

CREATING ACTIVE COMMUNITIES

TEN CASE STUDIES OF PROGRAMS AND PARTNERSHIPS



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Creating Active Communities

My how we've grown. Nearly 65 percent of Americans are overweight and 31 percent are considered obese. Those numbers have been skyrocketing, while simultaneously a wave of serious health concerns has surfaced due to the related increases in both inactivity and obesity: type 2 diabetes, cardiovascular disease, even several types of cancer. The health care costs directly attributable to obesity are enormous, estimated at an eye-popping \$75 billion by the Centers for Disease Control in 2003 alone. Health problems, lost productivity, early deaths, medical costs: It all adds up to a very heavy toll on America. Several culprits can be identified, though none is singularly responsible. It is the physical activity side of the equation that is the topic of this series of case studies.

Adults and children have been given many ways to move less. Some are matters of individual choice: television, computers, video games. Others are more systemic — the development patterns America has embraced for the past half century are characterized by segregated land uses, low density development, and auto-centered transportation systems. These factors of our built environment have effectively eliminated walking or bicycling as a means of transportation for most people. Even very short trips are now made by car. Children who live close enough to school to walk or bicycle may not do so because the trip has become dangerous. Even within our buildings, the presence of elevators has decreased the use of stairs. In short, physical activity has been engineered out of our lives.



There are endless ways to address the problem, and thankfully, many communities are trying to find solutions. This publication is not intended to be comprehensive, but rather is a sampling, intended to showcase a variety of approaches to encourage physical activity that can spark ideas in communities across the country. The 10 case studies show that a wide variety of approaches can lead to the desired effect. Perhaps one of these case studies can be replicated in your community.

Mitigation measures profiled here focus on facility design, programs and incentives to increase physical activity levels while, ideally, integrating the activity into everyday routines. One generalization that can be reached is:

$$\begin{array}{c} \text{Infrastructure} \\ + \\ \text{Inspiration} \\ = \\ \text{Active Communities} \end{array}$$

Infrastructure: If you build it, they will come. Read about a Pennsylvania community building a network of trails to promote active living, and the city of Seattle instituting a downtown “bikestation” to link transportation modes and make trips by bike more convenient. **Inspiration:** It can be a challenge to change behavior, but the right program — whether that means a marketing push or providing incentives — can get the momentum headed forward. Read about a column in *The Washington Post* that delivers the message to hundreds of thousands of readers, and a partnership in Burlington, Vermont that rewards bicycle commuters with gift certificates.



As the following case studies document, there are actions that can be taken by various levels of government, by private employers, by schools, and even by individual concerned citizens. The responsibility for correcting this national health trend belongs to all of us, and there is something each of us can do. With the right combination of infrastructure and inspiration, physical activity can again be a valued part of life in our communities.

Walk and Talk With the Mayor

Office of the Mayor

BOLIVAR, MISSOURI

Bolivar is a small town located in southwest Missouri, population 9,000, nicknamed “The Friendly City.” The city government’s Web site unreservedly proclaims: “Things don’t change much in Bolivar.” But a movement is taking place which suggests that some changes are happening for the better. Bolivar contains an encouraging example of how two individuals in key positions — in this case a doctor and the town mayor — can affect the level of physical activity in a community.

The need to effect change was thrust upon the mayor personally. After performing poorly on a stress test during a routine physical, Mayor Charles Ealy — 63 years old and overweight — was delivered an ultimatum by his doctor: Get more exercise or face serious medical consequences.

PROGRAM

When Ealy complained that he didn’t have time, Dr. Jim Blaine recommended that the mayor schedule his exercise just as he does his other 500 appointments a year. Ealy heeded the doctor’s advice, but then took it a step further: he invited local citizens to join him. In January 2003, at the ribbon-cutting ceremony for the town’s Frisco Highline rail-trail, Ealy launched a “Walk and Talk With the Mayor” program. Now Mayor Ealy has an appointment three times a week, taking regular walks on the rail-trail or in parks. If citizens are willing to join the walk, they can have the opportunity to have an informal discussion with the mayor. Crowds of 20 to 50 Bolivar citizens have been taking advantage of the opportunity. They come to talk about world affairs, city happenings, and general issues



related to their lives, but mostly they enjoy the outdoors and activity together. “Everyone likes to walk on the rail-trail,” says Ealy. In the event of bad weather, the walk moves inside to the field house at Southwestern Baptist University.

Mayor Ealy started with half-mile walks, but plans to increase the length as his fitness improves. “My health is considerably better and I’m stronger,” reports Ealy, one year into the program. Dr. Blaine recognizes what the program is doing for the town and gives Mayor Ealy full credit. “It’s a great way to encourage people in this community,” Blaine told the *Springfield News-Leader*. “[H]e’s made it a priority in his life and people will expect him to be there and do it. Knowing him, he’s not going to disappoint someone he has an appointment with.”

The program has a spillover effect as well. The mayor’s Council on Health and Fitness now wants to connect the town’s sidewalks to provide a seamless walking route through Bolivar, and a “health calendar” is planned to make people aware of programs and facilities. The town’s major institutions are also part of the momentum: the university provides its facilities to residents for free, and the hospital is offering health screenings.

