)

Staff of the Wray Rehabilitation and Activities Center developed physical activity programming for Wray, Colo., and the sparsely populated farming communities in surrounding Yuma County. One effort–an 11-month initiative entitled Wray Walks the World…to the Moon…and Beyond!–encouraged community members to walk a minimum amount and record their steps with pedometers. A second initiative–the Yuma County Health Challenge–created teams of two to three people who encouraged each other to exercise and eat healthy food. Some program participants received individually adapted support.

Results: Some 600 residents participated in the first initiative, and 250 residents joined the fitness teams. When RWJF funding ended, staff of the grantee organization tried to find another organization with more resources–such as a local hospital–to house the project. The search was unsuccessful, and most project activities ceased. However, the City of Wray received state funds to create a walking and biking trail linking community destinations.

4. Promoting Physical Activity in the Coeur D'Alene Tribal Community
Coeur D'Alene Tribe (Plummer, Idaho)

The Coeur D'Alene Tribe implemented a campaign to increase physical activity in two small communities in the Idaho panhandle. Tribal health leaders involved a broad cross section of community members in setting the campaign goal. The planning process included surveys, focus groups and meetings at schools, worksites and community gathering points. The goal agreed upon was for residents of the two communities–with a combined population of about 1,200–to walk a collective 1 billion steps over an 18-month period.

Results: The campaign drew the participation of 1,678 people and exceeded the goal of 1 billion steps by almost 500,000. Project staff believed the popularity of the walking program induced virtually every community member to register and also attracted participants from surrounding communities.

5. Implementation of a Community Walking Program
Mannington Main Street (Mannington, W.Va.)

A community organization, Mannington Main Street, developed an incentive program to encourage people to walk through the historic business district of Mannington, W.Va., a town of 2,100 some 100 miles south of Pittsburgh. The organization planned to give small rewards, such as pencils and brochures, to town residents who logged 1,000 miles.

Results: Few residents redeemed the rewards.

6. Keep Moving: Expanding a Statewide Walking/Health Education Program for Older Adults
Massachusetts Governor's Committee on Physical Fitness and Sports (Boston, Mass.)

The Massachusetts Department of Public Health expanded Keep Moving, its statewide program to promote walking among people over age 50. The program's walking clubs, which averaged 15–20 members, took walks led by trained volunteers two to five times a week. Before the expansion, club members were for the most part white suburban women, and the state wanted to create more clubs in urban and rural areas and attract more men and minorities as participants.

Results: The program formed 45 new walking clubs, half of them in urban or rural areas. Four of the new clubs were all-male groups, and many were based in minority neighborhoods or institutions, including the Harriet Tubman House in Boston's South End, the Ramsey VFW post in Mattapan and the Southern Baptist Church in Roxbury.

7. Expanding a Community-Based Walking Program
Hunterdon Regional Community Health (Hunterdon, N.J.)

A Hunterdon County, N.J., community partnership composed of private health providers and the county health department set a goal of enrolling 200 participants with low fitness in a six-month walking program in the historic riverfront community of Lambertville, N.J. Project staff encouraged participants to walk 10,000 steps per day, provided pedometers and walking logs for tracking progress and gave advice on eating habits. Participants received fitness, mood and nutritional assessments. The staff promoted the program through newspaper ads, flyers and contact with churches, senior centers and other local organizations. (Separately, the city of Lambertville also received funding from RWJF. See **Project 23**.)

Results: The project fell far short of the recruitment goal. Sixty-three people participated, and 16 completed the six months. Among the 16, the project documented healthy changes in cardiovascular fitness, flexibility and mood.

8. Developing a Senior Walking and Wellness Program in Atlantic City

BERON Jewish Older Adult Services of Atlantic and Cape May Counties (Atlantic City, N.J.)

BERON Jewish Older Adult Services of Atlantic and Cape May Counties expanded a fitness and walking program for seniors in Atlantic City, N.J. Twice a week, staff led participants on a walk, often on the Boardwalk along the beach, a favorite route in good weather. In bad weather, the walks took place in casinos, many of which are linked by pedestrian overpasses. Staff members checked participants' blood pressure before and after the walks and incorporated information on stretching, proper clothing, nutrition, resting and target heart rates during the walks. Staff and participants attended three city council meetings to advocate greater pedestrian safety on the walking routes.

Results: The walking group averaged from 18 to 25 seniors per walk, with 80 the average age. One consequence of the walking program was broader interest in the center's cooking classes and learning about healthy recipes, according to staff. Also, the city adjusted two signals on traffic lights near the center to allow seniors more time to cross the street.

9. Healthy Nations: Reducing Substance Abuse Among Native Americans

Seattle Indian Health Board (Seattle, Wash.)

The Seattle Indian Health Board focused on developing job and education opportunities for youth and recovering alcoholics under an RWJF national program, *Healthy Nations: Reducing Substance Abuse Among Native Americans*. As one part of its overall strategy, the board organized annual walkathons designed to raise awareness of substance abuse issues among the service population. The board is a nonprofit community health service for American Indians and Alaska Natives living in the Seattle area. To stimulate participation in these walks—called SpiritWalks—the staff engaged members of various support groups, including those for people dealing with domestic violence and diabetes. Walkers asked supporters for pledges, and the proceeds went for community activities benefiting youth, families and seniors.

Results: The annual walks continued after the RWJF funding ended. In summer 2004, about 250 community members completed the 10th SpiritWalk, which consisted of two loops, one a mile and the other 4.4 miles. Planning was underway for an 11th SpiritWalk in June 2005. On average, the walks cost $10,000–$12,000 to put on and raise about $28,000, according to staff. The board uses the profit to make mini-grants of about $500 to community groups. (For more information about the health board's overall *Healthy Nations* project, see the **National Program Project Report for ID#s 023259 and 028262**.)

10. Wellness and Self-Improvement Program for Youth Replication of the Students Run L.A. Program

Students Run America (Los Angeles, Calif.)

Under the first grant, Students Run L.A., a nonprofit organization, recruited over 100 teachers from 50 middle schools to help approximately 1,200 students aged 12 to 15 train for and run in the Los Angeles Marathon, a 26.2 mile race. RWJF funded the project through *Local Initiative Funding Partners (LIFP*), a national program that provides matching grants to support local health care initiatives. The objective of the running project was to help students at high risk of health and social problems learn how to set goals, take responsibility for themselves and reduce risky behaviors, such as substance abuse. Under the second grant, which was also awarded through the *LIFP* program, Students Run L.A. developed a toolkit to help other communities replicate the project.

Results: The Los Angeles running project continues and is sanctioned by the city's school district. In preparation for the 2005 marathon, some 300 teachers were to act as coaches and mentors to 2,500 middle and high school students from 150 schools. About 90 percent of the students who start training complete the marathon, and of those who complete it, about 95 percent graduate from high school, according to staff from Students Run L.A.

The toolkit, which went on sale in January 2005, includes an organizer's manual, a training manual for teachers/leaders, a student handbook and a video documenting a student workout session. Plans call for recruiting teachers experienced as coaches to provide technical assistance to communities interested in replicating the program. RWJF also funded a replication in Philadelphia (see **Project 11**).

11. Promoting Health and Self-Esteem Through a Running Program for Middle and High School Students

National Nursing Center Consortium (Philadelphia, Pa.)

