Fighting the Epidemic No One is Talking About

Creating Active
Communities
Jefferson County,
Watertown, NY
Sep. 2006

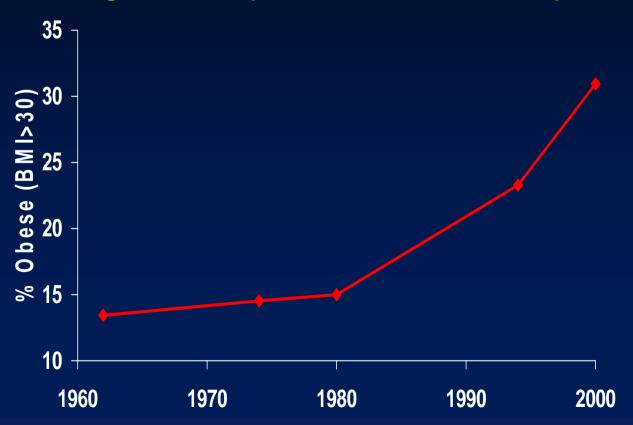


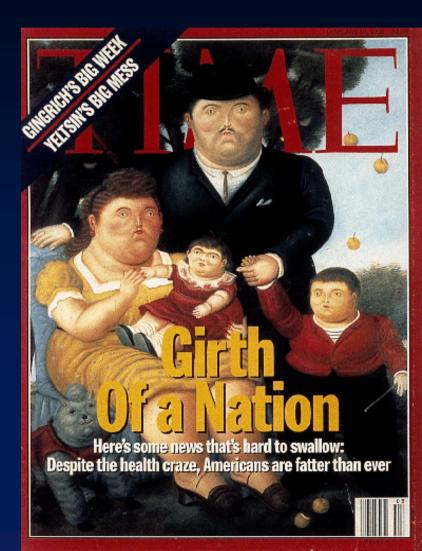
Mark Fenton; mark.fenton@verizon.net

America's looming chronic disease apocalypse...

US "Obesity Epidemic"

Ogden et. al. (JAMA 288, 14; Oct. 2002)





USA Today Mar. 2005

Oil drilling in Alaska Nat'l Wildlife Refuge.

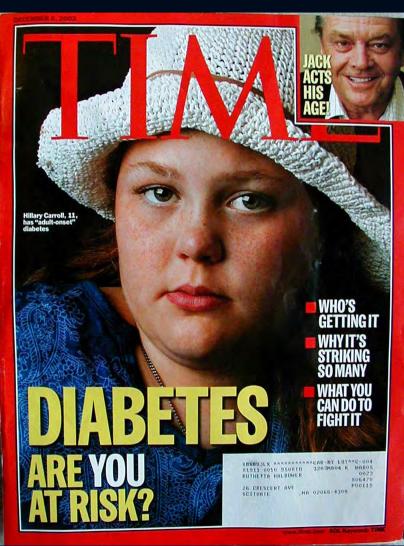
INSIDE: GM profits plummet . . .

"Obesity threatens life expectancy."



"Supersize Me?"



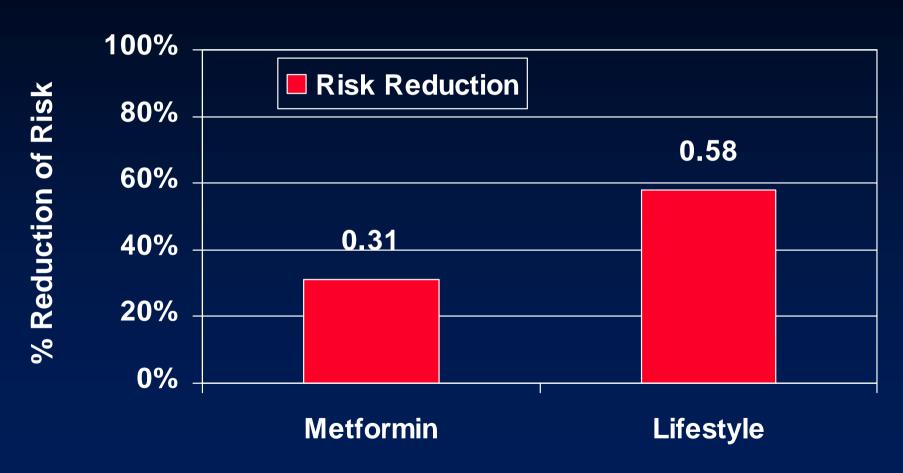


Diabetes Prevention Program (DPP)

- Compared three treatments for nationwide cohort (3,000+) at risk for developing diabetes (elevated fasting glucose).
- 1. Control: Standard exercise and nutrition counseling; placebo.
- 2. Standard plus drug treatment: Metformin
- 3. Intensive lifestyle change: Nutritional training, 150 min./week physical activity.

