Creating Healthy Communities by Design

Boston CPPW
BTD Complete Streets

Roxbury, Melnea Cass Blvd.
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A few simple points:

• Some perspective on the real issue.
• The Bad News. The problem in three numbers.
• The Good News. A plan for community health.
• The Hard News. It’s about vision, leadership, & community courage to support change!

Accommodating all users of the streets.
Trends in Childhood Obesity & Overweight

CDC, National Center for Health Statistics. National Health Examination Surveys (NHANES) II (ages 6–11) and III (ages 12–17), and NHANES I, II and III, and 1999–2006.

The rant: America’s looming chronic disease apocalypse . . .

US “Obesity Epidemic”
Ogden et. al. (JAMA 288, 14; Oct. 2002)
A suggestion: Change our thinking. It’s not just an obesity epidemic. It’s an epidemic of physical inactivity and poor nutrition.*

* Two of the three biggest drivers of skyrocketing healthcare costs.
The bad news in just three numbers:

30 Minutes of daily physical activity recommended by national guidelines.

25% of American adults actually meet these recommendations (thru LTPA).

365,000 Estimated annual deaths in America due to physical inactivity & poor nutrition. (2nd only to tobacco.)
Surgeon General’s Report 1996
Physical Activity Guidelines 2008

www.health.gov/paguidelines

• **150 minutes/week** of moderate physical activity; more is better.
• Any activity is better than none.
• Can be **broken up**.
• **300 min/week** for children.
• Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia in old age, clinical depression, a growing list of cancers . . .

Getting some exercise, or just getting around on foot?

www.markfenton.com
Leisure Time Physical Activity in the US

(*MMWR*: 50(09), 166-9; 54(39), 991-4)
Why is it so resistant to change?

I believe in large part the stickiness problem!
Exercise Participation
Effect of Short Bouts, Home Treadmills
(Jakicic et.al., J. Amer. Med. Assoc., 282, 16)
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The goal:
Go for lifestyle change, not just “exercise” and “diets.”
We need increases in routine, daily physical activity and healthy nutrition for everyone.
Necessary and important, but not enough. >

< We must build communities where people are intrinsically more active.
Four elements to look for on a walk:

1. **Destinations** within walk, bike, & transit distance.
2. **Facilities**: Sidewalks, trails, bike lanes, transit.
3. **Designs** are inviting for peds, bikes, transit.
4. **Safety & access** for all ages, incomes, abilities.

www.thecommunityguide.org

CDC Guide to Community Preventive Services
1. Land use.

Varied destinations in proximity.

Compact neighborhoods & shared open space.

Mixed use, multi-family.

E.g. post office, grocery, schools

Housing above, retail below.
NORRIS COURT GROCERY

HEY PLEASE
DRIVE SLOWLY
ON THIS STREET
MOST OF OUR CUSTOMERS
COME ON FEET

A NEIGHBORHOOD OASIS

OPEN 8 TO 11 DAILY. 8 TO 11 SUNDAYS.
2. Network encourages active travel with:

- Presence of sidewalks, pathways, bike lanes.
- Shorter blocks, cul-de-sac cut-throughs, more intersections.
- Access to trail, park, greenway; quality, reliable transit.
Transit riders are physically active.

Just during the daily walk to transit:

- Half of transit riders walk at least 19 mins.
- 29% get at least 30 mins. of activity.
- Minorities, poor (income <$15k/yr.), denser urban dwellers more likely to get 30+ mins./day.
3. Site design:

Which setting is more appealing for travel on foot and by bike?
Site design?
Research & practice suggest:

• Buildings near the sidewalk, not set back; parking on street or behind.
• Trees, benches, lighting, awnings, “human” scale.
• Details: bike parking, open space, plants, art, materials.
What could this intersection become?
4. Safety.

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

Community design & nutrition?

Community gardens (near schools, parks, senior housing); Community Supported Agriculture.

Regulate fast food, drive-through locations.

Farmer’s markets, green grocers, healthy corner stores.
Recap - Five Elements of Healthy Community Design:

- **Mix of destinations** in close proximity (think village centers, not strip malls & boxes).
- Complete, connected **network of facilities** for pedestrians, bicyclists, & transit.
- Sites & destinations **designed to reward** active travelers & healthy eating.
- **Safe & accessible** for users of all ages, incomes, & abilities.
- **Healthy food** is accessible & affordable to all.

www.activelivingresearch.org
The premise of Complete Streets roadway design:

1. Accommodate all user groups (pedestrians, bicyclists, transit users, motor vehicle drivers) of all ages & abilities whenever we touch a road.
2. Roadway design = posted speed.
3. Specific, very limited exemptions.
Consider full benefits before discounting “costly” improvements or policies:

E.g. “Complete street improvements cost too much!”

True benefits:

• Fewer collisions, emergency response costs.
• More walking, cycling to school, reduced ‘hazard’ bussing, school transport costs.
• Healthier employees, lower insurance costs.
• Better quality of life, social equity, local business health, tax benefits.
• Higher employee and business retention.
Think about potential—what it *could* be—along our walk.
Healthier Streets = Healthier Businesses
Five web sites to go to:

1. www.saferoutesinfo.org
2. www.completestreets.org
3. www.activelivingresearch.org
4. www.pedbikeinfo.org
5. www.cdc.gov/transportation

www.markfenton.com
Olshansky et al., “A Potential Decline in Life Expectancy . . .”
*New Eng. J. of Med.*, March 17, 2005