The National Nursing Centers Consortium, the policy and programming organization for nurse-managed health centers, initiated a Philadelphia replication of the Students Run L.A project. (See **Project 10**.) Two nurse-managed health centers in North Philadelphia and a community-based organization in West Philadelphia sponsored the replication, named Students Run Philly Style. RWJF provided matching funds through the *LIFP* program. Plans called for recruiting 25 leaders and 75 students the first year. For the project steering committee, the staff sought a physical education teacher, members of the running community, a representative of United Way and residents from North and West Philadelphia. Also, staff sought to build a relationship with the city school system.

Results: The project was in its early stages when this report was written.

Creating or Enhancing Access to Places for Physical Activity in Combination with Informational Outreach Activities
(Projects 12–21)

12. Pilot Program to Encourage Physical Activity in Rhode Island Communities

Rhode Island Public Health Foundation (Chepachet, R.I.)

The Rhode Island Prevention Coalition, a public/private partnership, established and promoted 11 walking routes in nine Rhode Island cities and towns: Barrington, Bristol, Central Falls, East Greenwich, Foster, Middletown, Narragansett, Pawtucket and Providence. (Three routes were in Providence.) To create each route, project staff reached out to the mayor and city or town council for approval. Staff then worked with municipal agencies and community groups to lay out the route based on existing sidewalks or pathways and secured approval to place signs along the route. The routes ranged from two to six miles. Two were in rural or natural settings, and the rest made use of urban and suburban streets.

Staff approached businesses and health care providers for matching funds to pay for route signs, maps and flyers. In partnership with a local sponsor–a business, community group or governmental unit–staff organized a kickoff event for each route, with local radio and newspaper coverage. To promote use of the routes, staff created an electronic newsletter and Web site and worked with local sponsors to set up walking clubs and school-based walking programs. (The Web site is no longer accessible.)

Results: A year after the RWJF grant ended, project staff reported challenges to promoting ongoing use of the routes, sustaining the walking clubs and replacing missing signage. The Rhode Island Prevention Coalition disbanded, and its administrative arm, the Rhode Island Public Health Foundation, went out of business. A few of the routes had local sponsors that continued to promote their use. In some cases, hospitals encouraged employees and patients to use a route. See **Creating and Promoting a Walking Path in an Inner-City Neighborhood of Providence, R.I.: A Case Study**.

13. Providing Information on Central New Jersey's Walking Trails

Delaware & Raritan Greenway (Princeton, N.J.)

The D&R Greenway Land Trust, a nonprofit organization previously named the Delaware & Raritan Greenway, assembled information on publicly accessible trails in central New Jersey and disseminated the information through a new Web site, **www.njtrails.org**. The Web site allowed users to select trail guides by number from county locator maps. Each guide offers an overview of the trail, printable trail maps, driving and parking directions and information about the trail's flora and fauna and history.

Results: Project staff had completed 25 trail guides and posted them on the Web site at the time this report was published.

14. Developing a Corporate Walking and Biking Program in Greater Mercer County

Greater Mercer Transportation Management Association (Princeton, N.J.)

The Greater Mercer Transportation Management Association worked with employers in Mercer County, N.J., to encourage employees to walk or bike to work. Project staff developed and distributed 2,000 copies of a county bicycle map and 1,000

copies of a guide to setting up a biking program in the workplace. The association's Web site, **www.gmtma.org**, added Gearing Up, a bicycle and pedestrian section that included a section to track your miles and a message board for sharing information, events and news impacting cyclists.

Results: Some 23 employers hosted lunchtime programs and other events in support of walking and biking to work, and several developed walking and biking trails on their property. The employers included Merrill Lynch, Bristol-Myers Squibb, state Office of Legislative Affairs, state Department of Banking and Insurance, Mercer County Community College and the townships of South Brunswick, Princeton and Montgomery.

15. Expanding a National Campaign to Promote Bicycle-Friendly Communities

League of American Bicyclists (Washington, D.C.)

Under the first grant, the League of American Bicyclists developed an awards program to recognize communities that provide safe accommodation for bicycling and encourage residents to bike for transportation and recreation. The league evaluated communities in four areas: (1) engineering changes, such as the creation of bike lanes; (2) public education, encouragement and promotion of bicycling; (3) enforcement of laws and policies affecting bicyclists; and (4) evaluation and planning of bicycle initiatives.

To help communities complete the two-phase application, the league provided lists of resources and technical assistance and made the application available on its Web site, **www.bicyclefriendlycommunity.org**. To assist communities not yet bicycle friendly, the league gave local leaders a two-page action plan and a checklist of features that make a community bicycle friendly. Staff also conducted half-day workshops in communities to help communities prepare to apply.

Under the second grant, the league made a special effort to promote the awards program in New Jersey. Staff conducted two community workshops–in Newark and Trenton–on creating a bicycle-friendly community and trained 12 New Jersey residents to give the workshops.

Results: August 2005, four communities had received a "gold" rating, 12 a "silver" rating and 33 a "bronze rating. Eight communities were in California, six in Oregon and four in Colorado. None were in New Jersey.

16. Healthy Nations: Reducing Substance Abuse Among Native Americans

Cherokee Nation of Oklahoma (Tahlequah, Okla.)

Between 1993 and 2000, the Cherokee Nation participated in the RWJF national program *Healthy Nations: Reducing Substance Abuse Among Native Americans*. As one of its strategies, the tribal health department engaged community members in walking and fitness clubs and promoted health and wellness among elementary school students.

Results: Walking club membership increased from 1,000 at the end of the grant period to 1,800 as of July 2004. The tribal health department was working with schools to implement the CDC School Health Index, a tool to help schools improve their health and safety programs and policies. Reflecting an evolution in strategy, the health department was focusing on creating more places for physical activity, including adding fitness centers to all 17 tribal schools. (For information about the Cherokee Nation's overall *Healthy Nations* project, see the **Grant Results Report for ID#s 023249 and 028250**.)

17. Creating an Activity-Friendly Community in Durham Central Park

Durham Central Park (Durham, N.C.)

Durham Central Park–a nonprofit organization created to revitalize an historic but dilapidated downtown neighborhood in Durham, N.C.–worked with a coalition of 22 community groups to introduce neighborhood residents to positive physical fitness experiences.

Results: The project staff and partnering groups supported more than 20 neighborhood events and activities featuring exercise in some form. These included fitness walks, historical walking tours and gardening workdays. Project funds also helped pay for installation of bike racks in the park, signage and other improvements. Since the RWJF funding ended, numerous community efforts have further enhanced the park as a place in which to be physically active and to learn about healthy lifestyles. Through a bond referendum, citizens of Durham approved funds for a greenway that would include the park and connect trails running north and south from the city. (For more information on the Durham Central Park project, see ***www.durhamcentralpark.net*** and the **Grant Results Report for ID# 040172**).

18. Developing Walkable Neighborhoods for Seniors

University of California, San Francisco, Institute for Health and Aging (San Francisco, Calif.)

Through RWJF funding, the California Department of Health Services helped nonprofit agencies in Sacramento, Oakland and Los Angeles plan safe, pleasant and accessible neighborhood walking routes for low-income seniors. Each agency formed a coalition consisting of a local elected official, land use and transportation professionals, law enforcement representatives and neighborhood residents. During workshops organized by project staff in each community, coalition members and residents walked through the targeted neighborhood with community design professionals to identify barriers to walking and to develop a consensus on improvements to benefit pedestrians. Suggestions, for example, included adding bike lanes to narrow the streets and planting shade trees to enhance the appeal of walking routes. Proposals were made for each site, but the grant did not fund implementation. Also, staff of each local agency implemented an educational campaign to promote walking, using such tools as Web sites, brochures and maps as well as making face-to-face contact with seniors in senior centers.

