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The Active Living by Design National Program

Community Initiatives and Lessons Learned

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Abstract: Public health advocates have increasingly highlighted the importance of implementing comprehensive physical activity interventions that use an ecologic framework. Such a framework can broadly address physical activity barriers, such as the lack of opportunities, social support, policies, built environments, and community awareness.

The Active Living by Design (ALbD) was a community grant program of the Robert Wood Johnson Foundation (RWJF), which was established to help 25 communities create environments that support active living. Each funded site established a multidisciplinary community partnership and implemented the 5P strategies: preparation, promotions, programs, policy, and physical projects. The community partnerships worked within neighborhoods, schools, worksites, and other organizations to increase physical and social supports for physical activity. Ten community examples illustrate the 5Ps.

Throughout the 5-year grant, the ALbD national program office provided community partnerships with group and individualized learning opportunities. Technical assistance and peer-to-peer learning was facilitated by ALbD project officers, who also coached each community partnership via site visits, regular phone calls, and electronic communications.

The ALbD grant program provided valuable lessons for communities, technical assistance organizations, and funders. Community partnerships experienced success in a variety of settings and their collaborative approaches encouraged multiple organizations, including funders, to participate in improving conditions for active living. Strong local leadership was a key to success and community partnerships benefited considerably from peer-to-peer learning. The 5P model, while challenging to implement comprehensively, proved to be a useful model for community change.

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Introduction

The link between insufficient physical activity and adverse health outcomes is well-documented and includes obesity, type 2 diabetes, heart disease, and other chronic diseases.¹ Health scientists have established the benefits of physical activity and have recently focused on the importance of regular, moderate-intensity activities.^{2,3} As a result, physical activity advocates have increasingly highlighted the importance of utilitarian activities, such as walking and bicycling for transportation, in addition to exercise, recreation, and athletics.

In order to increase routine physical activity, comprehensive public health interventions have been developed using an ecologic framework to increase the potential to improve the health of populations.⁴ An

ecologic framework stresses the importance of addressing health problems at multiple levels and recognizes that behavioral determinants range from individual and interpersonal factors to community norms, environments, and policies.^{5–8} Many federal, state, and local public health practitioners have shifted from traditional, individually focused interventions to those with the potential to change environments and policies to maximize and sustain population impact. Environmental and policy interventions for physical activity strive to “create changes in social networks, organizational norms and policies, the physical environment, and laws.”⁹

Diverse partnerships are necessary for an ecologic approach to address the various influences on health.^{10,11} Community partnerships are well suited to bring people together with varied skills, knowledge, expertise, and local sensitivities.¹² For multi-level physical activity interventions to be effective, collaborations must incorporate agencies outside the health disciplines, including transportation, urban planning, design, education, parks/recreation, public safety, sports, and others.¹³ Inclusion of these disciplines in health initiatives is