Diabetes Risk Reduction

(Diabetes Prevention Program; NEJM, April 2002)



Relative to Control Group (standard intervention)

My Rant:

Change the conversation. It's not just an obesity epidemic. It's an epidemic of physical inactivity and poor nutrition.

Rank the priority of these five activities for me:

- 1. Local planning board meeting.
- 2. America on the Move national meeting.
- 3. Belmont Health Fair lead walks, etc.
- 4. Address Governor's task force on the MA Highway Design Manual.
- 5. Nordic Walking (w/poles) fitness video.



Health Fair:







But how much, and what activity to recommend to average people?

Surgeon General's Report on Physical Activity & Health, 1996

- 30 minutes of moderately vigorous physical activity.
- Most (all) days of the week.
- Can be broken up.
- Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia, clinical depression, a growing list of cancers.



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The Activity Diamond

Fitness: 20+ min. hard, 3+ days. ACSM fitness recommendation, 1978-2000.

Weight loss: 60-90 min., 5+ days.

USDA Dietary Guidelines, 2005.

Health: 30 min. a day.

Surgeon General's Report on Physical Activity & Health, 1996.

Health Fair is #5 because:

- Only reaches those who show up!
- And only a fraction of those will actually use the information.





Recommendation 1:
Think about scale. Ask the simple question: how many people can and will this affect?



Nordic Walking benefits:

- 20% 40% boost in energy expenditure.
 - Increased upper body workout (arms, chest shoulders, back, abs).
- Improved balance; reduced loads on feet, legs.

www.nordicwalker.com

BUT: Nordic Walking? Another fitness fad? What about the "dork factor?" Or the stickiness problem?







