



The Surgeon General's Call to Action for Walking: A Step in the Right Direction for All Americans

A Memo Prepared by PolicyLink and Prevention Institute for the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention

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PolicyLink and Prevention Institute commend the Surgeon General's commitment to improving America's health through walking, and are pleased to offer comments to the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention for the development of the Surgeon General's call to action on walking. PolicyLink and Prevention Institute are national leaders in identifying strategies to improve health, prevent disease, and address inequities while saving money and stimulating the economy. As essential parts of the Convergence Partnership¹ – a collaborative of major philanthropic funders and advisers – we see ourselves as allies to federal efforts that aim to improve health and equity for all Americans.

Walking is one of the most beneficial and accessible forms of physical activity. Walking is not only a gentle, low-impact exercise that can improve physical and mental health, it is a universal form of transportation that offers benefits for the environment, the economy, and even society—walking is a way for improving engagement between people and their surroundings. Walking is critical for this country's health as it serves as an important way for Americans to meet their minimum daily requirements for physical activity. Walking has recreational and significant health benefits, and it also serves as a critical mode of transportation, particularly for those without a car and who need access to public transportation, jobs, health care, food, schools, and other essential services. Walking holds great promise for Americans with the greatest health needs. With proper planning, infrastructure, and support, prioritizing walking in America could be an effective way to reverse national epidemics of obesity and diabetes, reduce major health inequities, and improve community conditions, particularly low-income people and communities of color.

¹In 2006, a collaboration of funders came together to create the **Convergence Partnership** (convergencepartnership.org), with the shared goal of creating equitable policy and environmental change to achieve healthy people in healthy places. The steering committee includes representatives of Ascension Health, The California Endowment, Kaiser Permanente, Kresge Foundation, Nemours, Rockefeller Foundation, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as technical advisors. **PolicyLink**, a national research and action institute devoted to advancing economic and social equity, serves as the Program Director of the Convergence Partnership. **Prevention Institute**, a national non-profit organization dedicated to improving community health and equity through effective primary prevention, provides policy research and analysis along with strategic support. The Convergence Partnership organizes a network of more than 150 state, regional, and local foundations that provide resources and leadership in urban and rural communities to advance the health of all Americans.

This memo offers recommendations for ensuring the Surgeon General’s call to action for walking maximizes impact for health and equity.

These recommendations are based on the extensive experiences and successes of PolicyLink and Prevention Institute, including our work with the Convergence Partnership, to develop community prevention initiatives focused on environmental change, diverse partnerships, and underlying factors that impact health and equity. The Convergence Partnership recognizes that healthy behaviors are best supported by societal norms that encourage them and environments that support people to implement in them. The following are critical areas of consideration for health and equity in the Surgeon General’s call to action. Outlined below, these recommendations are discussed in detail on the pages that follow.

To maximize impacts for health and equity, we recommend that the Surgeon General’s call to action:

- ❖ **Prioritize the walking needs of low-income people and communities of color by advancing and prioritizing equity in all efforts to promote walking**
- ❖ **Promote physical conditions that support walking and rolling by prioritizing investments in community prevention strategies**
- ❖ **Address safety as a barrier to walkability**
- ❖ **Foster multi-field partnerships and collaboration at the local, state, and national levels to plan and implement strategies for both walking and safe, walkable communities**

Recommendation: Prioritize the walking needs of low-income people and communities of color by advancing and prioritizing equity in efforts to promote walking.

Low-income people and communities of color are disproportionately impacted by chronic diseases associated with poor physical activity. These communities also suffer from greater environmental barriers to walking. Poor or nonexistent walking paths, traffic conditions, and lack of connectedness between essential needs and services – like public transportation, jobs, health care, food, schools, and other essential services – can contribute to poor walkability. In rural communities, the risk of fatalities from walking is high due to high speeds, no paved shoulders or sidewalks, and no crossings. Longer distances, narrower roads with no places to walk raise unique challenges.

A range of systems, policies, and programs—including transportation, housing, education, health—should support walking and other forms of physical activity for *all* communities, requiring an intentional focus in addressing health inequities in populations most disproportionately impacted by America’s transportation system—low-income people, people of color, children, older adults, and people with disabilities.