Emboldened by his success, Ealy has challenged other mayors around the country to establish similar health programs and is awaiting responses. In the meantime, his efforts have been noticed beyond the town borders: Mayor Ealy received the 2003 Platinum Award from the Missouri governor’s Council on Physical Fitness and Health.



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Bike/Walk Bucks Reward Program

Campus Area Transportation Management Association

BURLINGTON, VERMONT

Even in this bucolic setting, the Burlington area has been forced to deal with years of growth and its accompanying challenges. In 1992, the city's major institutions turned to the transportation management association (TMA) model as a vehicle for addressing transportation issues. The University of Vermont, Champlain College, Fletcher Allen Health Care, and the American Red Cross have teamed with the city of Burlington as partners in this planning and management entity: the Campus Area Transportation Management Association (CATMA). Collectively, they represent 8,000 employees, 13,000 students and 700,000 patient visits. Programs range from shared parking facilities and shuttle services, to carpool and mass transit incentives, to staggered work schedules and flex time policies.

PROGRAM

CATMA developed a creative way to encourage people to bike or walk to work, while producing a secondary result benefiting the downtown business district. Building on its incentive programs for carpools and transit, CATMA created the Bike/Walk Bucks Reward Program, launched in May 2001. Participating employees commit to commute by bicycling or walking a minimum of two days per week for four consecutive weeks. CATMA provides each participant a card on which to record the dates of active commutes. After turning in their cards, participants are sent a reward — a \$10 gift certificate, redeemable at over 200 participating downtown businesses. As an additional incentive, participants are entered in a monthly drawing for a \$25 gift certificate. They are also automatically registered in CATMA's Guaranteed Ride Home Program, which provides bicycle/pedestrian commuters a free ride home in the event of an emergency. There is no limit on how many times employees can participate in the four-week program and earn the accompanying rewards.

COSTS AND BENEFITS

At its inception, the Bike/Walk Bucks Program opened with 17 registrants. One year later, that number rose to 400, and it continues to rise. More people are bicycling or walking as a commuting choice, and the environment benefits as well.



Anecdotal reports from participants specifically credit the program as the incentive for bicycling or walking. Multiple participants credit the program with the health-related benefits of fitness and weight loss. Several have even sold their second cars as a result of the program.

The rapid increase in registrations — and its associated paperwork — soon overwhelmed CATMA's two-person staff. To handle the administrative aspects of the program, a half-time position was added. CATMA also hired a local work-study student. Printed materials are designed and produced in-house. The participating member institutions reimburse CATMA for the cost of purchasing the gift certificates.

As an added benefit, CATMA believes that the gift certificates are generating a welcome impact on local businesses by generating a new pool of downtown shoppers. "Besides the health benefits to our participants and to our environment, this program has had a tremendous impact on our local economy," says Meredith Schuft, CATMA's marketing director. CATMA credits the success of this program as the reason it received the Burlington Business Association Member of the Month award.

Overall, the Bike/Walk Bucks Reward Program has garnered acclaim at the local, regional and national levels.

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Employee Transportation Benefit Program

Calvert Group, Ltd.

BETHESDA, MARYLAND

Known for offering the largest family of socially screened mutual funds, Calvert Group, Ltd., has quickly become one of the Washington D.C., area's largest mutual fund management firms. Focusing on socially responsible investing, Calvert applies its mission within its own walls as well, offering innovative opportunities and flexible benefits to its nearly 200 employees. Calvert also strives to give something back to its community through an outreach program in which employees are allowed to take time out from their work schedules to participate in service activities.

PROGRAM

Calvert Group initially established its transportation benefit program in 1987 for two reasons: to “walk the talk” as a socially responsible company, and to improve the lives of its employees. Company management reasoned that relieving some of the burden and stress of commuting would also improve employees’ daily lives in a way that would enhance employee satisfaction and productivity. Subsidies both for public transportation and parking recognized the financial burden, as well as the psychological and emotional toll, of commuting to work in the Washington, D.C., area.

A few years later, employees suggested added incentives for people who walk or bike to work, and Calvert agreed that the transportation benefit should benefit everyone in the company. The program now endeavors to offer assistance for almost every imaginable means of getting to work. Public transportation costs are reimbursed with no maximum allowance — fare cards are purchased in bulk and issued to employees. For those who walk to work, Calvert will reimburse them for the purchase of one new pair of walking shoes per calendar year, up to a maximum of \$120. For employees who bicycle to work, Calvert will reimburse them for the cost of one bike, up to a maximum of \$350. Calvert also subsidizes the costs of parking permits for its employees, capped at \$75 per month.

COSTS AND BENEFITS

The employees enjoy the variety of subsidies, and those who bike or walk to work also improve their health and fitness. With approximately 40 percent of Calvert’s employees using some form of public transportation to commute, the environment and the greater community both benefit from fewer vehicles on the road. But the company reaps benefits as well. Despite the costs to the company, Calvert asserts that the program is fundamental to its bottom line in a variety of ways:

- ⌘ Lower employee turnover — Turnover decreased from an average rate of 25 percent from 1986–1990, to an average of 11 percent from 1991–2002.