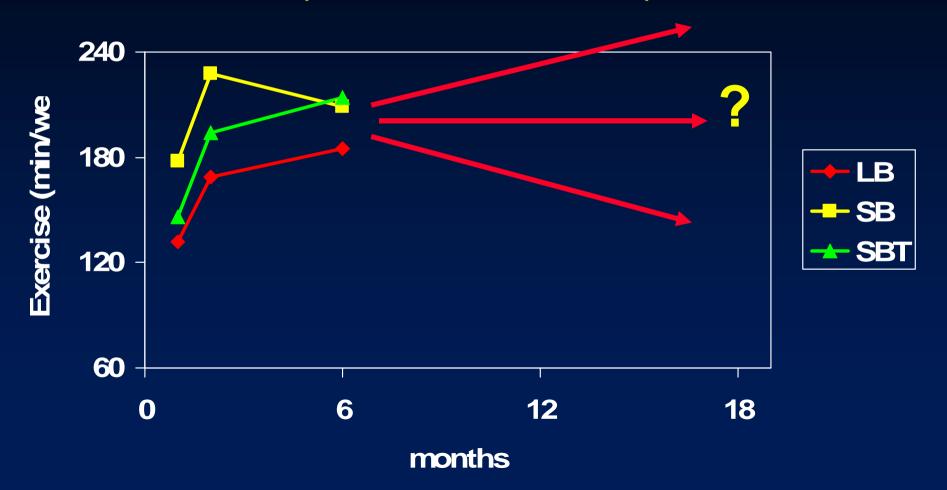




Exercise Participation

Effect of Short Bouts, Home Treadmills

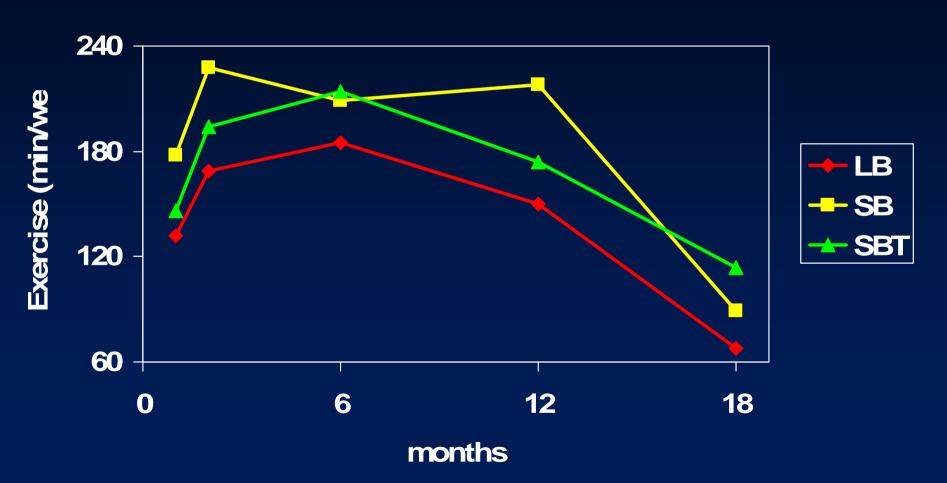
(Jakicic et.al., JAMA 282, 16)



Exercise Participation

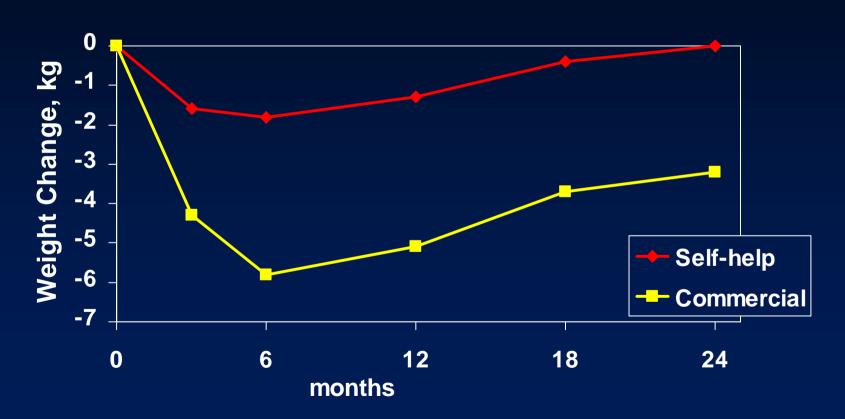
Effect of Short Bouts, Home Treadmills

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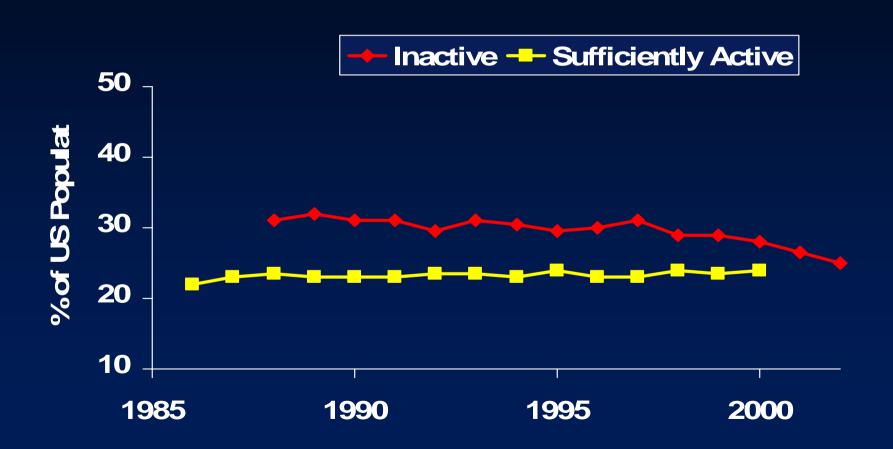
Self-help vs. Commercial Weight Loss Programs

(Heshka et.al., JAMA 289, 14; April 9, 2003)



Physical Activity in the US

(MMWR 50 (09); 166-9; Mar. 9, 2001)



Recommendation 2: Go for breadth—not just "exercise" for the actively inclined. We need increases in routine, daily physical activity for everyone.