Results: The Oakland agency–United Seniors of Oakland and Alameda County–partnered with another organization, WalkOakland, to create 12 walking clubs for seniors. Seniors in a Sacramento neighborhood volunteered to clean up a stretch of walkway, and, as a result, a local nonprofit, Dream Street, pledged donated repairs to 20 houses in the neighborhood.

19. Planning and Designing the New Jersey Walks & Bikes Program

Rutgers University Foundation (New Brunswick, N.J.)

The Voorhees Transportation Center at Rutgers University took a series of steps to promote walking, biking and healthy communities in New Jersey. (1) The center developed the *Who's Who Guide to Walking and Bicycling in New Jersey*, planned as a Web-based, searchable database of information on walking and biking, information to be posted on the Center's Web site. (As of September 2005, the database was undergoing revisions and was not yet available.) (2) It planned and hosted a statewide conference in February 2004 on walking, biking and community design; it drew 200 participants from the public, business and advocacy sectors. (3) The center provided technical assistance to nine communities that received RWJF grants in connection with *New Jersey Walks & Bikes*, an initiative to increase opportunities for walking and biking in the state.

Results: The conference resulted in the formation of a New Jersey active living task force to be partially funded by the New Jersey Department of Transportation. Six of the New Jersey Walks & Bikes projects assisted by the center are described in this report. See Projects 7, 8, 20, 21, 22 and 23.

20. Adopting a Walking Path Program to Increase Physical Activity

Borough of Metuchen (Metuchen, N.J.)

The Borough of Metuchen, N.J., planned new walking paths to reduce vehicular traffic and increase pedestrian activity in the borough's compact downtown.

Results: The borough marked four walking trails, distributed maps and scheduled monthly walks and other special activities to promote the trails. Metuchen's public works department maintained the paths, which ranged from 1.8 to 2.7 miles. Since the RWJF grant ended, Metuchen has received over $500,000 from public and private sources to invest in improving its infrastructure for walking and bicycling.

21. Developing a Walking and Health Education Program for the Elderly

Presbyterian Homes at Meadow Lakes (Meadow Lakes, N.J.)

Presbyterian Homes at Meadow Lakes, a retirement community of some 300 residents in suburban Hightstown, N.J., planned a structured walking program and tried to stem the rise in residents' use of motorized carts.

Results: The home hired a landscape architecture firm to draft a master plan for new and rejuvenated walking paths on campus, and the residents' association contributed some $20,000 towards the installment of the first path. An estimated 50–80 residents participated in the walking program on a regular basis, and the director reported that the program was a catalyst to the development of other outdoor activities, including creation of a residents' committee to develop a walking tour and a booklet of trees on the campus. However, the effort to slow the rise in residents' use of motorized carts was not successful.

22. Determining the Feasibility of Developing a Community Walking and Biking Route

Township of Maplewood (Maplewood, N.J.)

Maplewood, N.J., hired a consulting firm to determine the feasibility of creating a series of bicycle routes to connect major destinations, including the train station, town hall, community pool, parks, schools and shops. The township transportation committee held two public meetings about the plan–one before and one after the consultants completed their report–and conducted a bike ride for some 100 residents along roads proposed for bicycle routes.

Results: Committee members believed a number of the solutions proposed by the consultants–such as removing parking from major streets–would be unpopular with residents. As of December 2004, none of the recommendations had been adopted, although the township did add a bicycle element to its master plan.

23. Developing a Plan to Calm Traffic and Promote Walking and Biking in Lambertville, N.J.

City of Lambertville (Lambertville, N.J.)

A bicycle and pedestrian committee appointed by Lambertville's mayor headed the initiative. Committee members included two wheelchair-bound citizens, walking and biking advocates, members of a neighborhood anti-crime group and a city council member. A consultant developed engineering plans based on a long-standing neighborhood vision of Lambertville as a walking community. The town council convened five public meetings, each drawing 20 to 40 residents, to discuss the master plan. The consultant took several walks in the city with local groups to help develop the plan, and several members of the committee walked with the town engineer after the plan was submitted.

Results: Lambertville created a master plan to slow traffic and promote pedestrian and bicycle safety in its historic central business district and surrounding residential neighborhoods. The downtown district and intersections at schools and playgrounds were the priority areas for the planned improvements, which included such features as pedestrian signage and upgraded crosswalks. In connection with the plan, Lambertville prepared model ordinances and design templates to encourage walking and bicycling. Lambertville received $150,000 from the New Jersey Department of Transportation to implement sections of the plan. The city expected to apply to the department for about $1 million in additional funds to complete the improvements.

24. Building Healthy Tribal Villages

Ho-Chunk Community Development Corporation (Walthill, Neb.)

Through the Ho-Chunk Community Development Corporation, the Winnebago Tribe of Nebraska is creating a new village designed to promote greater physical activity and healthy living among its residents. The Ho-Chunk Community Development Corporation is the tribe's nonprofit development arm. When completed, the 40-acre village will feature a commercial center that is surrounded by single-family housing and, eventually, townhouses and apartments. Walking paths will enable residents to walk from their homes to government offices, coffee shops and other retail establishments. Walkways will connect the new village center with the old community and will surround an adjacent pasture used by the Winnebago bison herd.

With support from RWJF and other funders, the Ho-Chunk Community Development Corporation developed a report on the steps that the tribe took to create the new village. The report was to be a road map for other Indian tribes interested in designing mixed-use developments that promote physical activity and healthy living.

Results: The report, *Building Healthy Tribal Villages*, documents the early conceptual stages of the Winnebago project, how the tribe used extensive meetings with tribal members to develop the village design and the progress made during the early phases of construction. It also includes recommendations for other tribes considering a similar undertaking. To obtain a copy of the report, contact the **project director**. For additional information on the report's development and content, see the **Grant Results Report for ID# 048052**. In 2003, the Ho-Chunk corporation received a five-year grant (ID# 049732) under RWJF's national program *Active Living by Design* to support various activities.

25. Expanding Public Access to a Model Urban Community Pathway Program

Groundwork Somerville (Somerville, Mass.)

Friends of the Community Path, a citizens' group in Somerville, Mass., helped raise funds to design a 2.5-mile extension of a bicycle and pedestrian pathway to connect a popular commuter bikeway to downtown Boston. RWJF provided a $10,000 grant to support the engineering design work. The Massachusetts Turnpike Authority provided $50,000 and the city of Somerville $25,000 to cover design costs.

Results: As this report was written, the city was working to resolve property rights issues before securing federal grant money to complete the project (see **Grant Results Report on ID# 046875** for more information). Building in part on this project, RWJF's national program *Active Living by Design* selected Somerville for a $200,000 grant (ID# 049742) to address community design, land use and other issues affecting healthy lifestyles.

Lessons Learned

Staff and others familiar with these 25 projects to promote physical activity shared their experiences and insights with the author. The 12 lessons below are syntheses of their remarks.

Building the community's capacity to implement change is important, not only to the initial implementation of a project but also to sustaining behavioral change.