- ⌘ Higher employee morale — Calvert Group was cited in *Business Week* magazine in 1997 as one of the top 30 companies for the quality of its benefits and work-family programs, based on a confidential company-wide employee satisfaction survey. Locally, *Washingtonian* magazine has repeatedly recognized Calvert as one of the top places to work.
- ⌘ Enhanced recruitment — The transportation benefits program elicits positive reactions from new and prospective employees, and Calvert claims it tips the scales when a prospective recruit compares the program to those of other companies.
- ⌘ Improved public image — Calvert Group repeatedly has been nationally recognized as an employer of choice, thanks in large part to the benefits it offers to employees. Honors have come from such diverse points of view as *Working Mother* magazine, *Business Week*, and the Points of Light Foundation.

Even in Calvert’s highly competitive industry, treating employees well is much more than an afterthought to its core business of making money — it’s a commitment to its workers, and it’s good business as well. The company is “walking the talk” and demonstrating it is serious about corporate responsibility.

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Phoenix Hearts N' Parks Program

Phoenix Parks and Recreation Department

PHOENIX, ARIZONA

Hearts N' Parks is a national, community-based program supported by the National Recreation and Park Association (NRPA) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health. This innovative program aims to encourage Americans of all ages to strive for a healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity.

Begun in 1999 with a series of pilot programs, Hearts N' Parks is spreading across the country, with more than 50 communities currently committed to a multi-year program. The potential impact is enormous: according to NRPA, 75 percent of Americans live within a two-mile walking distance of a public park, making programs and facilities widely accessible to individuals from all backgrounds.

PROGRAM

Hearts N' Parks is intended to be a fun and flexible program. Each community agency can adapt the program material to meet its abilities and needs. Key elements include a variety of public programs, staff training, consumer-oriented documents, and evaluation materials. Opportunities for organizational partnerships and public recognition add further enticement for participating agencies.

In the spring of 2001 the city of Phoenix began implementing the Hearts N' Parks program, partnering with the Arizona Department of Health Services and the Maricopa County Department of Public Health. Within the city of Phoenix are more than 30,000 acres of easily accessible, free-of-charge mountain parks and preserves. The parks and recreation department realized that although hiking trails and other outdoor facilities are abundantly available, there are many people who do not take advantage of — and may not even be aware of — the vast resources available to them.

Phoenix park rangers integrate the program into existing ranger-led programs and trail activities, and introduce new programs specifically designed with the Hearts N' Parks model in mind. The Phoenix program is particularly focused on integrating after-school programs with outdoor activities and nutrition information, providing youth the opportunity to experience the outdoors while acquiring valuable knowledge about themselves and their health. Examples of ranger-led activities include: an orienteering class, with a discussion on the benefits of physical activity; an interpretive hike, with a talk on healthy eating choices provided by a registered dietician; and a mountain biking course, designed to include nutrition information as part of the curriculum. Programs range from one-day discussions to eight-week courses. The idea is to empower participants with knowledge and show them that physical activity can be fun — and not merely exercise — for the whole family.

COSTS AND BENEFITS

During one summer alone, more than 1800 youth were served through Hearts N' Parks programs at 30 recreational sites. Participation levels have been impressive: an urban fishing program had as many as 50 participants every time it was offered. Participant surveys have not been analyzed for the Phoenix program specifically, but NRPA and NHLBI studied programs nationally in 2002, and concluded that Hearts N' Parks was successful in demonstrating significant improvements in nearly all indicators of nutrition, attitude, behavior and physical activity.

For individual communities, participation takes a serious commitment but little investment. In Phoenix, additional staff time is not an issue because the Hearts N' Parks Program is incorporated directly into existing programs. Numerous opportunities to partner with county and state health officials brought in experts on physical activity and nutrition. Once an effective Hearts N' Parks program is up and running, it can become a routine element of park programs, and contributions of time and staff power can be as much as the individual community wishes to invest.

Participation is free for communities selected as Hearts N' Parks “magnet centers” and all interested communities are encouraged to contact NRPA about participation. Registering as an authorized Hearts N' Parks community ensures complete support, including full use of program materials and logos. A training seminar is offered each year for magnet centers to keep practitioners aware of new information and better and more efficient ways to reach the public.

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Safe Routes to School

NATIONWIDE

Thirty years ago, 66 percent of children in the United States made their way to school each day either by walking or bicycling, allowing them to arrive at school alert and refreshed, having enjoyed the freedom and responsibility of getting to their destination on their own. Today, that number has dropped to 13 percent. The reason for this shift is powerful: fear for child safety, and fear of traffic and other people.

The impact of this shift has been substantial. Obesity rates in children have risen dramatically. In 1999, 13 percent of children aged 6 to 11 years and 14 percent of adolescents aged 12 to 19 years were overweight. This prevalence has nearly tripled for adolescents in the past two decades. At the same time, experts are concerned that kids have lost a sense of connection to their communities. Plus, there's an impact on traffic; in Marin County, California, for instance, at least 20 percent of morning automobile traffic is generated by parents driving their children to school.

PROGRAM

Concern over these impacts has led to the Safe Routes to School movement which endeavors to increase — at every level of government and through a variety of mechanisms — the proportion of children who get to school by bicycling and walking. A multitude of benefits can be gained under this single program, including increased health and fitness, traffic relief, environmental awareness, and safety.

