Complete Streets Coalition Promotes Fitness and Safety

In a perfect world, people would have options for traveling around their community. They'd walk out the door confident their destination would be accessible by whatever means they desire. Employees would carpool or ride their bikes to work. Seniors who choose not to drive would have safe and easy access to public transportation. Wheelchair users would cross streets knowing there'd be curb ramps to accommodate them. Pedestrians of all sorts would use crosswalks and refuge islands on busy arterial roads.

But in most communities, it's far from a perfect world... and this affects workplace wellness initiatives. According to Barbara McCann (Executive Director, NCSC—National Complete Streets Coalition), “Many companies encourage employees to get more active, but the community infrastructure doesn't support such efforts. Employees know there is a busy highway between them and work, no bike lanes, and few safe places to cross the street when catching a bus. They look out their doors and say, 'Are you crazy? I'm not going to ride a bike to work. I'd be taking my life in my hands!' When an activity becomes a hassle, people won't do it.”

The NCSC is trying to eliminate those hassles. According to Barbara, Complete Streets started as a partnership of national bike organizations advocating changes to accommodate bicyclists in federal transportation funding. “It soon became clear the issues went beyond bikes. In 2004, I helped form a task force of various groups interested in promoting policies that considered the needs of all roadway users when building, rebuilding, or rehabilitating a road.”

Barbara emphasizes that NCSC focuses on new priorities for transportation dollars. “The funds for these projects already exist. There are millions of dollars assigned to provide automobile access. The priority needs to be on allocating monies toward moving everyone. And it can be done in the
course of already planned work, so it won’t break the bank. As projects come up, communities with a Complete Streets policy look at gaps and deficiencies in the transportation network. They may be rehabbing a road and there’s a missing sidewalk segment or no curb ramps for wheelchairs. Over time, communities use existing opportunities to gradually meet the needs of pedestrians and other travelers.”

Efforts to get a Complete Streets provision in the latest authorization cycle of the federal transportation bill are underway, but the bill has been delayed in Congress. In the meantime, tremendous activity is going on around these concepts. At the time of writing this article, 117 US communities have Complete Streets policies. Increasing numbers of national and local organizations have joined the coalition.

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Build It and They Will Come

Last July, the CDC recommended communities adopt Complete Streets policies in their fight against obesity and use of NCSC standards to measure success. In the CDC’s MMRW, 6 of the 24 recommendations related directly to Complete Streets and smart growth.

As Barbara puts it, “There is a wealth of ‘Build It and They Will Come’ studies to justify the CDC recommendations. Cities such as Boulder, Colorado, and Portland, Oregon have had complete streets for quite a while, making it easy to walk, bicycle, or catch the bus anywhere in the community. Their alternative transportation rates are higher than the rest of the country.”

Barbara encourages anyone interested in research on the health implications of complete streets to read a 2009 brief published by Active Living Research: Building Evidence to Prevent Childhood Obesity and Support Active Communities. Highlights from the report follow:

- Adults using public transportation were less likely to be sedentary or obese than those who did not. Nationwide, 29% of those using transit were physically active 30 minutes or more each day just by walking to and from public stops.
- Similarly, transit users took 30% more steps a day and spent 8.3 more minutes walking each day than people who relied on cars. Reliance on the automobile for travel was associated with higher obesity rates.
- An 11-county survey of neighborhoods with sidewalks on most streets found 47% of residents more likely to get moderate to vigorous physical activity at least 5 days a week for at least 30 minutes each day than residents of neighborhoods with sidewalks on few or no streets.
- A review of 16 studies found that people with access to sidewalks were 20% more likely to be physically active than those reporting no access to sidewalks.
- One study of cities estimated a 0.31% increase in bicycle commuters for every 1% increase in the length of on-street bicycle lanes.

Getting Involved

Barbara advises anyone considering a Complete Streets policy initiative to find out first if any related community projects are already in the works. NCSC maintains a list on their website (www.completestreets.org/changing-policy/local-advocacy/current-campaigns), as well as a list of communities with Complete Streets policies.

Potential Parties to Involve in a Complete Streets Policy Initiative

- 1000 Friends (state-level nonprofit advocating for smarter growth)
- AARP
- Action Communities for Health, Innovation, and Environmental Change
- City planner’s department office of nonmotorized travel
- Disability advocates
- Local biking groups and advocates
- National Association of Chronic Disease Directors
- National Association of County and City Health Officials
- National Association of Realtors
- Public health department
- State bicycle/pedestrian coordinator
- Transit agencies
- Transportation planners
- YMCA/YWCA.
Once people start using these improved facilities, they form behavior patterns that lead to better health and quality of life. At the same time this can have a positive impact on traffic congestion, which in turn reduces pollution and greenhouse gas emissions and creates American communities where people want to live.

But if no campaigns are being planned, Barbara recommends community public health departments as a good resource to help organize a grassroots effort. “They know how to bring people together and conduct efficient meetings.”

Once the group is formed, the next step is to define the target. Will it be region-wide or city-wide? Besides their extensive website, Barbara recommends other NCSC services to support local efforts. “We provide limited phone consultation, and if resources are available can come in to conduct Complete Streets Implementation Workshops or bring in the necessary planning professionals.”