■ Community coalitions are often the bulwark of community capacity building, says William E. Reger-Nash, director of the project in **Wheeling, W.Va. (Project 1)**. Wheeling's 37-member advisory committee–which had a wide-ranging membership–played an important role in bringing about policy and environmental changes needed to sustain increased walking beyond the media campaign, Reger-Nash says. The mayor's task force, which grew out of the mayor's membership on the advisory committee, continued to be a sustaining force after the media campaign ended. The task force still meets monthly and reports back to the mayor twice a year with recommendations for policy and environmental changes. The task force keeps the issue of physical activity on the local radar screen, and that in turn helps keep local institutions engaged, according to Reger-Nash. Evidence is the local hospital's $20,000 gift to promote physical activity.

■ Building community capacity to create the **Rhode Island (Project 12)** walking routes required attention, resources and time, says Avery Colt, director of the Rhode Island Public Health Foundation. Establishing each route required securing the support of a town manager, mayor or city council member. Promoters also had to find a local business to help fund the production of signs and brochures. Once the route was developed, the key to sustaining it was community investment. One organization, the South Providence Neighborhood Ministries, agreed to sponsor a route because the group saw an opportunity for community building, says Wanda Michaelson, the executive director. "The high-visibility kickoff event was only a beginning. You need ongoing community engagement and development," she says.

■ The awards program devised by the **League of American Bicyclists (Project 15)** helps build community capacity on a large scale. The program challenges communities to assess and improve their ability to create a bicycle-friendly environment. In many communities, completing the application sparks greater communication between city departments, identifies community weaknesses and strengths and engenders ongoing improvement efforts, says Andrew Clarke, the league's director of state and local advocacy. Applicants, including those who do not win an award, want to know what more they can do to improve the bicycle-friendliness of their community. In Palo Alto, Calif., presentation of the award plaque at a city council meeting resulted in council support for a $5.4-million bicycle and pedestrian underpass and trail connection. In designating the funds, council members specifically noted their desire to get a higher-level award in the future, says Clarke.

■ Investing more time and resources to build the capacity of communities participating in the **New Jersey Walks & Bikes (Project 19)** program would have been useful, says Heather Fenyk, project

manager of the statewide program. For example, the application process should have required each community to assess its capacity to achieve its objective and the additional resources needed, she says. Had there been such an assessment, the Maplewood transportation committee might have given its consultants the guidance to develop recommendations better aligned with committee and community expectations. Based on the experience of the New Jersey Walks & Bikes communities, Fenyk identified five factors that affect the ability of an organization or community to implement an active living project:

- Organizational capacity, including the project's human resources and governance.
- The level of community participation and proficiency at self-assessment.
- The political capacity of the group implementing the project, meaning its influence with the local "powers that be."
- The capacity to reach out to people in the community.
- The ability to tap local experts or engage outside expertise.

■ Although Winnebago tribal elders saw the promise of an activity-friendly community, some younger members were skeptical, says Judi Meyer-Ogden, executive director of the **Ho-Chunk Community Development Corporation (Project 24)**. As a result, the development corporation was careful to engage the community in the design process. Some 40 to 60 community members participated in a five-day design workshop with an engineering and planning firm from Omaha, Neb. The final design incorporated a central circular gathering place essential to Winnebago culture and named the streets for former leaders of the community–steps that helped ensure community ownership of the project.

Lessons Learned

Communities value opportunities to learn from other communities.

■ Project directors charged with delivering technical assistance to multiple communities found that communities like to compare their progress and share their experience with other communities. Almost without exception, communities that applied for a bicycle-friendly award wanted to know how other communities had addressed common issues, says Clarke of the **League of American Bicyclists (Project 15)**.

■ The local agencies involved in the **Sacramento, Oakland and Los Angeles (Project 18)** walkable neighborhood initiatives learned from each other, says Lisa Cirill, director of the California project. The project staff brought participants together for a symposium so they could interact with land use and transportation professionals.

■ **The New Jersey Walks & Bikes (Project 19)** communities would have benefited from learning about what worked in their peer communities, says Sharon Roerty, original project manager of the program. An exchange of information also would have helped the sites feel part of a larger movement, she says.

Lessons Learned

A local champion to spearhead an initiative and encourage community investment can be extremely helpful.

■ The cultivation of local champions may help explain the success that the **Coeur D'Alene (Project 4)** tribal health center had in engaging the entire population of two communities in a walking program. Staff personally talked to community leaders about the initiative, explains Cheryl Weixel, the project director. "We went to them. We didn't wait for them to come to us. They helped us to sell the program to the community."

■ Usually it is the mayor or other local official who shepherds an award application through to completion, says Clarke of the **League of American Bicyclists (Project 15)**. Sometimes a local activist or bicycle advocacy group sparks the process. Political leaders tend to champion an award application when they recognize that creating an improved environment for bicycling may help deal with other community issues, such as health, safety and traffic congestion, he says. Also, local leaders often believe that creating a bike-friendly environment affirms to the citizenry that they are "doing the right thing." Nonetheless, most communities that win awards have a commitment beyond that of a single champion, according to Clarke.

■ The three local walkable neighborhood agencies in **California (Project 18)** put a priority on–and were successful in–engaging local elected officials. "We found out local officials know [that] creating walkable neighborhoods is important. They just don't know how to do it," says Cirill, the project director. Because elected officials were involved, the proposed improvements that came out of the project have a good chance of being implemented, she says.

■ The effort by the **Greater Mercer Transportation Management Association (Project 14)** to promote walking and biking to work in central New Jersey did not attract the corporate champion that staff had hoped for. Employers were concerned that a sufficient number of employees did not live close enough to work to justify a serious commitment to a corporate bike program, says Sandra Brillhart, the association's executive director. Also, concerns for the safety of employees who might walk or bike to work limited employers' interest. However, employers were willing to take an action that they perceived to be a health benefit to their employees, Brillhart says. For example, some employers developed walking and biking trails on their grounds.

■ The **Rhode Island (Project 12)** effort to develop walking routes benefited early on from the effective championship of the project director, Richard Carleton, a charismatic cardiologist, says Colt of the Rhode Island Public Health Foundation. Rhode Island's experience, however, highlights the limits of a champion. With only one exception, all communities approached were willing to participate in the creation of a walking route. But after Carleton died in 2001, midway through the project, the effort lost momentum, and no new routes were created. Also, a participating community's only financial obligation was to install route signs, making an initial commitment easy. For several of the paths, the commitment proved shallow over the long term, as evidenced by a lack of route maintenance and promotion.

Lessons Learned

Mayors, in particular, can be key levers of change in a community. They are often able to garner the resources to sustain change.

■ Edmund O'Brien, mayor of **Metuchen, N.J. (Project 20)**, has long championed the creation of a pedestrian- and bicycle-friendly community, says Nancy Goldberg of the borough's recreation department. He not only provided borough resources to maintain and promote Metuchen's new path network but also secured funding from other sources to improve the community infrastructure for walking and bicycling. "Mayors can really help," says Roerty of **New Jersey Walks & Bikes (Project 19)**. "They can promote the issue of making a community walkable and bikeable as part of an overall quality-of-life message."

■ Councilwoman Cindy Ege of **Lambertville, N.J. (Project 23)**, cites the mayor's support as an important factor in creating that city's pedestrian and bicycle master plan. "He has championed walking and biking because citizens have expressed their support of these issues," she says.