The goal is to make walking and bicycling to school a safe and attractive option for children but the means to that end vary widely from place to place. Current activities can be grouped into four distinct models:

- ⌘ **Dedicated Resource Model** — Efforts to provide funding. To the extent that state and local public agencies can provide dedicated funding for programs, they will receive more attention and achieve greater success.
- ⌘ **Engineering Model** — Efforts to redesign the pedestrian and bicycle environment to promote safety and ease of use of those modes. Fixes include crosswalks, traffic calming, bicycle lanes and trails.
- ⌘ **Enforcement Model** — Efforts to enforce traffic laws near schools. Driver behavior that is particularly perilous to children, including speeding and reckless driving, must be addressed.



- ⌘ Encouragement/Education Model — Efforts include working with children and parents to develop interest in walking and bicycling to school, advocating various forms of Safe Routes to School programs such as the Walking School Bus, promoting safe walking and bicycling behavior, and alerting motorists to the presence of children.

Safe Routes to School programs are inherently a local-level effort when it comes to implementation, but examples show that support for and implementation of various programs is occurring at all levels of government:

- ⌘ National — Funding for many existing programs comes from U.S. Department of Transportation funds, including the Federal Safety Set-Aside and Federal 402 funds, which are then used at both the state and local levels. In California, the state provided a dedicated funding source for local Safe Routes programs. California also received a block grant from the U.S. Health and Human Services Administration. Localities across the country have employed a variety of federal funding sources: Marin County, California used Transportation Enhancements; Atlanta, Georgia used Congestion Mitigation and Air Quality Improvement funds; Arlington County, Virginia used funds from the Federal Highway Administration's National Highway Traffic Safety Agency.
- ⌘ State — The Pennsylvania Department of Health has provided funds for a pilot Walk-to-School program.
- ⌘ Local/Regional — Arlington County, Virginia used general county funds to implement its program. (And see the following case study for a detailed example of the effort in one local community.)

RESOURCES

- ⌘ Surface Transportation Policy Project's "The 2002 Summary of Safe Routes to School Programs in the United States"
www.transact.org/report.asp?id=49
- ⌘ Surface Transportation Policy Project—California Office
www.transact.org/ca/saferoutes.htm
- ⌘ Marin County Bicycle Coalition
www.saferoutestoschools.org
- ⌘ Walk to School Day
www.walktoschool-usa.org



Safe Routes to School

One Approach to Getting the Ball Rolling

BY MARK FENTON

As an erstwhile walking and health expert, I'd been stomping around the country for years telling anyone who would listen that we have to get America's children more physically active. "Childhood obesity is on the rise," I'd bellow, "And what we used to call 'adult onset' diabetes now affects so many kids, we simply refer to it as 'Type II' diabetes."

To help calm the ensuing panic, I'd offer the walk or bike trip to school as the ultimate solution. I'd specifically urge people to go home and launch a Safe Routes to School program. It's a daily trip children have to take anyway, and a program will benefit not only the children who walk and bike to school but eventually the whole community: morning traffic congestion will decrease with fewer parent chauffeurs on the road, the streets will be safer, air quality will improve, kids will get to school with greater energy and more ready to learn, and everyone will be more physically active.

Well, my bluff was called. My town, Scituate, Massachusetts, had decided to re-open a neighborhood school, and my children — about to be a 2nd grader and a kindergartner — would be within walking distance. My wife said, "Time to put up or shut up." And so was launched a detailed experience in local advocacy. Here are the key things I've learned:

1. It's not glamorous — it's about perseverance.
2. Get others involved and listen to them, even if you're an "expert."
3. People care primarily about safety — they're afraid for their child's well-being. Respect and address that, but also make them afraid for their child's long-term health.

4. Chip away at problems and resistance. Be energetic and have compelling arguments (go to www.walktoschool.org for plenty) but don't fight people — bring them to you, over time.

The key steps from my experience are listed below; the dates are included to provide a sense of the lead-time that can help in preparing for a launch — in this case, targeted for Walk to School Day 2003. I'm happy to report this approach lines up nicely with what I've learned from my peers all around the country. It appears to have us on target to have children participating not only on Walk to School Day, but more important, to start walking as a standard way of getting to school.

FALL

- ☞ Informally chat with parents and ask if or why it's crazy for kids to even try to walk and bike to the school in question. Their reactions provide a sense of what are likely to be the greatest concerns and barriers to starting a program. In my case, distance and traffic were the two most often mentioned, reflecting national data collected by the CDC.
- ☞ Speak with the police safety officer. Lay out the premise and ask the officer to be part of the process.

SPRING

March

- ☞ Meet with the superintendent and police safety officer. Outline the concept, lay out a plan, and request formal permission to appear before the school board.
- ☞ Present to the local Rotary club and recruit their involvement. Other service organizations, religious institutions, or senior centers might be candidate "partner" organizations.
- ☞ Present to the school board. Appear with police safety officer and Rotary club president. Provide an outline of the Safe Routes concept, and indicate that parents, police and administration will be intimately involved in deciding the details.

April

- ☞ Meet with school principal, school transportation coordinator, and safety officer to discuss specific safety issues around the school and along walking routes.
- ☞ Perform initial walkability audit for area within 3/4-mile of school (local school policy is that no bus service is provided in that range). Look for barriers (missing sidewalks, dangerous street crossings) and potential solutions for walkers/cyclists.

- ☞ Principal announces Safe Routes program at PTA meeting, and interested parents are invited to join a new transportation committee. Note: The local press became interested around now, and has been reporting on developments since.