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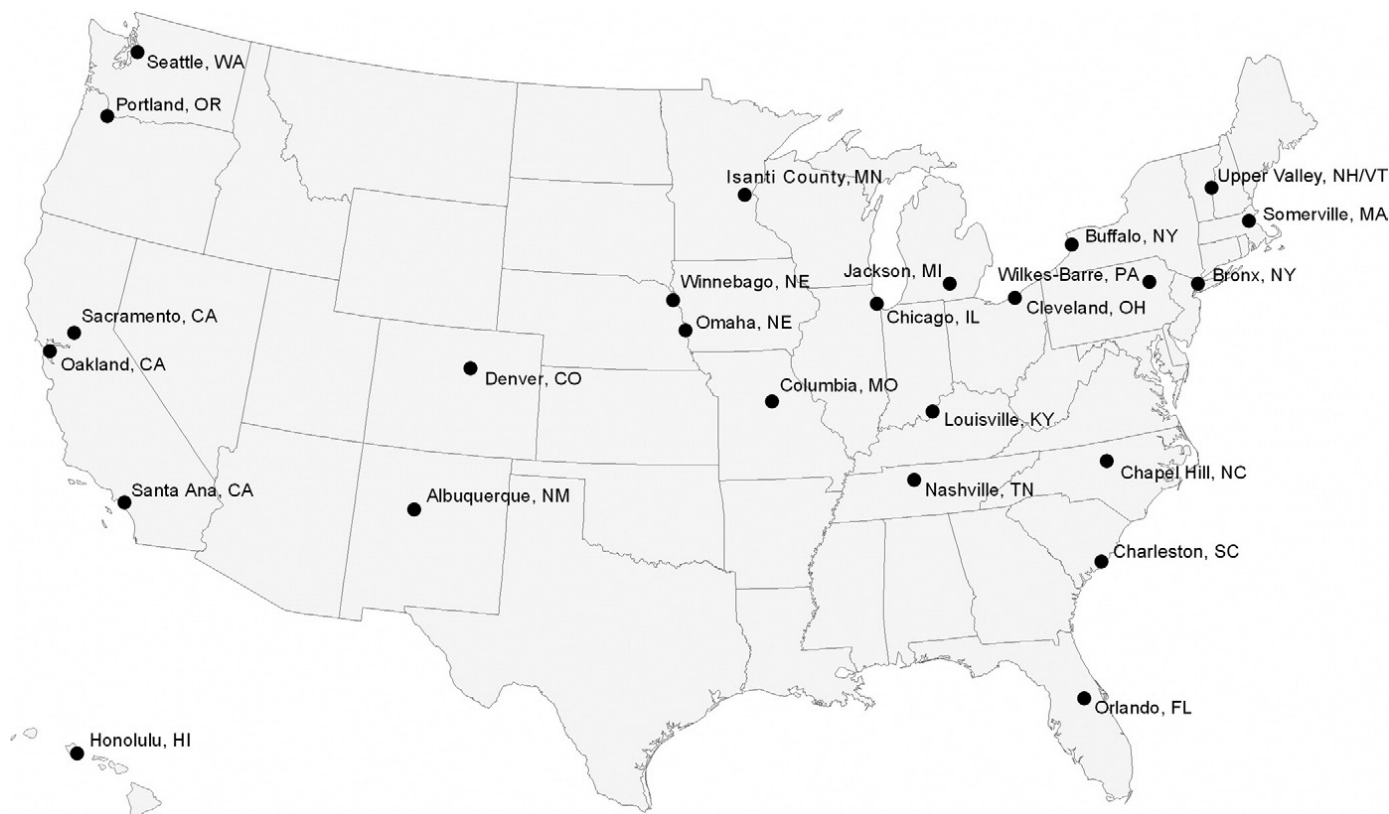


Figure 1. Active Living by Design community partners

critical for shaping built environments and institutions that can promote active living for whole populations. Understanding the promise of this approach led to the program design of Active Living by Design (ALbD).

The articles in this supplement^{14–28} to the *American Journal of Preventive Medicine* focus on promising practices and lessons learned from the 25 ALbD community demonstration projects implemented over 5 years. This article provides an introduction to the ALbD national program and a description and examples of the ALbD community action model, which guided local planning and implementation of active-living intervention strategies. While all funded partnerships implemented ALbD's 5P strategies, ten communities are highlighted below to illustrate each strategy. This article also discusses integration of these strategies, ALbD's technical assistance model, and selected lessons learned. The goal is to present the ALbD approach and demonstrate how comprehensive, community-based active-living interventions can lead to positive change in neighborhoods and communities throughout the nation. Following this article, papers from 15 other community partnerships are presented.

The Active Living by Design National Program

The Robert Wood Johnson Foundation established the ALbD national program in 2001, as part of the North Carolina Institute for Public Health at the Gillings

School of Global Public Health at the University of North Carolina in Chapel Hill, North Carolina. In 2002, ALbD launched its call for proposals, which generated 966 brief proposals from every state, the District of Columbia, and Puerto Rico. Proposals were submitted by agencies representing various disciplines, including health, transportation, planning, community development, parks, and recreation. Proposed initiatives addressed various population scales from small neighborhoods to multi-state regions. Following an intensive, three-phase proposal review process, RWJF, ALbD, and the National Advisory Committee ultimately selected 25 community partnerships to receive 5 years

Table 1. Lead agency types funded by Active Living by Design

Lead agency type	ALbD partnerships
Public health agency (government, academic, or nonprofit)	7
Local government—planning	4
Nonprofit community development	4
Nonprofit pedestrian advocacy	3
Nonprofit trails advocacy	2
Local government—housing	1
Nonprofit land use advocacy	1
Academic medical center	1
Nonprofit recreation services	1
Regional planning	1

of funding, totaling \$200,000 per grantee, which commenced in 2003 (Figure 1). The lead agencies that were funded to manage the 5-year grants also represented a variety of disciplines outside of public health (Table 1).

The goal of the ALbD grant program was to help communities create environments that support active living, a way of life that integrates physical activity into daily routines.²⁹ The program envisioned communities in which residents have easy access to opportunities for physical activity, and local officials consider healthy policies and environments to be high priorities. Healthy community environments provide safe, convenient, and integrated facilities such as sidewalks, greenways, and neighborhood parks that make it safer and easier to be active. Ideally, residents are mobilized and proactively seek to create healthier environments. Likewise, workplaces, schools, and other organizations provide regular incentives and opportunities for physical activity.