Lessons Learned

Programs to provide social support for physical activity in community settings need staff and are best housed in stable institutions able to support ongoing personnel costs.

■ Several project directors emphasized the importance of having staff dedicated to promoting physical activity, especially among people at high risk of being inactive, such as elderly and low-income populations. The **Coeur D'Alene Tribe's (Project 4)** success in engaging its community members was due in large part to having an energetic staff committed to the project, says Weixel.

■ Hiring a community health coordinator for **Wray, Colo. (Project 3)**, was essential to initiating physical activity programming and engaging residents, says Revae Parker, director of the Wray project.

■ The young woman who led–and motivated–the **Atlantic City, N.J. (Project 8)**, senior walking group was a paid worker. At the time this report was written, BERON Jewish Older Adult Services was looking for funding to continue her employment.

■ Promoting physical activity costs money, says Wanda Michaelson, executive director of the South Providence Neighborhood Ministries in **Rhode Island (Project 12)**. "You need people calling residents, following up for each event."

■ Expanding the **Keep Moving (Project 6)** program in Massachusetts to new audiences required outreach staff, says Lillian Colavecchio, who led the effort. A walking club needs technical assistance until it is established, and then it needs two or three volunteers who are trained as club leaders. All of that requires staff, says Colavecchio.

■ A stable, local organizational home can provide more than just financial support to a physical activity program. Massachusetts' **Keep Moving (Project 6)** program tries to place its walking clubs under the auspices of a local agency, such as a

council on aging, an assisted-living facility, a church or recreation department, says Colavecchio. The arrangement gives the volunteer club leaders a home base and mechanism through which to recruit new walkers and publicize walks.

■ The **Wray, Colo. (Project 3)**, staff was unable to find a sponsor to continue subsidizing the effort, and as a result, project activities ended. "In a rural community where the socioeconomic status is different from that of a metropolitan area, there is a balance between establishing a fee that will attract the most patrons and establishing a fee that will eventually turn a profit," Parker, the project director, reported to RWJF. "In this rural setting we found more often than not, one must be sacrificed for the other."

Lessons Learned

To ensure use, paths, trails and parks need to be promoted and maintained, and that requires community sponsors and long-term partnerships.

■ Even in **Metuchen, N.J. (Project 20)**, where facilities for walking and biking are maintained by the borough, continued promotion of the new paths is key to their use. "We have found that we need to keep reminding people that the trail networks exist," says Goldberg.

■ People continued to walk along the **Rhode Island (Project 12)** routes that had an active sponsor–for example, a hospital that encouraged patients and employees to use the route. But for routes without an active sponsor, sustaining ongoing use proved challenging, says Carol Garber, who evaluated the Rhode Island project. Walking groups dissolved if they were not linked to an organization or did not have a designated leader. A lack of funds frustrated efforts to promote the routes, and replacing missing and damaged signs and keeping the paths free of obstructions were additional problems.

■ While it is important that a walking path have a local sponsor, the path should fit the needs and expectations of the sponsoring group, says Garber, the **Rhode Island (Project 12)** evaluator. Appropriate sponsors can be schools, senior centers or town recreation departments, she says. It was a serious design flaw of the Rhode Island project not to make responsibility for path maintenance and promotion part of the sponsors' original commitment, according to Garber. Such a commitment might have precluded some local organizations from agreeing to be sponsors, she says.

■ **D&R Greenway Land Trust (Project 13)** (formerly Delaware & Raritan Greenway) is encouraging local organizations to form partnerships that will promote use of central New Jersey's walking and biking trails. Also, the organization developed plans to disseminate information at local doctors' offices and hospitals to encourage people with chronic diseases to use the trails, says Linda Mead, executive director of D&R Greenway.

■ **Durham Central Park (Project 17)** has kept a strong focus on fund-raising and partnering with businesses and other local institutions to promote the park and its programs. As of July 2004, the organization was working with a local credit union on a capital campaign to raise $750,000 to expand facilities and programming. The organization has endured by working hard to maintain visibility–an effort bolstered by an e-mail newsletter and a Web site, *www.durhamcentralpark.net*–says Leigh Scott, the project director.

Lessons Learned

To engage lower–income and minority residents in physical activity, programming should be adapted to their circumstances and needs.

■ The **Keep Moving (Project 6)** program in Massachusetts made a deliberate effort to develop walking clubs for low-income African Americans and Hispanics. The key to reaching these groups was a portable training program that could be used in civic organizations, churches and other gathering places in minority neighborhoods, says Colavecchio. Keep Moving sponsors regional walks to help local clubs feel part of a larger movement, and transportation stipends encourage low-income members to attend these events held outside their neighborhoods, she says.

■ In **Providence, R.I. (Project 12)**, a neighborhood group, the South Providence Neighborhood Ministries, was helpful in finding out what residents wanted–and did not want–in a walking path. For example, planners often recommend installing benches along a route so walkers can rest. But the ministries group found that residents of that inner-city neighborhood did not want benches for fear they would be occupied by the homeless or become gang property, says Michaelson, the group's executive director.

■ When organized walks along the **South Providence, R. I. (Project 12)**, path drew a disappointing turnout, the ministries organization adapted the programming. Many people in the neighborhood work at two or three jobs, and the lack of free time is a barrier to physical activity, especially for working women with young children, says Michaelson. As a result, her group scheduled physical activity programs to coincide with other events, such as food-pantry pickups. The result was a regular, well-attended group exercise class. "Most people in the neighborhood are too poor to come to an activity, if they're not also coming for something else," Michaelson says.

■ The **Black Women's Health Imperative (Project 2)** and the University of Pennsylvania developed a health-behavior-change program geared to African-American women. But without special recruitment strategies, the effort still may not reach women at highest risk of obesity and chronic disease. Based on the project's early experience, Desiree Burgh, the Philadelphia coordinator, said the team was surprised at how few obese women had volunteered to participate.

■ After its RWJF grant ended in 2001, the **Seattle Indian Health Board (Project 9)** continued to seek ways to engage high-risk members of its service community in physical activity. In 2003, the board and a local running-supply company started a running club at an alternative school for native youth. Twice a week, a member of the company's own running club–often a top-level competitor–came to the school and trained the school's club members. As a result of this effort, five youth–all at high risk for a number of health and social problems–were running regularly and feeling better about themselves, says Steve Gallion, former director of the RWJF-funded project. The kids enjoyed the chance to learn from elite runners, he says.

Lessons Learned

Making physical activity fun, social and not intimidating is beneficial, especially when trying to reach the least active.

■ Different people enjoy different activities. Find out what a community likes to do and try to engage members in that, says Gallion of the **Seattle Indian Health Board (Project 9)**. He also recommends starting with small doses of exercise when trying to entice inactive people.

■ The **Coeur D'Alene (Project 4)** tribal health center staff did not want community members to feel they were competing against each other to accumulate steps, says Weixel. The objective was for each participant to contribute to the one-billion-steps goal at a level with which he or she felt comfortable. Project staff encouraged the most sedentary residents to accumulate steps through such routine activities as parking their cars further from store entrances and getting up to change TV channels instead of using a remote control. Staff tailored the program to engage different community members in different ways. Schoolchildren liked competing for steps, and so the staff created incentives for them. On the other hand, adults with obesity and health problems were not motivated by competition but responded instead to personal attention and encouragement.