May

- ☞ Hold two open meetings of the transportation committee (principal, transportation coordinator, police safety officer, Rotary representative, and five to seven parents). Propose a battery of policies for safer transportation to school, including:
 - A practice Walk to School Day;
 - Auto-free zone at school main entrance around school start and release times;
 - Remote drop-off and pick-up areas for automobiles (0.2 miles from school);
 - Walking School Busses;
 - School bus 'collection' stops (gives bus riders a chance to walk a bit, decreases stops, shortens bus routes).

June

- ☞ Before school lets out for the summer, hold an evening Safe Routes to School forum for parents. Have lots of information available and provide sign-up sheets for volunteers to organize specific activities. (The principal and transportation coordinator were not present, so that other issues weren't the focus of discussion.)

SUMMER

- ☞ Parents and volunteers plan walking routes and perform activities including improving paths and legal shortcuts (clearing access, painting crosswalks).

August

- ☞ Hold a practice Walk to School Day. Invite children and parents to practice the routes and raise any final concerns.

FALL

September

- ☞ Plan a Walk to School Day event to promote existing Walking School Busses and encourage more parents to get involved. Distribute and collect walkability checklists to help prioritize needed infrastructure improvements.

October

- ☞ Participate in International Walk to School Day!

Mark Fenton, pedestrian advocate, author, and champion racewalker, is the former editor of Walking magazine, and hosts the PBS television series, "America's Walking."

Bikestation Seattle

Bikestation

SEATTLE, WASHINGTON

A promising transportation concept has been sprouting up across the west coast and is now looking to spread across the country. First launched in Long Beach, California in 1996, “bikestations” provide choice and flexibility for commuters by forming critical intermodal connections between bicycles and mass transit. Modeled after European and Japanese examples, bikestations serve as hub facilities that provide users with secure bicycle parking while providing an array of amenities and services to attract both cyclists and transit riders. Facilities subsequently opened in Palo Alto and Berkeley, and a state-of-the-art facility debuted in Seattle in 2003.

PROGRAM

Located in a historic downtown building in Pioneer Square, Bikestation Seattle is portrayed as a “clean mobility center,” conveniently linking to multiple bus routes, train service at King Street Station, Metro’s Waterfront Streetcar, and the Washington State Ferry Terminal. In addition to the direct transportation links, the facility features secure, indoor bicycle storage and automated bike rental, a full-service repair shop, parts and accessories sales, access to car sharing, and Internet access to commute information. The bikestation is operated by a local bicycle repair store, and an attendant is available during weekday business hours. Bikestation members can utilize services 24 hours a day with the swipe of a membership card. Through an automated access system, members have access to the bicycle parking and can checkout vehicles, bikes and scooters upon demand.

Membership can be purchased for a modest \$20 annual fee plus a choice of “service plans,” either \$1 per day or a \$96 annual plan. Membership includes after-hours access, discounts on repairs, and a free emergency ride home service. The bikestation also facilitates the Bike Buddy Program which partners novice cyclists



with more experienced bicycle commuters to encourage more commutes by bike.

Bikestation Seattle is the result of a public-private partnership supported by funds from the Federal Highway Administration and the Federal Transit Administration. Partners include WestStart, a nonprofit working to promote clean transportation technologies, King County Metro Transit, a leader in the bus bike rack movement, Sound Transit, which integrates bicyclists throughout its transit system, Flexcar, the nation’s largest car-sharing company, the city of Seattle, and the nonprofit Bikestation organization based in Long Beach.

While it is too soon to judge the overall effect of America’s first bikestations, the list of potential environmental and social benefits is overwhelming. By giving travelers more choices, automobile trips are reduced, healthful bicycle and pedestrian trips are increased, the public transportation system becomes more efficient, traffic congestion and parking demand are eased, and air quality is improved. It’s easy to see why Bikestation leadership imagines a network of connecting facilities, helping to facilitate the seamless, multi-modal travel that many planners and policymakers envision for the future of American cities.

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WHEELING WALKS

ISN'T IT TIME YOU STARTED WALKING?



Wheeling Walks

West Virginia University School of Medicine

WHEELING, WEST VIRGINIA

Bill Reger-Nash, associate professor at the West Virginia University Department of Community Medicine, recognized that effectively promoting and sustaining regular physical activity is a major public health challenge. Troubled by news that 68 percent of the state's adult population reported little or no physical activity — placing West Virginia as the third lowest ranked state — Dr. Reger-Nash turned to walking as a solution.

PROGRAM

Wheeling Walks, conducted from 2000–2002, targeted this industrial city with a population of just more than 30,000. Wheeling is a community struggling with the epidemic of obesity, but is served by progressive and cooperative local health agencies. The program was created as a community-wide, physical activity intervention designed to motivate sedentary residents to become more physically active by delivering a targeted message (walk at least 30 minutes daily) to a targeted audience (insufficiently active adults ages 50 to 65). If success could be achieved within this traditionally difficult audience, organizers reasoned that the message might also be heard in other population groups.

Three considerations heavily influenced the design of Wheeling Walks: (1) A new approach was needed to address increasing levels of physical inactivity in the United States; (2) paid advertising works, as evidenced by commercial enterprises; and (3) to have a significant effect, intervention had to target the overall community and not be limited to willing volunteers.