The ALbD Community Action Model

The ALbD community action model reflects an approach to increasing physical activity with complementary individual, interpersonal, policy, and environmental strategies. The community action model depicts a linear community change process with initial and ongoing supports, strategies, and resulting changes over time (Figure 2). The community action model is an ecologic framework^{7,8} with multi-level strategies (the 5Ps) to increase physical activity via policy and environmental changes (policy and physical projects) as well as more traditional behaviorally focused interventions (programs and promotions). A multidisciplinary community partnership and the capacity to plan and implement these approaches is an important cornerstone of the model (preparation). These 5P strategies provided the intervention framework for each of the 25 ALbD community partnerships.

The 5P Strategies

Preparation is a critical first step in creating a physically active community, although it is not limited to the early stages of an active-living initiative. Rather, it is the deliberate process of getting ready for and reinforcing action. Preparation includes developing and maintaining a multidisciplinary community partnership, collecting relevant assessment data to inform program planning, providing relevant training, and pursuing financial and in-kind resources to build capacity.

Preparation in Santa Ana, California

Active Living in Santa Ana (Project ALISA) exemplified preparation through partnership development, assessment, and resource generation. Project ALISA was created to increase active-living behaviors in schools, neighborhoods, parks, and in the broader Santa Ana community. ALISA leaders formed a partnership composed of 64 representatives from 31 organizations, including a city councilman, the director of parks and recreation, and staff from the mayor's office. The YMCA of Orange County, Latino Health Access, and California State University–Fullerton provided overall project coordination. ALISA partners conducted focus groups of public housing residents in order to identify barriers and opportunities for increasing physical activity, such as organized programs and social supports. In addition, participants formed their own “community action teams” to organize walking clubs, aerobics classes, and other opportunities to be active. One of ALISA's most noteworthy early successes resulted from utilizing the ALbD grant and partners to leverage additional funding. The partnership generated an additional \$2 million through a combination of federal grants, federal appropriations, local foundations, and a health insurer.