■ **Students Run L.A. (Project 10)** reaches out to youth who are disengaged from school and often involved with gangs. A key to the project's success is that teachers run with the young people, according to Kristine Breese, director of the Students Run L.A. replication project. "We think it is the chance for these kids to have intensive exposure in a small group to a caring adult," she says. A second incentive for the young runners is the opportunity to be praised. "We do fun runs on local college campuses and line the streets with college students who cheer the students on. These are kids who have never been praised or clapped for before."

■ Staff at **Students Run L.A. (Project 10)** doesn't ask coaches to preach to students about what they should and shouldn't do. Instead, coaches help the kids focus on the goal of running the marathon. "We know that drugs, alcohol and tobacco will decrease the students' running performance, and very soon most of them get a personal experience [with] just how much," Breese explains. "Same with pregnancy–the girls know they want to do something six months from now. This helps them gain ownership of their bodies."

■ In **Wray, Colo. (Project 3)**, activities that were fun and encouraging had a higher turnout than those that centered on formal education or one-on-one instruction, says Parker, the project director. Also, the presence of friends and spouses–any kind of company–tended to make people more likely to exercise.

■ In **Rhode Island (Project 12)**, the original plan to build 5-mile trails proved unrealistic. "A mile sounds far to an American," reported Garber, the evaluator. The staff adapted by creating shorter, more accessible routes–often loops–that people could walk during a lunch break, for example. Also, path markers every half mile proved too infrequent. In hindsight, staff realized that quarter-mile segments might have made the routes less intimidating to novice walkers.

Lessons Learned

A walking program over time may spur development of broader programming to meet a variety of needs and preferences.

■ The walking clubs started by the **Cherokee Nation (Project 16)** broadened to include strength training, biking and aerobics, says Lisa Perkins, a member of the community. The expansion accommodates people who want to work towards a healthier lifestyle but are not runners or walkers. Participants in physical activities earn points towards items such as fitness gear. Participants in non-physical activities–such as eating five fruits and vegetables per day, participating in community service projects and attending health talks–also can earn points but at a lesser rate.

■ The walking program in **Meadow Lakes, N.J. (Project 21)**, stimulated the development of other outdoor activities, according to Sharon Eldridge, executive director of the retirement community. For example, a gardener's group adopted an abandoned wildflower garden and began restoring it. Similarly, the walking program at the **Atlantic City (Project 8)** senior center increased interest in good nutrition.

■ The **Keep Moving (Project 6)** program in Massachusetts planned to introduce strength training to its walking program during 2004–2005. The new component was to be added to clubs whose members were walking 30 minutes at least five days a week.

■ The planned addition of a bicycle trail, community gardens and farmers' market in **Durham Central Park (Project 17)** present new opportunities for healthy-living education, says Scott, the project director. Communities should consider combining physical activity, nutrition programs and environmental education, he says.

Lessons Learned

Pedometers can motivate new walkers but need oversight for optimal use.

■ Walkers at the Atlantic City (Project 8) seniors' center received pedometers, but the original ones were hard to read and also easily lost. Staff replaced those devices with big-print pedometers and now collect them from the walkers after each walk.

Pedometers "made all the difference" in getting the walking program underway, says Epstein. People enjoy being able to track their steps.

■ Upon registering, for the Coeur D'Alene (Project 4) walking program, each community member completed a health and physical activity survey and received a pedometer to record steps. Lost pedometers were a problem, however, and replacing them strained the budget, says Weixel. The decision was that students should leave the pedometers at school and wear them only during school hours.

Lessons Learned

Without significant funding and support, service organizations that sponsor physical activity programs can find it challenging to take on additional activities, such as research and evaluation.

■ Neighborhood groups do not have the people, resources or expertise to do outcomes research on physical-activity projects, says Michaelson of the **South Providence Neighborhood Ministries (Project 12)**. They can, however, assist in documenting processes, she adds.

■ Even though **Keep Moving (Project 6)** is part of the Massachusetts government, staff found evaluation daunting, says Colavecchio. RWJF provided the money requested for evaluation, but program staff seriously underestimated the cost. RWJF funding enabled Tufts University faculty to help frame surveys to provide baseline information about walking-club members and to get feedback to improve the training for club leaders.

■ Staff and local evaluators for the projects in **Wray, Colo. (Project 3)**, and **Rhode Island (Project 12)** began gathering information for assessment of the initiatives. But because the projects did not survive after RWJF funding ended, the evaluation reports were not completed.

■ It can be difficult for staff in a community-based organization to take on new roles, such as advocacy or communications, says Fenyk, project manager of **New Jersey Walks & Bikes (Project 19)**. Staff may lack the training or be too busy to focus on additional, possibly unfamiliar jobs.

Lessons Learned

Messages promoting physical activity must be intense if they are to compete successfully with other messages and influences.

■ The media campaign in **Wheeling, W.Va. (Project 1)**, made an impact on walking behavior in the city, says Reger-Nash, the project director. Regular walking became a new community norm as well as a topic at meetings of physicians, school administrators, civic organizations, the city council and the local county commission. But the eight-week media effort was extensive. Reger-Nash calculates the campaign cost $4.10 per month for each person in the targeted 50–65 age group, although no doubt the message also reached sedentary people outside that population. Still, in terms of expenditures, the campaign was third in the city, only behind advertising for McDonald's and a local car dealership.

■ An isolated effort to promote physical activity may not be able to overcome other, more seductive messages. The staff's effort to reduce residents' use of motorized carts in the **Meadow Lakes, N.J. (Project 21)**, retirement community ran into insurmountable barriers, says Eldridge, executive director of the facility. Doctors prescribe and Medicare pays for the carts, and residents tend to use them even if they are no longer medically required, she says. Staff efforts to persuade residents to walk could not overcome the lure of the carts and the Medicare subsidy.

Case Study: Promoting Physical Exercise in an Inner-City Neighborhood

Promoting physical exercise in a low-income urban neighborhood can be an ongoing challenge that requires adaptive programming to meet residents' needs and preferences. That's what a nonprofit group in Providence, R.I., learned as it strived to increase the level of active living in a diverse, mainly immigrant neighborhood of the state's capital city.

South Providence Neighborhood Ministries, which provides various services to low-income residents, agreed to help sponsor a new 2.5-mile walking route along a main thoroughfare of what is known as the Broad Street neighborhood–where two-thirds of the people speak primarily a language other than English.

To support and promote the path, the group organized a coalition that included representatives of the city's police, parks and recreation departments; local health and community service agencies; neighborhood churches; the local Sierra Club chapter; and a community development corporation. The ministries group also put together a neighborhood advisory committee of residents, business owners and leaders, instituted walking groups, trained people to lead the groups and distributed maps and brochures translated into Khmer, Creole, Spanish and other languages used by residents.

All went well at first. A dozen agencies and businesses contributed to–or participated in–the route's opening-day celebration in May 2001. Over the next two years the ministries group counted some 160 walkers in 33 neighborhood walking groups.

But it didn't last. By spring 2004, the number of neighborhood walkers was down to 30. That's where adaptation came in. Staff of the ministries listened carefully and tried to offer active-living programs that fit what the residents themselves wanted-and when they wanted it. For example, physical activity programs at a neighborhood center were scheduled to coincide with times when residents were there for other reasons, such as picking up free food.