Three objectives were identified: raise awareness about the health benefits of walking; overcome barriers to walking; and create an environment that is motivational and reinforcing.

The intent was to provide an ongoing process that becomes institutionalized within the community and seeks long-term support for walking.

COSTS AND BENEFITS

Wheeling Walks demonstrated that a targeted media campaign with supportive community-based programs can reach large audiences and effect significant behavior change. With 2,248 individuals enrolled, participation was more than double what was anticipated. Participants provided plenty of positive feedback. Of those surveyed who reported being insufficiently active prior to the program, 32 percent now said they were walking 30 minutes or more per day. Analysis further showed that increases in walking have been maintained over a period of 12 months.

Meanwhile, the community became aware of infrastructure shortcomings, leading to a new task force supported by the mayor, a “Walkable Wheeling” workshop, and a general focus on longer-term policy and environmental concerns. For example, dangerous crosswalks are now clearly marked, the trail system will be connected and expanded, and the sheriff’s department plans to assign youth safety patrols to enhance trail security.

The resounding success led to nationwide media interest and organizers believe that this model can be duplicated in other communities. Replications are already underway, particularly in rural communities. Indicative of the thoroughness of this particular campaign, Wheeling Walks makes available a 300-page training manual.

Funding for Wheeling Walks was received from the state bureau for public health, the Robert Wood Johnson Foundation, and other foundation and community sources. Costs to replicate the program could vary considerably depending on the size of a community and cost of its media market, but Wheeling Walks suggests a budget of \$136,000. This total includes \$80,000 for television, radio and newspaper ads, \$36,000 for two dedicated, part-time workers for 15 months, \$5,000 for consultants who can help with every-

Wheeling Walks was implemented in **THREE PHASES:**

PHASE 1

Participatory planning process (12 weeks). The community was empowered through representation from various agencies, health coalitions, community stakeholders, and community members at large.

PHASE 2

Media-based campaign (eight weeks). A media development firm produced advertisements and also made recommendations for complementary media events and community education activities. The campaign included a barrage of more than 1,800 airings of television ads, nearly 2,000 broadcasts of radio ads, and 14 newspaper ads. Other highlights included weekly media events, a physicians’ press conference, a mayor’s walking cup event, and a finale celebration. A Web site posted campaign information and allowed individuals to register as participants in the “30 Minutes or More Challenge,” and subsequently to log miles walked. A speakers bureau of participants was trained to make presentations to community groups. Walking programs were promoted at 40 local worksites and by local faith-based groups.

PHASE 3

Ongoing organized effort to address policy and environmental issues in the community.

thing from media events to planning and guidance for the overall project, and \$15,000 for project support including the cost of a project Web site, meetings, travel, and materials and supplies.

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Lean Plate Club/ Make the Move

The Washington Post

WASHINGTON, DC

The media can play a key role in influencing public behavior, primarily due to the number of people reached. *The Washington Post* is an example of a major media outlet which is providing a public service by focusing attention on the related issues of diet and exercise, and asking its readers to take action.

PROGRAM

Sally Squires has covered health issues for *The Washington Post* since 1984. On July 29, 2001, a new column of hers — The Lean Plate Club — first appeared in *The Washington Post* health section. An associated Web chat began simultaneously on the newspaper's Web site. The Lean Plate Club was designed to foster healthy eating habits and increase daily physical activity with the goal of helping people achieve a healthy weight.

The Make the Move Challenge began on February 4, 2003, to help boost “lifestyle” exercises, such as taking the stairs, walking to errands, and parking in the farthest reaches of the parking lot. It included a “personal time study form,” downloadable from the Web site, and used with permission from Active Living Everyday by Steven Blair and publisher Human Kinetics, Inc. The goal of the eight-week Make the Move Challenge was to help readers boost lifestyle activities to 16 minutes per day.

The program started with a two-minute daily walk and gradually increased to 16 minutes of daily physical activity via lifestyle exercises.

COSTS AND BENEFITS

The column is reaching a vast audience — *The Washington Post* has a weekday circulation of approximately 770,000. The Lean Plate Club column appears on Tuesdays in the health section. In addition, the column is distributed weekly to 648 newspaper subscribers of the *L.A. Times-Washington Post* news service. It is also archived online at www.washingtonpost.com.

More than 15,000 people subscribe to the weekly Lean Plate Club electronic newsletter and that number continues to rapidly increase. The weekly, online Lean Plate Club Web chat is archived and available for use at any time. Interaction with readers through the e-newsletter, the Web chat and personal e-mails all continue to increase.

Costs are essentially limited to staff time, as several individuals contribute to the program's success. Sally Squires writes the Lean Plate Club columns and newsletters and hosts the weekly Web chat, while editors and other individuals assist in all phases.



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Wyoming Valley Wellness Trails

Wyoming Valley Wellness Trails Partnership

WILKES-BARRE, PENNSYLVANIA

Nestled in northeast Pennsylvania, left behind by the coal mining industry, Wilkes-Barre, along with neighboring communities along the Susquehanna River forming the Wyoming Valley, faced serious challenges nearing the end of the 20th century, and not just to its economy. A 1998 survey portrayed a population exercising less than most of the country, and succumbing to heart disease more often. With a population skewed toward senior citizens, and a community surrounded by highways, the Wilkes-Barre area faced a daunting, if not overwhelming, health care challenge. The residents of the Wyoming Valley, however, came up with a solution.