Strategies for operationalizing equity into walking initiatives can include:

- Targeted investments and efforts in communities with the greatest need (i.e., emphasizing places with poor transportation infrastructure coupled with high levels of poverty, unemployment, violence, and/or chronic disease)

- Substantive funding for grassroots groups and community-based organizations to meaningfully participate and lead walkability efforts
- Cultivation of community leadership and ongoing community engagement to influence decision-making
- Adoption of a health and equity in all policies approach
- Application of equity tools and resources such as health impact assessments, [Getting Equity Advocacy Results \(GEAR\)](#) by PolicyLink (www.policylink.org/gear), and the [Transportation and Health Toolkit](#) from the Convergence Partnership (www.convergencepartnership.org)
- Ongoing evaluation and development of indicators to assess equity impacts

The Seattle Department of Transportation's (SDOT) pedestrian program has successfully identified a strategy to operationalize equity in its walking initiatives. Unlike many transportation agencies in the country, SDOT has made it a priority to sponsor both community- and staff-initiated projects. The pedestrian program has a broad purview that includes assessing and maintaining over 700 intersections, implementing both small- and large-scale pedestrian projects, making more than 300 improvements at spot locations throughout the city, and overseeing the gradual implementation of neighborhood plans developed by community residents in the late 1990's. SDOT systematically partners with local advocacy groups, responding to citizen groups and neighborhood plans, seeking review and comment from pedestrian advisory boards, and conducting systematic inventories of neighborhoods. Through this process, SDOT has worked to ensure equitable distribution of limited resources across the region.

Recommendation: Promote physical conditions that support walkability by prioritizing investments in community prevention strategies that support walkability.

Health and wellbeing are influenced by the social, cultural, and environments in which people live, work, play, learn, and pray. People of all ages and disabilities deserve the opportunity to walk around in safe community environments that connect them to people and their everyday destinations. Policy and environmental changes strategies that support walkable communities include:

- Development of walkable neighborhoods that connect to housing, employment, public transit, healthcare, healthy food retail, and other community resources, with special attention to preventing displacement of low-income residents and people of color
- Smart growth strategies and zoning for new developments and revitalizing communities including compact and mixed-use zoning, thriving retail, and transit-oriented development
- Connection of roadways to complementary systems of trails and bike paths that provide safe places to walk
- Implementation of physical improvements such as curb cuts to meet the needs of all users, including people with disabilities (e.g., people using wheelchairs, canes, crutches, etc.)
- Renovation of schools already located in neighborhoods so that students can easily walk or bicycle, or when building new schools, ensure that they are located in areas that are easily accessible by walking, bicycling, and public transit
- Infrastructure investment decisions that address the unique needs of urban, suburban, and rural communities. For example, investments supporting walkability in a rural community may focus on improving road shoulders and building trails to town center.

- Link walkability efforts to broader movements such as bikeability and public transit use in order reach broad-scale impact and achieve co-benefits for diverse partners
- Integration of walking in organizational practices of key institutions—schools, childcare and afterschool settings, hospitals, workplaces, government, and the private sector—so people can easily incorporate walking into their daily routines

Transit-oriented development (TOD) is one example of a community investment that can promote walkability. TOD is an integrated approach to transportation and land use planning which prioritizes pedestrian access between the transit stop and the surrounding area. In the Fruitvale neighborhood of Oakland, California, the UNITY Council, the neighborhood’s community development corporation, worked tirelessly with the community for over a decade to build a transit-oriented development in the heart of this underserved, largely low-income, Latino neighborhood. Together with the City of Oakland, Bay Area Rapid Transit, businesses, and financiers, the Council and residents built the Fruitvale Transit Village. The Village, which sparked adjacent bike lanes and a weekly farmers’ market, takes a comprehensive approach to healthy communities by providing community services and specific health resources, with onsite daycare, a health clinic, high school, senior center, library, and sit-down restaurants. Five hundred jobs are provided onsite, and several thousand people receive services there each day. The Village and the opportunities it attracts ensure that all residents, from infants to elders, are provided with the education, services, housing, jobs, and community necessary to live a healthy, rewarding life.

Recommendation: Address safety as a barrier to walkability.

The presence and fear around pedestrian safety—both related to traffic injuries and violence—are major barriers to walking and have an overall effect on health and wellbeing.