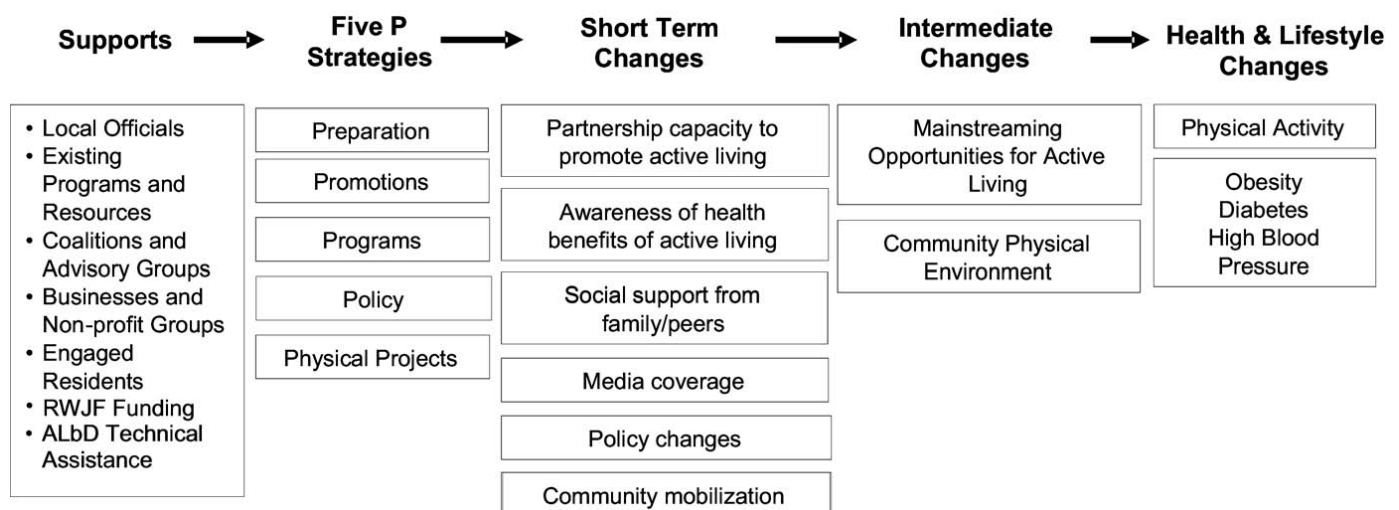


Figure 2. Active Living by Design community action model

Preparation in Upper Valley, Vermont/New Hampshire

The Upper Valley Trails for Life partnership sought to improve community health and quality of life in the rural Upper Valley region of Vermont and New Hampshire by increasing physical activity through year-round use of trails and other walking and biking routes. The Upper Valley region encompasses nearly 40 towns across four counties and two states. Reaching across disciplines and geographic distances, the partnership built a strong team. The Upper Valley Trails Alliance (UVTA), the lead organization in the partnership, was joined by a regional medical center, town recreation departments, Dartmouth College, state health departments, skating clubs, land trusts, and others. The partnership developed strong relationships among four towns (Hanover and Lebanon NH, and Norwich and Hartford VT), which continually looked to the partnership for help implementing change in the region. In addition, UVTA generated more than \$471,000 in additional resources to support and sustain their work through donations, grants and in-kind contributions. The partners excelled in diversifying their income sources, garnering money from various foundations, businesses, cities and other collaborators. Often, their income was generated in small amounts (less than \$500), confirming the cumulative value of modest donations and grants.

Promotions are the means by which the initiatives connect with opinion leaders and the public. Appropriate audiences include government officials, community leaders, residents, and specific priority populations (e.g., older adults, children, lower income women). As part of this process, key messages and materials are developed and ideally evaluated to determine whether they truly resonate with the intended audiences. Prominent local events and media coverage addressing active-living issues and events can help shape public opinion and create a social environment in which active living becomes the norm.

Promotions in Isanti County, Minnesota

The Isanti County Active Living Partnership helped create safe bicycling and walking routes throughout Cambridge, Isanti, and Braham, the rural county's three primary cities. Promotions were used to increase awareness of opportunities for bicycling and walking. In addition to hosting physical activity events to raise money and community awareness, the partnership developed walking maps to highlight preferred routes. With graphic design assistance from a local artist, the partnership published colorful Walk the Town maps and distributed them in waiting rooms along with prescriptions for walking. The group also integrated walking routes of the three cities into the Isanti County

map. Local media was critical in their efforts to promote active living. News organizations featured more than 100 media hits during the grant period, including newspaper articles highlighting events and new physical projects. In addition, the Isanti partnership creatively promoted walking through sidewalk art and signage featuring historical, cultural, and natural highlights. Each of the three cities painted hopscotch stencils in parks and on sidewalks. The City of Braham went a step further by starting a sidewalk art campaign and dance step stencils, such as the "bunny hop," which leads to City Hall.

Promotions in Winnebago, Nebraska

Winnebago is a rural tribal village located in Eastern Nebraska. The lead agency, Ho Chunk Community Development Corporation, formed Waksik Wago (aka Active People), a community partnership of tribal members, leaders, and agency representatives. The Waksik Wago partnership promoted active living through printed media and public events. Waksik Wago's membership benefited from the participation of a staff writer from the bi-weekly *Winnebago Indian News* and a steady presence of articles and ads on a variety of health- and physical activity-related topics. One outgrowth of Waksik Wago's programs was The Big Voice, a culturally based online newsletter written for and by Winnebago's youth. Other ongoing promotional efforts in Winnebago included the Active Living Annual Family Event, a jointly planned occasion bringing together Winnebago tribal members of all ages to participate in and celebrate physical activity.

Programs are ongoing organized activities that directly or indirectly engage individuals in physical activity, such as walking clubs or community bike rides. Other programmatic approaches provide incentives or encouragements, such as rewards for employees or students who walk or bicycle to work or school. By expanding access to existing programs and developing new ones, individuals have many options for engaging in regular physical activity near their homes, workplaces, and schools. Successful programs can also establish new social supports for physical activity, help engage a growing constituency for improved environmental supports, and increase attention to and use of new or improved facilities and environments for active living.

Programs in Chapel Hill, North Carolina

The primary focus of the Go!Chapel Hill initiative was increasing walking, bicycling, and use of public transit for routine transportation and physical activity among students, residents, and employees. The initiative was led by the Town of Chapel Hill Planning Department along with collaborators and volunteers from other departments and disciplines. The partnership developed the Active Schools program, which provided

awards and other incentives to students for walking to school; the children also used in-class activity logs to document their physical activities. Active Schools included Walking Wednesdays, an organized effort led by parent volunteers to provide supervision for children and encourage walking and bicycling at five area schools. Go!Chapel Hill partners also utilized complementary strategies, including walking assessments and infrastructure safety improvements, which together led to a documented increase in walking and bicycling among students.