When employers drive the interest for a Complete Streets policy, Barbara recommends taking pictures of any areas of concern. “Show areas restricting employees from biking, taking mass transit, carpooling, or walking as part of their fitness efforts. Join forces with CEOs to advocate for a Complete Streets policy and changes in new road projects.”

Overcoming Resistance
Barbara notes 3 hurdles to overcome — all related to people’s natural resistance to change:

- “Communities that grew up around the car have a particularly hard time conceptualizing the possibility of nonmotorized or transit travel. They can’t imagine why anyone would want to get on a bike or wait for a bus. They see all the problems preventing alternative travel… not the potential. Anticipate that mindset. Help decision makers understand that people want these alternatives and that once they are in place, they’ll use them.”

- The second hurdle is getting the engineers on your side. “Traditional engineering has focused on eliminating automobile congestion and moving cars. Many will say that’s what they have always done and Complete Streets issues are not their job. Complete Streets policies help create and solidify a political will that demonstrates a community’s desire for streets that work for everyone. Engineers are natural problem solvers. Once they get past their initial resistance and understand this new problem to solve, engineers often become our biggest asset. They say OK and get to work on it with the expertise to make things happen.”

- The last hurdle is getting everyone to understand that Complete Streets really is about transportation. “For instance, commuting is a workplace issue. Many communities only considered bicycling or even walking as recreational activities; as a result, they focused on building paths within parks only. This is where taking pictures of problem areas, with people trying to walk or bicycle to their destinations, is so valuable. You simply point to the pictures and ask, ‘Why don’t these people have the resources they need?’”

These hurdles can be overcome. Barbara is confident that it’s worth the effort. “The power of the Complete Streets concept is that it opens people’s eyes. The street network is already
there. It just needs to be improved. Once people start using these improved facilities, they form behavior patterns that lead to better health and quality of life. At the same time this can have a positive impact on traffic congestion, which in turn reduces pollution and greenhouse gas emissions and creates American communities where people want to live. When people realize this, they get excited. It's deceptively simple and only requires a shift in the way we look at our road system.

Survey Says Wellness Is on the Rise

Mercer's 2009 US National Survey of Employer-Sponsored Health Plans (to be released this spring) finds:

- Employers held cost growth to 5.5% in 2009 — the lowest increase in a decade
- Use of health management programs accelerated as large employers look to hold down cost without cost-shifting to employees.

Wellness gained momentum over 2008, as offerings rose significantly. Survey results suggest these programs are having an impact: medical plan cost increases in 2009 were about 2 percentage points lower, on average, among employers with extensive health management programs than among those offering limited or no health management programs. And nearly 75% of employers that have measured their return on investment in these programs say they're satisfied with year-over-year savings, lower utilization rates, or improved health risks.

Money Buys Happiness, But Will It Buy Health Improvement?

Money can buy happiness if it's spent on psychological therapy. That's the conclusion of a recent study in *Health Economics Law*. A 4-month course of therapy costing approximately $1300 boosted well-being so much that it would take a pay raise of over $40,000 to achieve an equivalent well-being increase — suggesting psychological therapy is 32 times more cost-effective at making you happy than simply obtaining more money.

The reason therapy has greater impact on happiness and overall well-being than money is that it gets the person to take responsibility for their life. This leads to a sense of control and autonomy, which in turn heightens feelings of well-being overall.

The same dynamic applies to health improvement. Giving people money for doing something they should want to do for themselves robs them of the opportunity to gain control and autonomy of their life and their health.
Does Slow and Steady Really Win the Race?

A study in the January/February American Journal of Health Promotion examined the health benefits of accumulating the recommended physical activity minutes across the week (30 minutes a day, 5 days a week) versus compressed into 1 or 2 days on a weekend. As for which approach is better from a purely physiologic perspective, the answer is: we don’t know. There are advantages/disadvantages to both.

What’s very clear from this and numerous other studies is that more exercise (beyond 150 minutes of moderate intensity exercise a week) is better — no matter when it occurs.

Most health promoters we know recommend consistent physical activity throughout the week for the social, emotional, and mental health benefits as well as the physical. And many suggest that even 3-10-minute bouts of brisk walking are good for you. Physiologically, that’s correct. But in the belief that if we make exercise “easier” for people they’ll somehow take to it more readily, we’ve inadvertently made it more difficult for them to adopt a lasting exercise habit.

Habit becomes habit through ritual and repetition. You brush your teeth in the morning without even thinking about it because it’s ingrained from an early age. For exercise to become routine, we need to take the same approach with our clients. That doesn’t mean they can’t change things, just as they try new toothpaste or a different toothbrush.

But setting aside the same time every day to dedicate to physical activity (knowing that something will occasionally get in the way) is the surest way to achieve all of the benefits from exercise.

Let’s Move! Campaign

First Lady Michelle Obama recently announced Let’s Move! (http://letsmove.gov). It has an ambitious goal: to solve the epidemic of childhood obesity within a generation. It’s a good awareness-raising initiative with support from many quarters of government, celebrities, the medical community, and education groups. And the website indicates toolkits will be available for families this spring.

How Let’s Move! differs from We Can! (Ways to Enhance Children’s Activity & Nutrition) — an NIH program launched under the previous administration — remains to be seen. But in the meantime, wellness coordinators can take advantage of several resources on the We Can! website (www.nhlbi.nih.gov/health/public/heart/obesity/we-can), including ideas for weight control, nutrition, physical activity, and reducing screen time.