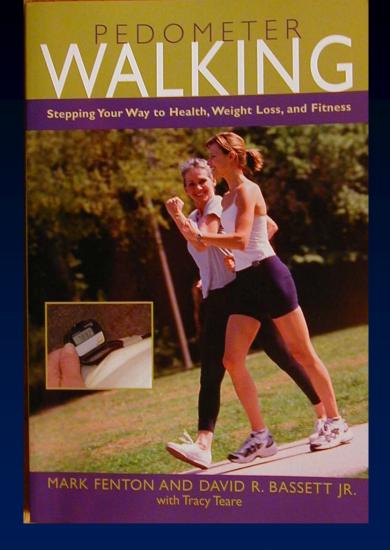
America on the Move:

Pedometer based, targets 2,000 step/day increase.

The focus is on routine lifestyle activity.



www.americaonthemove.org



A moment of shameless self-promotion:

Pedometer Walking

by David Bassett & Mark Fenton, with Tracy Teare.

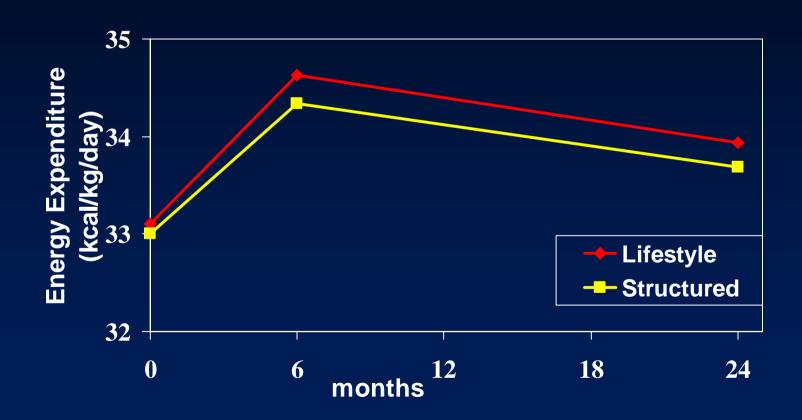
A compilation of the latest research & practical advice on pedometer use.



How has advising people to "take the stairs ..." worked?

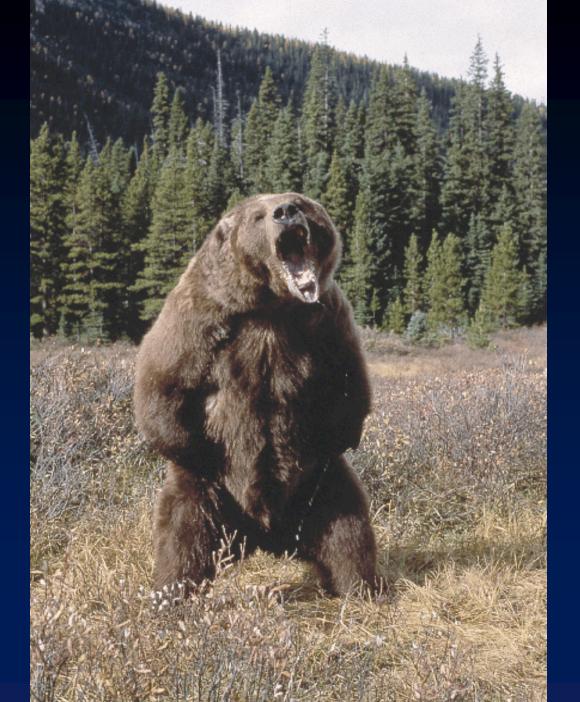
Energy Expenditure Lifestyle vs. Structured Activity

(Dunn et.al., JAMA 281, 4)



An approach to increasing physical activity...

P.A.P.I. (?)



Physical Activity **Promotion** through Predator Introduction

Social Ecology Model

Determinants of behavior change Sallis, Owen, "Physical Activity and Behavioral Medicine."