The strategy bore fruit. As of summer 2004, 25 people were attending Latin "dancercise" classes; 15 took a weekly Pilates class; and 10 participated in a Wednesday noon exercise class. For neighborhood children, the ministries group offered after-school and summer camp programs that included a Mileage Club. Ten laps around a church parking lot equaled a mile, and youngsters got a sticker for each mile they logged and a "toe token" to wear after five miles. On the wall of the activity room, the counselors posted "footprints" with the participants' names.

Staff of the ministries group has continued to look for new ways to encourage active living. Through focus groups, they learned that parents would not let their kids walk or play outside for fear of crime and violence. The group also learned that the only athletic facilities that many residents were aware of charged unaffordable fees. This sparked development of the Southside Physical Activity Directory–a listing in Spanish and English of free and low-cost neighborhood facilities and programs.

In a related development, the Broad Street coalition organized the cleanup of a derelict neighborhood park and track that had been taken over by gangs. The city's recreation, parks and police departments collaborated on the project, and summer Saturday walks were scheduled for the reclaimed park in 2004.

Appendix 1: Report Methodology

To gather information about the 25 projects and identify lessons from those efforts, the author:

- Interviewed approximately 30 individuals, including project directors and other staff. Also, Rich Killingsworth, former director of RWJF's *Active Living by Design*, provided insight into what grantee organizations encounter in the early stages of an initiative to promote physical activity. James Sallis, professor of psychology at San Diego State University and program director of RWJF's *Active Living Research* program, explained the current status of research in the active living field and identified key articles for review. In addition, Tom Schmid and Greg Heath at the federal Centers for Disease Control and Prevention provided information about ongoing research.

- Made site visits to:

  - The South Providence Neighborhood Ministries, a community-based organization that sponsored a path developed by the Rhode Island Prevention Coalition. The visit included an opportunity to learn how residents of the surrounding low-income, immigrant neighborhood have responded to the path and other efforts to promote physical activity.
  - The University of Pennsylvania School of Medicine to observe a registration session for participants in a study to promote walking among African-American women. Staff gave three potential participants an orientation, including the commitment required of participants and use of the project Web site and a pedometer.

- Reviewed reports submitted to RWJF by the grantee organizations and published articles resulting from the projects.

- Reviewed articles in the published literature on the effectiveness of community-level interventions to promote physical activity.

Appendix 2: RWJF's Five Active Living Programs

In the past five years, RWJF launched five national programs to promote physical activity:

- *Active Living Research* supports research to identify environmental factors and policies that influence physical activity. RWJF expects the findings to inform environmental and policy changes that promote active living. See ***www.activelivingresearch.org***.
- *Active Living by Design* incorporates activity-promoting goals and processes into community planning efforts and supports the development and testing of local active living projects. The program emphasizes efforts to reach low-income Americans. See ***www.activelivingbydesign.org***.
- *Engaging Leaders for Healthy Eating and Active Living* is working to educate and assist state and local officials to understand the connections among community design, physical activity and health. See ***www.activelivingleadership.org***.
- *Active for Life: Increasing Physical Activity Levels in Adults Age 50 and Older* seeks to increase the number of older adults who engage in regular physical activity. See ***www.activeforlife.info***.
- *Active Living Resource Center* encourages collaboration among planning, health, and nontraditional entities in the design of activity-friendly communities. See ***www.bikewalk.org/active_living.htm***.

Appendix 3: A Discussion of Strategies

Some public health researchers believe interventions that change the built environment–design and land use policies and practices of a community–may hold the most promise for increasing physical activity for the greatest number of people over the long term.

Most interventions to promote physical activity try to motivate and educate individuals and groups, according to James Sallis, Ph.D., director of the RWJF program *Active Living Research*. These approaches, however, reach only a small percent of the population and often have a weak effect, he says. "Most people reduce their physical activity when the program ends."

On the other hand, changes to the environment potentially reach all members of the community and are permanent. According to a 2004 research summary published by *Active Living Research*, studies consistently find that the way communities are built influences whether people drive, take public transportation, walk or bicycle.

For example, in neighborhoods that have a mix of homes, shops, schools and other destinations and where streets are interconnected and have sidewalks, people are apt to walk more. In the sprawling suburbs, where roads end in cul-de-sacs and people live far from daily destinations, people walk less.

"The studies that compare traditional and suburban neighborhoods convince many public health professionals that it is important to build more neighborhoods that make it easier for people to choose to be active," says Sallis. Researchers call these types of neighborhoods "activity-friendly environments."

However, communities seeking to change the built environment face challenges, notes Rich Killingsworth, M.P.H., former director of RWJF's program *Active Living By Design*. A design change to promote physical activity requires teamwork among people in the community who may not be accustomed to working together, says Killingsworth. For example, traffic engineers may consider their goal to make driving–not walking or biking–easier and thus may lack appreciation for how their decisions affect physical activity and health.

Another challenge is developing messages that resonate with the broad public and overcome other ingrained messages–"How to talk the talk of 'active living' effectively," as Killingsworth puts it. For example, in one project summarized in this report, the town transportation committee backed away from a plan to trade parking spaces for a bike route for fear the proposal would cause a community outcry.

People who are at high risk of physical inactivity and poor health may continue to need special outreach efforts that include informational, behavioral and social interventions. That is especially so for residents of communities where choosing to be active is difficult. Low-income seniors, African-American women, Native American youth and residents of a low-income, immigrant neighborhood were among the high-risk groups targeted by outreach projects summarized in this report.

For children and adolescents, two important influences on physical activity levels are access to programs and facilities and opportunities for exercise, research shows. Several of the grantee organizations in this report focused on those objectives. For example, Lambertville, N.J. made the creation of safe intersections near schools a top design priority to give children the opportunity to walk to school safely.

Whether people are physically active is most likely influenced by the interaction of many factors, according to researchers. Therefore, a variety of interventions may act synergistically. When directed at people living in activity-friendly neighborhoods, motivational and educational programs may have increased effectiveness, Sallis says.

Appendix 4: Grant and Contact Information for Projects

Community-Wide Campaigns

1. Developing a Media-Based Community Physical Activity Campaign
West Virginia University Research Corporation (Morgantown, W.Va.)
$340,211 (February 2001–December 2002)
Grant ID# 039750

Contact:
William E. Reger-Nash, Ed.D.
(304) 293-0764
wreger@hsc.wvu.edu

Individually Adapted Programs to Change Health Behavior

2. Increasing Sustained Participation in Walking Clubs
National Black Women's Health Project (Philadelphia, Pa.)
$350,000 (December 2001–July 2005)
Grant ID# 039973 and 044363

Contact:
Lorraine Cole
(202) 543-9311
cole@nbwhp.org

Ingrid Padgett
(202) 548-4000
padgett@nbwhp.org

Evaluation of a Walking Program for African-American Women
University of Pennsylvania (Philadelphia, Pa.)
$300,000 (February 2003–February 2006)
Grant ID# 040357

Contact:
Shiriki Kumanyika
(215) 898-2629
skumanyi@cceb.med.upenn.edu

Melicia Whitt
(336) 716-9354
mwhitt@wfumc.edu

Desiree Burgh
(215) 573-0719
Dburgh@cceb.med.upenn.edu

Social Support Interventions in Community Settings

3. Supporting Health and Physical Activity in a Rural Community
Wray Rehabilitation and Activities Center (Wray, Colo.)
$139,998 (September 2000–September 2002)
Grant ID# 038181