PROGRAM

The answer to their problems, community leaders concluded, was trails. After all, the flight of the mining industry did not leave Wilkes-Barre empty-handed. Left behind was a vast untapped resource: unused railroad corridors. If some of these corridors, combined with raised levees running along the river, could be converted into a network of trails, the possibilities suddenly seemed endless. An ambitious vision emerged: a network of at least five rail-trails covering more than 60 miles, connecting schools, parks and businesses. For older residents in particular, hospitals and senior centers would become connected to the trail network, making exercise a genuine and convenient option. A new infrastructure of trails could provide not only transportation options, but also an opportunity for altering behavior by developing a new focus on active, healthy living.

A grand coalition formed in 1999 as the Wyoming Valley Wellness Trails Partnership. Led by the



National Park Service, traditional trails supporters became partners as would be expected, such as Rails-to-Trails Conservancy's Pennsylvania field office and local trail advocacy groups. Participation in the coalition, however, reached out beyond the usual groups, adding government agencies, the chamber of commerce, social services organizations and universities. Perhaps the most powerful statement was the involvement of the health community including Maternal & Family Health Services, Gateway Health Plan and the state health department. The list of partners goes on, and the message was becoming clear: Trails can be an ideal path to creating active communities. The Robert Wood Johnson Foundation recognized the effort as one of the top 25 community partnerships in the nation in its Active Living by Design program.

In addition to the push to build the trails, education and promotion efforts are underway, including forums for health professionals and planners, developing an "active living toolbox" for employers, establishing a Web site, and promoting increased trips to work and school along the trails. Key programs include bicycling events for families and walking clubs for senior citizens. The program is still evolving and the trail network is not yet complete, but with buy-in from so many parts of the community the project shows no signs of slowing down, and the partnership provides an exemplary model for other communities to imitate.

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Broad Street Path to Health

South Providence Neighborhood Ministries

PROVIDENCE, RHODE ISLAND

The “Path to Health” concept is simple, yet powerful enough to have spread across the globe: Select a path which people already use, and promote exercise by placing attractive signs at regular intervals with directions and maps. A walker can start on the path at any point and count the passing miles.

South Providence Neighborhood Ministries (SPNM), serving a low-income community of diverse ethnic, racial and social backgrounds, viewed Path to Health as a vehicle to promote an active, healthy lifestyle. Armed with a \$12,500 grant from the Rhode Island Prevention Coalition, SPNM organized a Path to Health planning committee that included representation from churches, health providers, neighborhood organizations and minority groups.

PROGRAM

The planning committee met weekly for four months to design the signs, develop a map and brochure, recruit corporate sponsors and plan a grand opening celebration. Several committee members were trained to discuss the project at churches and neighborhood organizations. Information was distributed to merchants along the path.

The Broad Street Path to Health opened on May 12, 2001, prompting participation from U.S. Sen. Jack Reed, a local television health reporter, the director of the state health department, a representative from the mayor’s office, and leaders from the minority communities. Area merchants participated in the opening by offering store discounts.

The path covers 2.6 miles on a main thoroughfare through this neighborhood, marked by colorful signs at half-mile intervals. To serve the local population, four languages are printed on the signs: English, Spanish, Khmer and Haitian Creole.

With the path in place, success hinged on encouraging neighborhood residents to walk. At the grand opening and at community presentations, people were asked to sign up to join “walking clubs,” formed as groups of coworkers, friends and family, as well as through programs organized by churches, agencies and schools.

A subsequent grant enabled SPNM to plan special events on the path such as Walk to School Day and Martin Luther King, Jr. Day. Incentives were introduced to increase interest and participation, including t-shirts and pedometers. A “Spring Walking Conference” was held on the path’s first and second anniversaries, featuring prizes, health screenings, and workshops on issues such as safety, stretching techniques, and walking shoes.

Staff supports the walking clubs and related fitness programs, organizes and promotes events, provides programs and displays at neighborhood events, and works extensively with various agencies.

COSTS AND BENEFITS

Initial organization necessitated a full-time position for five months. The initial \$12,500 grant was split nearly evenly between staff time and supplies, including production of the metal signs and full-color brochures in multiple languages. Some costs, notably the labor for mounting the

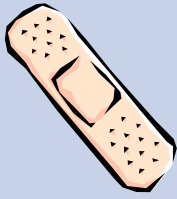
signs, were assumed by business sponsors. SPNM spent the second \$17,000 grant over 12 months to maintain the planning coalition and continue publicity and activities. The cost to maintain the program is limited to staff time and promotional and incentive materials. SPNM believes that a minimum of 80 hours per month is needed to maintain the program’s momentum.

Twenty-five walking clubs were formed, and more than 300 individuals report that they are now walking regularly. The planning committee has become a permanent coalition promoting physical activity and related health issues. Outside organizations and agencies are now looking to this model as a method to help combat the epidemic of obesity, especially with low-income, minority populations in inner cities.

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Quick Fixes!

Simple and inexpensive ideas your community can implement...

10,000 STEPS A DAY

While there is no magic in the number “10,000,” it can be helpful to set a goal, and then provide the structure, incentives or even a little friendly competition, to get people out walking.

