
Establishing Best Practices for Changing the Built Environment to Promote Physical Activity

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In the 1989 film, *Field of Dreams*, an Iowa farmer (Kevin Costner) hears a mysterious voice urging him to build a baseball diamond in his cornfield (*If you build it, he will come*). Although the story is more about personal dreams than active living, it is very appealing to think that the “he” could be the masses drawn to a magical field, or any recreational venue, for the purpose of play, be it on a rural plot of land or in an inner city neighborhood. However, what is the evidence that merely building a field or facility will be an effective promoter of physical activity in the surrounding community? Does its presence need to be accompanied by structured programs, promotional campaigns, or other outreach efforts—and, if so, to what degree? Are there related issues, such as neighborhood safety, that need to be addressed? Beyond recreational venues, what are the other land-use and community design elements that most effectively promote physical activity? To what degree do these elements contribute to either recreational or utilitarian activity?

With regard to the question of which design features are most effective, the evidence is rapidly growing but remains incomplete. Although the Transportation Research Board and the IOM concluded in a 2005 joint report that the evidence shows an association between the built environment and physical activity, they also stated that the “characteristics of the built environment most closely associated with physical activity remain to be determined.”¹ The Task Force on Community Preventive Services reported in 2006 that there is sufficient evidence to conclude that urban design and land-use policies and practices at both the street level (e.g., improved street lighting and traffic calming measures) and community level (e.g., mixed use development) are effective in increasing physical activity.² However, the report also discussed a number of research issues, including the need to better understand the specific characteristics of the built environment that best facil-

itate physical activity and determine what interventions work best in less populated rural areas.

The articles in this supplement^{3–17} to the *American Journal of Preventive Medicine* provide important insights for addressing the related and fundamental question of how community advocates, public health practitioners, land-use planners, and other stakeholders can work most effectively to ensure that physical activity-promoting design elements are implemented in diverse community settings. Land-use policy and project decision making are often complex and, sometimes, intensely political, public processes that occur at multiple levels of government and involve distinct rules, technical language, and operating procedures. In addition, a broad range of players from varied backgrounds may play important roles in making or trying to influence these decisions, including a diverse group of physical activity advocates. This is most vividly illustrated by the broad range of grantees and partnerships in the Robert Wood Johnson Foundation’s (RWJF) Active Living by Design (ALbD) program, including community coalitions, city planners, transportation officials, architects, schools, parks and recreation departments, developers and other private business interests, universities, and elected officials as well as public health departments.

Given the complexity of this milieu, the availability of a structured model (e.g., the community action model developed by the ALbD National Program Office) with well-defined components (the 5Ps; preparation, promotion, programs, policy, and physical projects) provides an important framework for organizing efforts and identifying best practices.¹⁸ A salient theme of the ALbD projects is that local and state health departments may play an important role, but, in many circumstances, others (e.g., neighborhood coalitions, schools, and planning agencies) serve as the lead. In these instances, health departments need to determine how they can best add value—for example, in supporting advocacy and planning efforts by providing community-level health statistics, assisting in public outreach, education, and recruitment efforts, and conducting health impact assessments of proposed policies or projects.¹⁹

An important lesson reflected in many of the projects is the need to fully engage community residents in ways that allow them to take ownership of project-related activities and tailor them to the unique needs of each community. For example, the partnership in Chicago

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included a community organizing model and used a community survey that identified safety as a major barrier to physical activity, which in turn led to specific interventions (e.g., a walking school bus program, establishment of a safety committee, and several safety summits).⁴ The project in Orlando engaged residents in walkability and bikeability assessments and used the results in a community-wide visioning process.¹²

The projects also highlight the importance of engaging elected officials and other high-level public- and private-sector decision makers, both for policy development and for generating additional funding. For example, the partnership in Buffalo was able to expand the reach of its project by successfully advocating for a city-wide bicycle and pedestrian advisory board that advises the city council.³ The partnership in Seattle successfully advocated for nearly \$3 million in the mayor's 2006 budget for sidewalk construction and improvements.¹⁵ In Somerville, Massachusetts, the partnership worked with a U.S. Congressman to obtain \$900,000 in federal transportation funds to support expansion of a community path for walking and biking.¹⁶

A common theme across most of the projects was the inclusion of promotional campaigns and structured programs that engender social support for physical activity. This approach is supported by evidence that social forces strongly influence individual- and community-level physical activity.²⁰ However, as further exemplified by the projects, the impacts of these programmatic efforts are likely to be amplified if done in concert with policy changes and physical projects that create more favorable environments for physical activity.

The ALbD initiative has been a powerful force in the growing public health movement to change the built environment in ways that promote physical activity and health more broadly. The articles in this issue provide important examples of how this work can best be done, recognizing the need for broad partnerships, community engagement, and locally tailored responses to address the unique circumstances of each community. It is only through these efforts to change the conditions in which we live that we can hope to achieve sustained improvements in physical activity at the population level.

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