Programs in Denver, Colorado

In Denver, the Active Living Project at Stapleton (ALPS) used an array of programs to help build a culture of active living throughout the rapidly changing neighborhoods in and around the former Stapleton airport. The partnership's signature program, the Passport to Healthy Living, offered a variety of free classes for local residents and was delivered in local parks and recreation facilities. It was designed to encourage residents to sample unfamiliar physical activities and to encourage greater use of the available recreation facilities. The Passport was offered in English and Spanish and grew from fewer than ten participants in its first year to approximately 1500 in its fourth year. ALPS also helped develop Bike, Walk, and Roll, a program sponsored by the Transportation Management Agency in five local schools, which encouraged elementary aged students to get to school by any active means. In addition, partners implemented America on the Move, a national program based on sustainable, incremental behavior change, in which approximately 500 Denver residents were offered pedometers and supportive materials encouraging them to add walking steps to their daily routine.

Policy change is critical if active-living environments are to be institutionalized and sustained. Policy advocacy initiatives may include relationship building with policymakers, making presentations to policy boards, and influencing employer, school, or government policies. Educating policymakers, professionals, and the public about the need for local environments that support active living is essential. In general, policy tactics are those that aim to create a policy change or organizational procedure, such as adopting a trail master plan, enhancing a land-use plan, allocating government funds to projects, improving street design guidelines, adding flex-time for employees, or expanding public access to the school gymnasium.

Policy in Albuquerque, New Mexico

The Albuquerque Alliance for Active Living (the Alliance), led by 1000 Friends of New Mexico, focused on improving public policies and developing supports for safe and convenient walking, bicycling, and transit use

throughout the largest city in the state. Albuquerque experienced challenges related to jurisdiction of streets and increasing sprawling development. In 2005, a key Alliance partner and city council member successfully sponsored amendments to the city's Capital Improvement Program list to include \$3.2 million for Great Streets, and \$1.8 million for sidewalk and landscaping improvements. Public approval of these bonds led to the Alliance's role in the Great Streets planning and public involvement processes. In addition, \$100,000 was allocated in the city's budget for a Great Streets study and facilities plan. The draft plan included model designs and identified existing street segments that have good potential for becoming Great Streets. The partnership led policy advocacy efforts to increase the proportion of transportation funds for pedestrian and bicycle upgrades, adopt local plans that support active living, implement multi-modal street design, and approve new zoning codes.

Policy in Charleston, South Carolina

The Lowcountry Connections partnership in Coastal South Carolina was led by the Berkeley-Charleston-Dorchester Council of Governments (BCDCOG), a regional planning agency that gained experience helping local governments integrate active-living principles into policies and official planning documents. The partnership worked across neighborhoods, towns, and the region to influence comprehensive municipal, regional, neighborhood, and greenway plans. For example, with the help of the BCDCOG, Lincolnville SC updated their comprehensive plan to incorporate pedestrian and bicycle provisions and emphasize connectivity and access; a neighborhood plan was approved in Hanahan SC that included connections to a new development; and Hollywood SC updated its subdivision regulations requiring connectivity to surrounding neighborhoods. In addition, a new tri-county bicycle/pedestrian action plan was enacted as a guiding framework for trail development and improved pedestrian access across the region. The partnership also completed a regional long-range transportation plan that contained pedestrian and bicycle-friendly facility design and resulted in an official Complete Streets Design Advisory Committee. BCDCOG have influenced allocations of \$30 million in state transportation funding over 21 years to retrofit existing streets and intersections in the region to make them more bicycle-, pedestrian-, and transit-friendly.

Physical projects create opportunities for or remove barriers to physical activity by directly changing the built environment. While environmental changes are often determined by public policies, active-living partnerships can also improve physical spaces directly without formal policy changes. Some of these small-scale physical projects may influence or serve as models for

larger-scale public policies. Examples of physical projects include building new parks and walking trails, striping crosswalks and bike lanes, and improving stairway visibility and access.

Physical Projects in Bronx, New York

In the Hunts Point neighborhood of the South Bronx, a partnership led by Sustainable South Bronx (SSB), was motivated to overcome a challenging set of social and environmental justice concerns such as industrial land uses, truck traffic, limited open space, safety concerns, dramatic health disparities, and poverty. To help address these concerns, they envisioned the South Bronx Greenway, a 4-mile waterfront esplanade punctuated by parks and accessed by a network of activity-friendly streets, which eventually became the South Bronx Greenway Master Plan. SSB and other partners helped secure approximately \$30 million in city funds for feasibility studies, planning and the first phase of Greenway construction. Related efforts of the partners led to a Hunts Point Vision Plan and the completion of two high-quality waterfront parks—Hunts Point Riverside Park and Barreto Point Park. The partnership also planned pedestrian- and bicycle-friendly facilities along two major thoroughfares, advocated for increased police presence in the new parks, improved signal timing at a key pedestrian crossing, and worked with the local congressman's office to explore the creation of a maintenance entity for the new parks. In addition, SSB engaged neighborhood youth through an environmental stewardship job training program to conduct maintenance, educate the public, and plant 400 trees throughout the neighborhood.