Traffic Safety. Many low-income residents without access to personal automobiles rely on walking as a main mode of transportation. Often the communities they live in lack the infrastructure needed to protect their safety, making it more likely for them to be struck by an automobile. Older adults and people with disabilities, children, and other vulnerable populations also face safety-related transportation challenges, resulting in isolation and limited access to services. Injury prevention strategies that support walking include:

- Investment in underserved areas and those with high crash rates
- Complete streets designed and operated to enable the safe and convenient travel of all users of the roadway including pedestrians, bicyclists, users of public transit, motorists, children, the elderly, and people with disabilities.
- Traffic-calming measures
- Safe routes to transit stops and to schools

Violence Prevention. Neighborhood safety is also a critical public health issue, especially in communities burdened with high rates of violence. Community violence presents a barrier to people’s access to safe physical activity and is a key equity concern. As walking strategies are employed, there is an opportunity to leverage the vast knowledge around preventing and reducing violence and apply an integrated

framework for creating safe environments for walking and other forms of physical activity. Violence prevention-oriented strategies for walking include:

- Crime Prevention through Environmental Design (CPTED)
- Community design, such as aesthetic enhancements of neighborhoods, street light repairs, graffiti removal, to increase perceptions of safety
- Foster social and community cohesion to increase perceptions of safety and neighborhood walking
- Safe passages to schools (i.e., safe routes to school efforts with an intentional focus on violence prevention and educational attainment)

The Shawnee neighborhood of Louisville, Kentucky has taken on the issue of walkability through both traffic safety and violence prevention. Shawnee residents experience more negative health outcomes and disproportionately higher rates of violence, linked to an overabundance of alcohol retail, compared to other communities. The neighborhood, along with the health department and local businesses, came together to reduce violence and to build assets in the community that improve health, including healthy food and opportunities to be physically active. The partnership established Shawnee as a “Healthy Zone,” and worked with retailers to remove tobacco and alcohol advertisements from storefronts and to have sections of the market reserved for healthy food. The partnership addressed graffiti and neighborhood blight in order to positively influence perceptions of safety and encourage more residents walk in the neighborhood. The “Healthy Zone” effort encourages neighborhoods to coordinate efforts, leverage community assets, and move forward approaches that address multiple issues and create healthier environments.

Recommendation: Foster multi-field partnerships and collaboration at the local, state, and national levels to expand opportunities for walking.

Engagement of partners ranging across a diverse fields and sectors can bring a breadth and depth of knowledge and skills for advancing meaningful policy and environmental changes. Groups such as transportation, planning, public health, education, environmental justice, economic development, sustainable agriculture, and justice all have an important contribution to creating walkable communities.

Strategies for fostering collaboration to improve walkability include:

- Benchmarks that measure of how much and how well agencies, organizations, and practitioners across fields and sectors are working together and identifying opportunities for increased or improved collaboration
- Incentives and rewards for state and local agencies committed to better cross-agency collaboration and integration of programs and policies for collective impact
- Coordination across federal agencies through the National Prevention Council, aiming to have other agencies incorporate walking into their organizational practices and implementation plans

One successful example of collaboration to improve walkability comes from a diverse group in the small state in New England. With financial support from the Convergence Partnership, the HNH Foundation of New Hampshire strategically partnered with the local public health department to bring together multi-field interests to change policies and environments to improve walking conditions in an underserved community in the small city of Manchester. Using funds strategically aimed at building collaboration, HNH funded a part-time staff person at the Manchester Health Department to support a multi-sector HEAL Policy Committee, which actively engaged representatives from city departments, local health care organizations, social service agencies and academia, as well as five Manchester residents from target neighborhoods.

Together, the Committee conducted several neighborhood assessments (including food audits of corner stores and markets), coordinated a Health Impact Assessment training for city department staff and community partners, and hosted quarterly meetings that featured information sharing by representatives from key city departments. The HEAL Committee worked with the city's planning and community development departments and developed plans to transform residential alleyways into livable spaces that increase pedestrian safety and support neighborhood connections to schools and parks. Resident input also resulted in the installation of 15 new pedestrian crosswalks (including one imprinted crosswalk in a high pedestrian/high traffic area) and pedestrian crossing signage at two high pedestrian/high traffic locations.

Conclusion

The Convergence Partnership is excited by the opportunities that the Surgeon General's Call to Action will present for communities across the country, particularly those most in need. The Partnership is enthusiastic to share its expertise and wealth of tools and resources in healthy, equitable community and regional planning and development. The Convergence Partnership would welcome the opportunity to discuss these recommendations, share their tools and resources, and discuss opportunities for capacity building to further promote health, equitable, and walkable communities across America.

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