Contact:
Revae Parker
(970) 332-4431
revaeparker@yahoo.com

Judy Snedeker
(970) 332-4451

4. Promoting Physical Activity in the Coeur D'Alene Tribal Community
Coeur D'Alene Tribe (Plummer, Idaho)
$298,135 (August 2001–May 2004)
Grant ID# 040271 and 042950

Contact:
Cheryl Weixel, M.Ed.
(208) 686-9355
cweixel@bmc.portland.ihs.gov

5. Implementation of a Community Walking Program
Mannington Main Street (Mannington, W.Va.)
$2,000 (August 2001–December 2002)
Grant ID# 042592

Contact:
Leisha Elliott
(304) 986-2037
mannmain@neumedia.net

6. Keep Moving: Expanding a Statewide Walking/Health Education Program for Older Adults
Massachusetts Governor's Committee on Physical Fitness and Sports (Boston, Mass.)
$165,000 (February 2001–January 2004)
Grant ID# 040484

Contact:
Janet Marble
(617) 994-9808
jan.marble@state.ma.us

7. Expanding a Community-Based Walking Program
Hunterdon Regional Community Health (Hunterdon, N.J.)
$40,000 (February 2003–January 2004)
Grant ID# 047610

Contact:
Shawn M. Arent
(732) 932-8669
smarent@rei.rutgers.edu

Donna Knoell
(908) 788-6651
(908) 788-6413
knoell.donna@hunterdonhealthcare.org

Kathleen Shimomura
(908) 788-1342
shimomura@aesop.rutgers

8. Developing a Senior Walking and Wellness Program in Atlantic City
BERON Jewish Older Adult Services of Atlantic and Cape May Counties (Atlantic City, N.J.)
$38,000 (February 2003–January 2005)
Grant ID# 047484

Contact:
Adrienne Epstein
(609) 345-5555
beronjoas@hotmail.com

9. Healthy Nations: Reducing Substance Abuse Among Native Americans
Seattle Indian Health Board (Seattle, Wash.)
$913,322 (December 1993–July 2001)
Grant ID# 023259 and 028262

Contact:
Steve Gallion
(206) 324-9360
steveg@sihb.org

10. Wellness and Self-Improvement Program for Youth Replication of the Students Run L.A. Program
Students Run America (Los Angeles, Calif.)
$470,607 (August 1998–July 2005)
Grant ID# 034964 and 049184

Contact:
Kristine S. Breese
(310) 215-0064
ksbreese@aol.com

11. Promoting Health and Self-Esteem Through a Running Program for Middle and High School Students
National Nursing Center Consortium (Philadelphia, Pa.)
$495,203 (July 2004–June 2008)
Grant ID# 051434

Contact:
Heather McDanel
(267) 765-2387
mcdanel@nncc.us

Creating or Enhancing Access to Places for Physical Activity in Combination with Informational Outreach Activities

12. Pilot Program to Encourage Physical Activity in Rhode Island Communities
Rhode Island Public Health Foundation (Chepachet, R.I.)
$618,828 (January 2000–December 2003)
Grant ID# 036432

Contact:
Avery Colt
(508) 325-4660

Carol Garber
(401) 447-8750
cegarber@aol.com

13. Providing Information on Central New Jersey's Walking Trails
Delaware & Raritan Greenway (Princeton, N.J.)
$42,012 (September 2002–August 2003)
Grant ID# 045897

Contact:
Linda J. Mead
(609) 924-4646
lmead@delrargreenway.org

14. Developing a Corporate Walking and Biking Program in Greater Mercer County
Greater Mercer Transportation Management Association (Princeton, N.J.)
$49,967 (October 2002–December 2003)
Grant ID# 046666

Contact:
Sandra Brillhart
(609) 452-8844
sandra.brillhart@verizon.net

15. Expanding a National Campaign to Promote Bicycle-Friendly Communities Increasing the Number of Bicycle-Friendly Communities in New Jersey
League of American Bicyclists (Washington, D.C.)
$325,000 (March 2002–December 2004)
Grant ID# 043606 and 050074

Contact:
Anthony Yoder
(202) 822-1333
anthony@bikeleague.org

16. Healthy Nations: Reducing Substance Abuse Among Native Americans
Cherokee Nation of Oklahoma (Tahlequah, Okla.)
$1,125,592 (December 1993–November 2000)
Grant ID# 023249 and 028250

Contact:
Cheryl Weixel, M.Ed.
(208) 686-9355
cweixel@bmc.portland.ihs.gov

17. Creating an Activity-Friendly Community in Durham Central Park
Durham Central Park (Durham, N.C.)
$129,421 (January 2001–December 2002)
Grant ID# 040172

Contact:
Leigh Scott
(919) 682-2800
durhamcentralpark@downtowndurham.com

18. Developing Walkable Neighborhoods for Seniors
University of California, San Francisco, Institute for Health and Aging (San Francisco, Calif.)
$160,785 (August 2002–August 2004)
Grant ID# 045562

Contact:
Lisa Cirill
(916) 552-9943
lcirill@dhs.ca.gov

19. Planning and Designing the New Jersey Walks & Bikes Program
Rutgers University Foundation (New Brunswick, N.J.)
$315,203 (July 2000–December 2004)
Grant ID# 045902 and 049537

Contact:
Heather Fenyk
(732) 932-6812 x 694
(732) 846-7993
fenyk@eden.rutgers.edu

20. Adopting a Walking Path Program to Increase Physical Activity
Borough of Metuchen (Metuchen, N.J.)
$19,400 (February 2002–July 2003)
Grant ID# 044133

Contact:
Nancy S. Goldberg
(732) 632-8502

21. Developing a Walking and Health Education Program for the Elderly
Presbyterian Homes at Meadow Lakes (Meadow Lakes, N.J.)
$28,000 (February 2003–January 2004)
Grant ID# 047509

Contact:
Sharon Eldridge
(609) 426-6801

Changes in Design and Land Use Policies and Practices

22. Determining the Feasibility of Developing a Community Walking and Biking Route
Township of Maplewood (Maplewood, N.J.)
$50,000 (November 2002–December 2004)
Grant ID# 046569

Contact:
Vicki H. Arlein
(973) 761-0312
vherzfelderarlein@comcast.net

23. Developing a Plan to Calm Traffic and Promote Walking and Biking in Lambertville, N.J. Developing Regulatory and Planning Codes to Encourage Activity-Friendly Community Design
City of Lambertville (Lambertville, N.J.)
$75,000 (February 2003–October 2003)
Grant ID# 047473 and 047475

Contact:
Cindy Ege
(609) 397-0110
cege@thenewgrange.org

24. Building Healthy Tribal Villages
Ho-Chunk Community Development Corporation (Walthill, Neb.)
$85,000 (March 2003–June 2004)
Grant ID# 048052

Contact:
Judi Meyer-Ogden
(402) 846-5353
jmeyer@hochunkcdc.org

25. Expanding Public Access to a Model Urban Community Pathway Program
Groundwork Somerville (Somerville, Mass.)
$10,000 (May 2003–October 2003)
Grant ID# 046875

Contact:
Bryce Nesbitt
510-540-8421
bryce2@obviously.com

Web Site:
www.GroundworkSomerville.org

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Credits

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All photographs except those on pages 9 (top), 22 (bottom), 26 and 27 were taken by Miriam Sushman. Photographs represent intervention categories such as exercise and physical activity, they are not photographs of programs mentioned in this report.