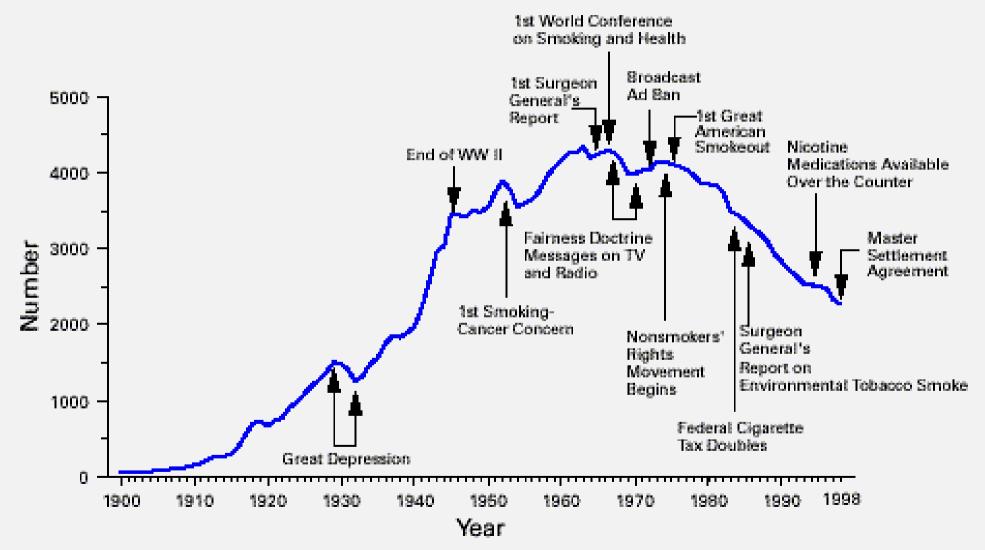
- Individual (readiness, efficacy)
- Interpersonal (family, friends)
- Institutional (school, work, HMO)
- Community (networks, local gov't)
- Public Policy (transport, land use)



Socio-ecological success: tobacco

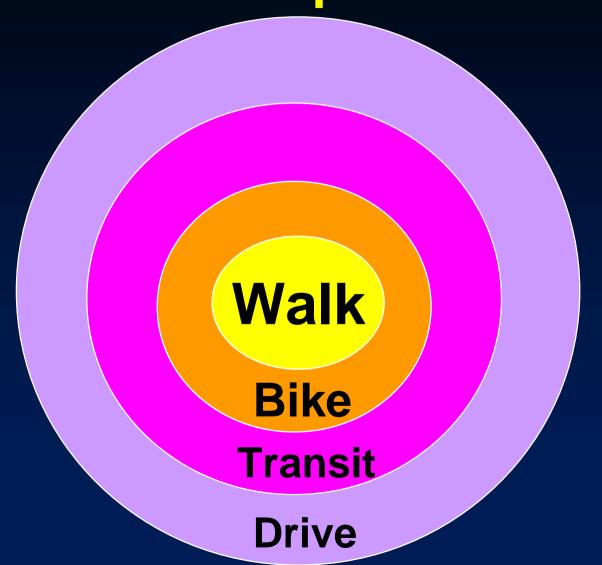
- Individual education, medication
- Interpersonal 2nd hand smoke, kids
- Institutional work place bans
- Community smoke free policies
- Public Policy taxes, enforcement, advertising bans, SG's warning label.

FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998



Sources: United States Department of Agriculture; 1986 Surgeon General's Report.

The ideal "trip" decision hierarchy*:



*Nearly 25% of trips are less than or equal to one mile. (1995, NPTS)

Recommendation 3: We have to make physical activity the easier choice actually safer, more convenient, and more fun than being sedentary.

Planning Board: Directly impacts local environmental factors.





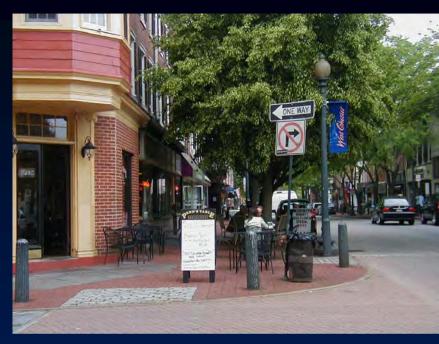






So, what seems to matter?

- Destinations within walk & bike distance?
- Sidewalks, trails, bike lanes, crossings?
- Inviting settings for bikes & pedestrians?
- Is it safe?





Land use.

Schools in town.

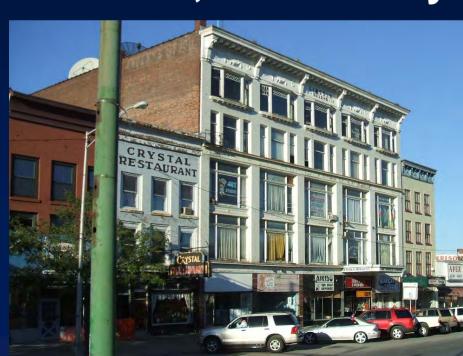
Smaller lot sizes.