Physical Projects in Oakland, California

In East Oakland, the East Bay Asian Youth Center (EBAYC) and its partnership helped to improve neighborhood parks and school playgrounds to facilitate routine walking, bicycling, and active play for children and parents. Through a combination of community organizing, planning workshops and policy advocacy, partners secured improvements and funding from city, state, federal, and foundation sources. These resources included over \$1.5 million for physical renovations to San Antonio Park and Garfield Park, \$200,000 for pedestrian safety improvements at Garfield Elementary School, and \$15,000 for a new bicycle cage at Roosevelt Middle School, which stores over 50 bicycles for students' daily use. The Garfield Schoolyard Improvement Plan was also implemented, with over \$400,000 invested to re-surface the yard; install basketball and tetherball courts; paint game lines; construct a school garden; install benches, tables, a tile mural, entrance gate; and plant trees. With additional support from funders and community partners, EBAYC is currently expanding the

effort citywide by launching the Oakland Schoolyards Initiative.

Integrating the 5P Strategies

Integration occurs when two or more of the 5P strategies complement each other and are implemented in the same geographic area or a single population. For example, promotions and programs are typically implemented jointly, such that scheduled group physical activity opportunities are publicized in a way that resonates with a particular audience. Ideally, though, community change interventions effectively align all 5P strategies together within one initiative that focuses on a specific population. One example is in a school setting, in which preparation tactics consist of student travel surveys, training to conduct walking audits, grant writing, and a parent committee to advocate for change. Promotions may include messages to teachers, parents, and students about the benefits of walking and bicycling to school. Programs likely involve in-class assignments related to active transportation and "walking school buses" led by parent volunteers. Policy actions can consist of advocating for crossing guards in the school district's budget, or establishing a walk zone around the school's perimeter. Finally, physical projects include new bicycle racks at school, traffic calming enhancements to slow vehicle speeds, and sidewalk improvements.

Fully integrating the 5P strategies to promote active living within a single community is challenging, but the results can be impressive and fulfill the promise of an ecologic model for change. Examples of 5P integration can be found in other articles within this special issue that feature Columbia MO, Portland OR, Orlando FL, Nashville TN, and Somerville MA.^{17,21,23,24,27}

Technical Assistance and Capacity Building

During the 5-year grant period, ALbD provided multiple opportunities for technical assistance, training, and other resources to increase the capacity of community partnerships. These services were provided through cross-site, one-on-one, and shared learning opportunities.

The ALbD national program convened a grantee meeting each year to provide training and interactive learning sessions, including pedestrian and bicycle transportation, crime prevention through environmental design, smart growth, parks planning, greenway development, master planning, strategic communications, partnership building, and a variety of other topics. Training sessions were also presented via monthly Learning Network teleconference calls, which typically offered an interactive presentation and dialogue on a specific active-living topic. ALbD also developed a comprehensive website that featured the community action model, community case studies, presentations,

assessment tools, publications, and other resources related to active living (www.activelivingbydesign.org).

To support more individualized learning, each community partnership was assigned an ALbD project officer, who provided ongoing technical assistance, consultation, and monitoring throughout the grant period. The team of ALbD's project officers represented various professional disciplines and experiences, including public health, urban planning, nutrition, community development, and parks/trail planning. Technical assistance was delivered during monthly phone calls, regular email communications, and annual site visits. Project officers typically developed long-term relationships with local project staff and community partners. They worked with each grantee to create an annual workplan and budget, provided strategic advice and coaching, assisted in problem solving, offered guidance and support in documenting work completed, and facilitated linkages for shared learning across sites.

The ALbD national program invested in professional development for community partnerships while utilizing local staff and partners to disseminate active-living presentations at national meetings. In addition to workshops at annual meetings, ALbD provided opportunities for specialized training in strategic communications, sustainability, and orientation for new project coordinators. Local project directors and coordinators were also occasionally asked to present their initiatives at conferences, health funder planning meetings, and other field-building activities. These events allowed for sharing lessons learned with other active-living advocates, professionals, and funders and enabled learning and networking among ALbD community partnerships and National Program Office staff.