- ⌘ **HEALTHPARTNERS’ “10,000 STEPS”** — Minnesota’s largest HMO, HealthPartners, is a family of nonprofit Minnesota health care organizations. Prompted by research showing that being active can reduce the risk of heart disease, diabetes, high blood pressure, some cancers and osteoporosis, HealthPartners decided to become proactive in its health care and encourage its members to walk. 10,000 Steps is an innovative program using a personal pedometer and step tracker log.
- ⌘ **UNIVERSITY OF MICHIGAN-FLINT’S “10K-A-DAY”** — Organized by the school’s recreation center, the University of Michigan-Flint sponsored an employee wellness program designed to motivate employees to reach 10,000 steps a day. The first 100 employees who signed up for the 10K-a-Day program received free pedometers from the recreation center.
- ⌘ **U.S. REP. KAY GRANGER** — While working to legislatively combat childhood obesity, U.S. Rep. Kay Granger of Texas found a way to get her Capitol Hill staff personally involved with the issue. Rep. Granger and her aides started wearing pedometers, and the office held a contest to see who could log the most steps.

PRESCRIPTION PAD

A creative idea that has been popping up around the world, “prescribing” exercise has become a key element of various health-related programs, based on the concept that a patient’s level of physical activity will increase more when a physician literally writes a prescription for exercise.

- ⌘ **“WALK TEXAS”**— Developed by the Texas Department of Health’s Diabetes Program, the University of Texas at Austin and the University of Texas-Houston’s School of Public Health, Walk Texas promotes walking as a way to help prevent or manage a variety of chronic diseases. Walk Texas issued a challenge for all Texans to walk regularly, keep track of their progress, and accumulate miles equal to “walking across the state.” Among the available tools is a “Health Provider Guide for Physical Activity,” which helps guide healthcare providers to prescribe physical activity programs for their patients.
- ⌘ **“A HEALTHIER YOU 2002”** — Sponsored by the Salt Lake Organizing Committee and 17 partner organizations throughout the state, Utah’s program is a legacy of the 2002 Winter Olympics and the largest health initiative in the history of the Winter Olympic Games. Asserting that you don’t have to be an Olympian to get in shape and feel great, A Healthier You 2002 helps Utahns by providing information, opportunities and incentives to begin and maintain healthy behaviors. One facet of the program is “Prescriptions for Better Health,” in which doctors are provided prescription pads with sections for physical activity, nutrition, and healthy behaviors.



Resources

A sampling of the variety of organizations that provide ideas, information or funding...

AARP SOCIAL MARKETING CAMPAIGN

www.activeforlife.info/about/mktg_proj.html

This four-year initiative of the American Association of Retired Persons' Active for Life program seeks to increase the number of adults age 50 and older who engage in regular physical activity. The campaign includes pilot projects in Richmond, Virginia, and Madison, Wisconsin, seeking to better understand the norms and beliefs of older adults, while deploying a range of program and policy initiatives.

ACTIVE LIVING BY DESIGN

www.activelivingbydesign.org

A national program of the Robert Wood Johnson Foundation, Active Living by Design is administered by the University of North Carolina School of Public Health. The program establishes and evaluates innovative approaches to increase physical activity through community design, public policies and communications strategies.

CDC VERB CAMPAIGN

www.cdc.gov/youthcampaign

Charged by Congress, the Department of Health and Human Services' Centers for Disease Control and Prevention created this paid media campaign. Begun in June 2002, the program is planned as a five-year strategic effort to promote positive physical and social activity among youth ages 9–13 through research, media, partnerships and community efforts. Young people were involved at all stages of planning so that the campaign is “for kids, by kids.”

NATIONAL TRUST FOR HISTORIC PRESERVATION'S NATIONAL MAIN STREET CENTER

www.mainstreet.org

Since 1980, the National Main Street Center has been working with communities to revitalize historic or traditional commercial areas. Based in historic preservation, the Main Street approach was developed to save historic commercial architecture and the fabric of American communities' built environment, but has also become a powerful economic development tool.

NIKEGO

www.nikego.com

The NikeGO program is part of the Nike company's greater commitment to increase physical activity among youth. The program's mission is to “get kids moving and give them the means to do it.” Grants support after-school programs, playground rehabilitation, and activities encouraging girls to be physically active.

RHODE ISLAND PREVENTION COALITION

www.pathtohealth.org/ripc/index.html

Established in 1996, the Rhode Island Prevention Coalition is a partnership of public and private agencies and organizations that are committed to improving the health of the people of Rhode Island. In addition to supporting the Path to Health program, the coalition administers a community grants program which encourages projects that modify the physical and social environment in order to strengthen local resources for physical activity.

THE PRESIDENT'S CHALLENGE

www.presidentschallenge.org

A program of the President's Council on Physical Fitness and Sports, The President's Challenge is the next iteration of the national youth fitness test, now targeted at encouraging all Americans in every age group to make physical activity part of their daily lives. The program allows individuals and groups to track progress online, and provides awards when fitness goals are reached.

TRAILS AND GREENWAYS CLEARINGHOUSE

www.trailsandgreenways.org

A project of Rails-to-Trails Conservancy, with support from the National Park Service's Rivers, Trails and Conservation Assistance Program, the clearinghouse provides a host of free information, technical assistance, resources, referrals, and a listserv to advocates and developers across the nation or to anyone seeking to create or manage trails and greenways.



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