Accessory dwellings.

Mixed use, multi-family.





Network.



- Presence of sidewalks, paths.
- Shorter blocks, more frequent intersections.
- Access to trail, park, greenway.



Comfortable pedestrians? Drivers?





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Bicycle network options:

Denver, CO

Washington, DC







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Site design:





Where would you prefer to shop on foot?

It's not a theoretical question:





Where would you feel more comfortable shopping on foot?

Site design.

- Pedestrian friendly architecture is near the street, not set back.
- Trees, benches, water, aesthetics, human scale.
- Details: bike parking, greenery, open stairs...





Safety.



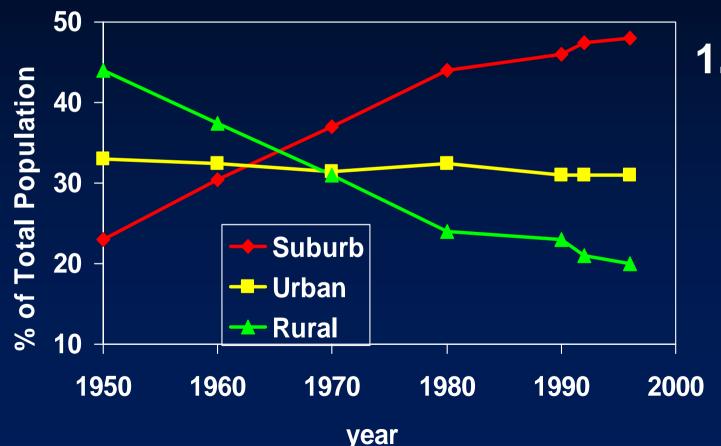
- Engineering can dramatically improve safety.
- Increasing ped and bike trips decreases overall accident & fatality rates.



"But we're a very rural region . . . ?"

Suburbanization of America US population shift, 1950-1996

(after Bowling Alone, R. Putnam, 2000)



1. Suburbia is steadily consuming the landscape . . .

2. Rural areas are where we can affect the shape of development before it's done!





Recommendation 4: The built and policy environments matter, so work on improving them. Start by getting people realizing what works and what doesn't.

Two great national groups that can help:

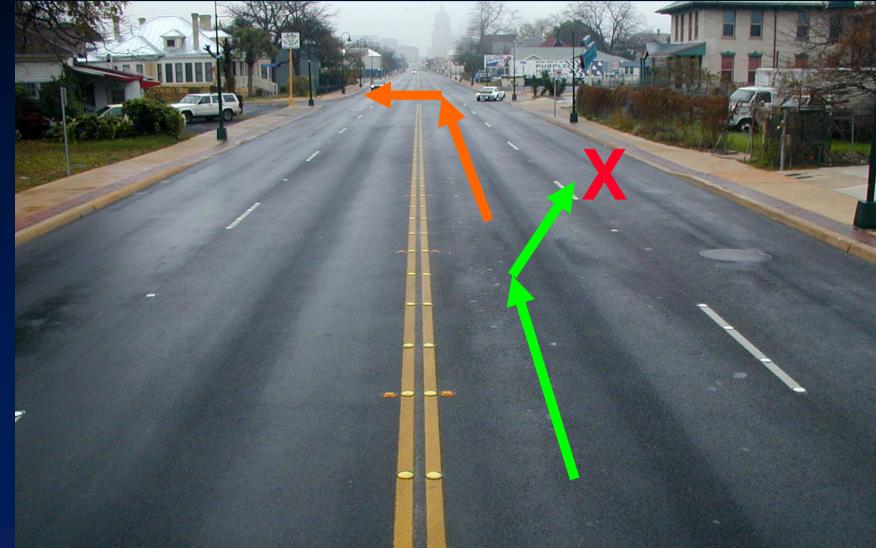




America Walks:
www.americawalks.org
League of American
Bicyclists:
www.bikeleague.org

1. Highway Design Manual: Affect the built environment for years to

come.







The Story of "4":

4,000

Approximate number of annual pedestrian deaths in America.

40,000

Approximate total annual deaths in motor vehicle crashes.

400,000*

Approximate annual deaths due to sedentary living and poor nutrition.

*Rounded up from corrected 365,000.