Summary and Lessons Learned

Public health professionals increasingly recognize that lifestyle modifications must include changing the social and physical environments in which people live, work, learn, and play. Active Living by Design was a community demonstration grant program focusing on changing those environments. Results from 5 years of the project affirmed the importance of cross-sector collaboration and community partnerships to catalyze and implement community change. In addition, many local project staff and partners attributed a portion of the success in their communities to the community action model, 5P strategies, and ALbD approach to technical assistance and networking.

Although the results of this initiative will continue to evolve beyond the grant period, we have learned several key lessons from the work of the ALbD community partnerships:

Partnerships

1. Despite the considerable challenges inherent with collaboration, multidisciplinary partnerships generated important outcomes in a short period of time and in a variety of settings, in rural and urban areas, in low-income and well-resourced neighborhoods, and in cold weather and tropical climates.
2. The ALbD interventions were cross-cutting opportunities for joint effort among partners who had divergent goals. For example, health professionals supported bicycling as a form of active transportation while conservationists hoped to reduce carbon emissions by reducing motor vehicle trips. In fact, a variety of organizations successfully led these partnerships, including public health departments, healthcare providers, local governments, community development corporations, environmental advocacy groups, academic institutions, and trails organizations.
3. The ALbD initiatives attracted meaningful investment from local funders in a short time period. Community partnerships helped leverage the Foundation's \$15.5 million investment many times over through grants and contracts from other corporate, foundation, and government sources.

Leadership

4. For successful partnerships, leadership mattered. The most productive partnerships had leaders, or "champions," who helped develop a consensus vision and goals for broad-based ownership, made efficient use of the partnership's assets and institutionalized the contributions of partners. Strong local leaders also understood the need to be flexible and planned for change, rewarded partners' contributions, celebrated success, identified and recruited effective collaborators, nurtured emerging leaders, and established a culture of mutual accountability and benefit.
5. Working through multidisciplinary partnerships was complex and demanding, and required considerable time and investment in collaboration. While the benefits were noteworthy over time, some leaders were taxed by the process of reconciling competing interests and diverse needs within the partnership—particularly when their employers did not formally support their involvement.
6. Learning networks that involve experts, peers, and community stakeholders were important for success and were a valued part of the process. Successful leaders took advantage of training and technical assistance, sought opportunities to discuss the work with their colleagues and peers, and explored venues to learn about new resources.

The ALbD Model

7. Full integration of the 5Ps varied by community due to resources, lead agency mission, partners' expertise, and local context. Some community partnerships were better able to integrate the 5Ps such that each strategy clearly reinforced and complemented the others. In many cases, however, simultaneously implementing all five strategies for a priority population became challenging. For example, programs and promotions could typically be implemented without major barriers or time delays, whereas successful policy efforts relied heavily on political timing. Likewise, physical projects typically required considerable public funding and were susceptible to engineering and construction delays. In addition, a lead agency's area of strength often influenced the success of particular "P" strategies. Accordingly, health departments could naturally implement assessments, programs, and promotions, while city planning agencies were typically more comfortable addressing policy issues.
8. The 5P model has had a lasting impact on a number of local ALbD staff and partners. Some community partnership members who gained experience using the model for the ALbD grant reported using the model for health promotion initiatives, grant applications, and other planning endeavors. In addition, several state and local philanthropic organizations and other funders have adopted the 5P model for their own community initiatives.
9. Community partnerships' experiences implementing the 5P model resulted in greater local capacity as well as broader expertise among individuals and collaboratives. The ALbD community change process generally pushed local staff and partners beyond their previous experiences and comfort zones. For example, health promotion specialists developed experience and understanding of policy development processes, while urban planners increased their knowledge of health disparities and communication strategies.
10. Peer-to-peer exchange across the ALbD sites was a powerful method of capacity building and shared learning, and it resulted in lasting professional relationships. Local staff and partners added value for other community partnerships by communicating practical perspectives through similar experiences, which could not necessarily have been provided by a funder or technical consultant.

In order to affect routine and sustainable physical activity, practitioners must plan for and implement interventions that are relevant in community settings. Comprehensive initiatives should provide information and opportunities for physical activity and also address

policies and environmental supports. The community action model with the 5P strategies proved to be a useful approach for community partnerships. The legacy of these initiatives in communities will be systemic supports for active living that will be in place for years to come. Active Living by Design's community partnerships offer valuable and diverse case examples from which we can develop, refine, and replicate better models that can translate into healthier communities and people.