40,000,000,000

\$40,000,000,000

Approximate direct annual medical expenditures due to obesity, borne by taxpayers. www.cdc.gov/nccdphp/dnpa/(Obesity Research, Finkelstein et.al., Jan, '04)

Calculate the cost of inactivity at: www.activelivingleadership.org

E.g.: Business employing ~250 in Jefferson County, annual costs of physical inactivity:

Medical care: \$21,336

• Worker's comp.: \$1,452

• Lost productivity: \$569,182

• Total: \$591,970

So my choices:

- 1. Highway Design Manual, Governor's Task Force.
- 2. Local planning board meeting.
- 3. America on the Move national meeting.
- 4. Nordic Walking (w/poles) fitness video.

Don't bother: Community Health Fair.

A QUIZ: How best to invest mini-grant \$\$\$\$\$ to improve community health?

- 1. Equipment for a fitness center/gym.
- 2. Launch "active commute" program (e.g., covered bike parking, lockers, showers).
- 3. Host a health fair & speaker series.
- 4. Start a trail around/near worksite.
- 5. 16 week employee walking program (pedometers, T-shirts).

How do you help?

- Speak up: To patients/clients, to media, to community leaders.
- Act up: Help improve the built environment for walking, cycling.
- Step up: Be a role model—build more activity into your day!

Speak up:

- No more 'obesity epidemic.'
- Prescribe physical activity to patients, clients, friends, family.
- Encourage routine physical activity, help people build active lifestyle skills.
- Be an advocate for more walkable, bicycle-friendly communities.

Act Up:

Media, community workshops, & local activism.



www.americawalks.org www.bikeleague.org



Safe Routes to School; Walk to School Day Oct 4, 2006; www.walktoschool.org





Activity promotion programs; active commuting, etc.

Support bike & pedestrian facilities, trails, safety, & land use decisions.



Get outside your comfort zone; attend other meetings; learn!

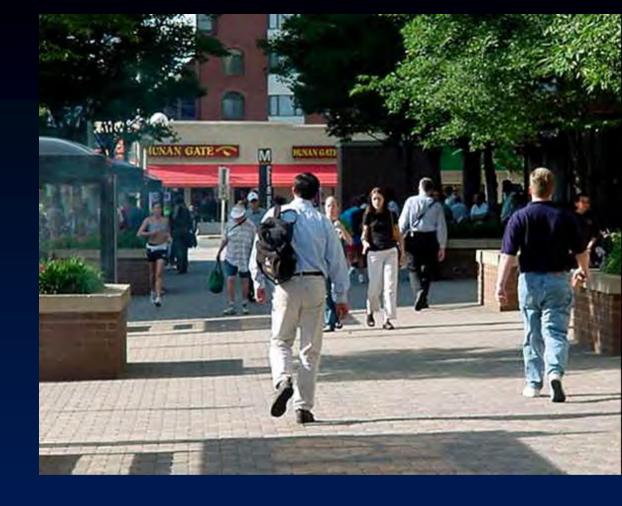
- Planning
- Zoning
- School
- Recreation
- Conservation
- Historical Society
- Chamber of Commerce
- Neighborhood Association



Policy information: www.lgc.org www.vtpi.org

Step up: Be an active role model.





Leave the car behind at least one trip per week; walk, bike, or take transit instead.

Recommendation #5: Be *stickier* with all three P's . . .

- Programs: Build awareness, support, skills, & plans.
- Projects: Improve the built environment for walking, cycling
- Policies: Rewrite the rules so the changes stick!

Programs:

Media, community workshops, & activism training.





Walk to School & Safe Routes promotions.



Activity promotion programs. E.g. 10,000 steps a day; www.americaonthemove.org



Activecommute incentives; E.g., tax free transit pass, health benefit discount.

Start with one-shot events, but look toward long-term impacts.

- Monthly, weekly, daily farmer's market, walking event.
- Street fair, walk, concert, (on a road considered for calming or closure).



Projects:

Bike lanes, narrowing, traffic calming, multiuse trails.







Road paint, cones, curbs, plantings, . . .



Bike parking, lockers, showers; walking paths, countdown timers.



School siting, district lines, bus policies.



DPW standards: snow removal, road lanes, crossings...

Policies:

Zoning: Mixed use, accessory dwellings, open space conservation.



Site standards: Setbacks, parking, access.





School siting, district lines, bus policies.



Sidewalk standards, street cleaning, bike lanes, crossings...



Zoning: Mixed use, accessory dwellings, open space conservation.



Site standards, setbacks, parking, access.



Get outside of your comfort zone; attend other meetings; learn!

- Planning
- Zoning
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The simple prescription?

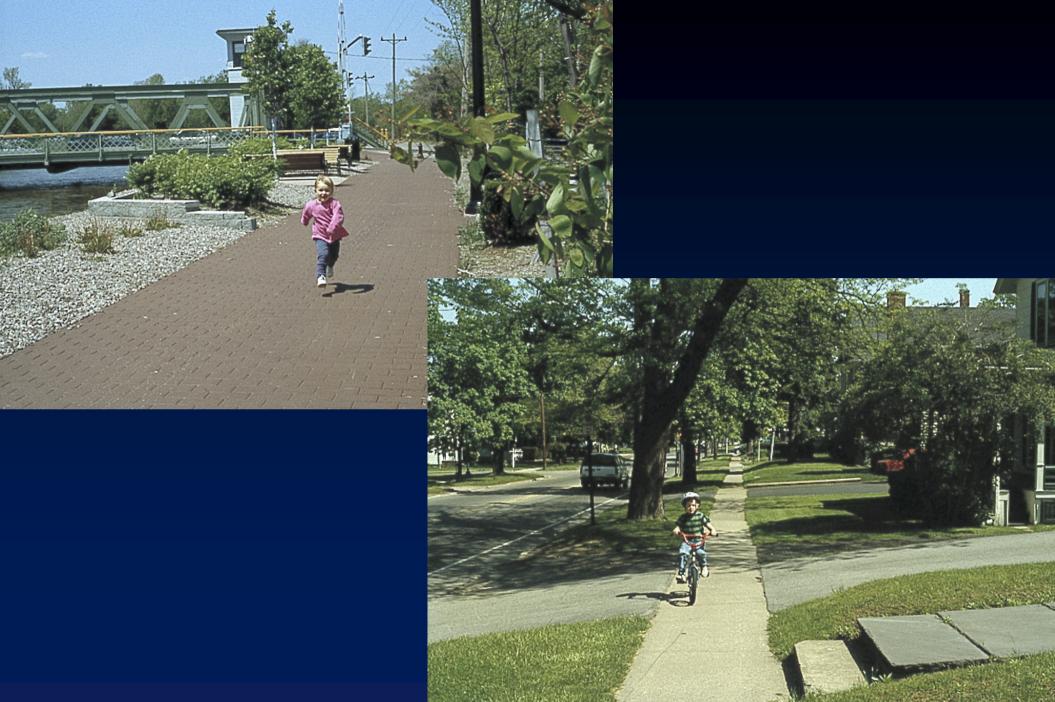
Make your community activity-friendly.

Invite others; move whenever you can.

Build activity into your life (esp. walk & bike).

This guy is a new model of success!





Social Ecology Model

Determinants of behavior change Sallis, Owen, "Physical Activity and Behavioral Medicine."

- Individual (readiness, efficacy)
- Interpersonal (family, friends)
- Institutional (school, work, HMO)
- Community (networks, local gov't)
- Public Policy (transport, land use)



Individual.

- Health fairs, street fair.
- Speaker series, special events (involve managers, community leaders).
- Pedometers, activity logs & prizes.
- Health messages (posters, media, email msgs.).
- E.g.: join-fitnet@lists.ia.gov





Interpersonal.

- Team pedometer programs, clubs.
- Contests w/ group goals and rewards (e.g. theme party or prizes).
- Team events (walk, run).
- Activity support group (www.bikementor.org).
- Family programs.





Institutional.

- Flex time for travel.
- Scheduled activity breaks.
- Pedestrian access.
- Lockers, showers.
- Covered, secure bike parking.
- Mark walking loops in building, on the grounds; paths & sidewalks.
- Open & clean stairwells, "point of decision" prompts.





Community.



Build an on-site loop or tie to community trail.

 Reduce parking or create remote spaces.

Car & van pools.

Adopt a trail, plant a tree.

 Adopt a School program (Sports, Safe Routes).



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Policy.

- Commuter passes, \$ for transit.
- Parking cash out; increase parking fees.
- Cash or vacation rewards for active employees.

Host a Walkable Community or Safe Routes to

School Workshop.