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References

1. Centers for Disease Control and Prevention. Surgeon General's report on physical activity and health. *JAMA* 1996;276(7):522.
2. Centers for Disease Control and Prevention. Healthy People 2000: national health promotion, disease prevention objectives for the year 2000. *JAMA* 1990;264(16):2057-60.
3. U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. www.health.gov/PAGuidelines/default.aspx.
4. Himmelman AT. On the theory and practice of transformational collaboration: from social service to social justice. In: Huxham C, ed. *Creating collaborative advantage*. London/Thousand Oaks CA: Sage, 1996.
5. Butterfoss FD, Goodman RM, Wandersman A. Community coalitions for prevention and health promotion. *Health Educ Res* 1993;8(3):315-30.
6. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health* 1998;19:173-202.
7. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q* 1988;15(4):351-77.
8. Sallis JF, Bauman A, Pratt M. Environmental and policy interventions to promote physical activity. *Am J Prev Med* 1998;15(4):379-97.
9. Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *Am J Prev Med* 2002;22(4S):S67-72.
10. Brownson RC, Baker EA, Boyd RL, et al. A community-based approach to promoting walking in rural areas. *Am J Prev Med* 2004;27(1):28-34.
11. Orleans CT, Kraft MK, Marx JF, McGinnis JM. Why are some neighborhoods active and others not? Charting a new course for research on the policy and environmental determinants of physical activity. *Ann Behav Med* 2003;25(2):77-9.
12. Breslow L. Social ecological strategies for promoting healthy lifestyles. *Am J Health Promot* 1996;10(4):253-7.
13. Sallis JF, Owen N. Ecological Models. In: Glantz K, Lewis RM, Rimer BK, eds. *Health behavior and health education: theory, research, and practice*. 2nd ed. San Francisco CA: Jossey-Bass, 1996.
14. Raja S, Ball M, Booth J, Haberstro P, Veith K. Leveraging neighborhood-scale change for policy and program reform in Buffalo, New York. *Am J Prev Med* 2009;37(6S2):S352-S361.

15. Gomez-Feliciano L, McCreary LL, Sadowsky R, et al. Active living Logan Square: joining together to create opportunities for physical activity. *Am J Prev Med* 2009;37(6S2):S361–S367.
16. Miller EK, Scofield JL. Slavic Village: incorporating active living into community development through partnerships. *Am J Prev Med* 2009;37(6S2):S377–S385.
17. Thomas IM, Sayers SP, Godon JL, Reilly SR. Bike, walk, and wheel: a way of life in Columbia, Missouri. *Am J Prev Med* 2009;37(6S2):S322–S328.
18. Hamamoto MH, Derauf DD, Yoshimura SR. Building the base: two active living projects that inspired community participation. *Am J Prev Med* 2009;37(6S2):S345–S351.
19. TenBrink DS, McMunn R, Panken S. Project U-Turn: increasing active transportation in Jackson, Michigan. *Am J Prev Med* 2009;37(6S2):S329–S335.
20. Walfoort NL, Clark JJ, Bostock MJ, O'Neil K. ACTIVE Louisville: incorporating active living principles into planning and design. *Am J Prev Med* 2009;37(6S2):S368–S376.
21. Omishakin AA, Carlat JL, Hornsby S, Buck T. Achieving built-environment and active-living goals through Music City Moves. *Am J Prev Med* 2009;37(6S2):S412–S419.
22. Huberty JL, Dodge T, Peterson K, Balluff M. Activate Omaha: the journey to an active living environment. *Am J Prev Med* 2009;37(6S2):S428–S435.
23. McCreedy M, Leslie JG. Get Active Orlando: changing the built environment to increase physical activity. *Am J Prev Med* 2009;37(6S2):S395–S402.
24. Dobson NG, Gilroy AR. From partnership to policy: the evolution of Active Living by Design in Portland, Oregon. *Am J Prev Med* 2009;37(6S2):S436–S444.
25. Geraghty AB, Seifert W, Preston T, Holm CV, Duarte TH, Farrar SM. Partnership moves community toward Complete Streets. *Am J Prev Med* 2009;37(6S2):S420–S427.
26. Deehr RC, Shumann A. Active Seattle: achieving walkability in diverse neighborhoods. *Am J Prev Med* 2009;37(6S2):S403–S411.
27. Burke NM, Chomitz VR, Riales NA, Winslow SP, Brukilacchio LB, Baker JC. The path to active living: physical activity through community design in Somerville, Massachusetts. *Am J Prev Med* 2009;37(6S2):S386–S394.
28. Schasberger MG, Hussa CS, Polgar MF, McMonagle JA, Burke SJ, Gegaris AJ. Promoting and developing a trail network across suburban, rural, and urban communities. *Am J Prev Med* 2009;37(6S2):S336–S344.
29. Alter C, Hage J. Organizations working together. Newbury Park CA: Sage Publications, 1993.

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