

Building Community Health with *Sticky* Design

-

Idaho Dept. of Health
& Welfare

Boise, ID
Nov. 2011



“If we really want to reform health care in the US, we need to stop people from getting sick in the first place.”

Dr. Regina Benjamin, US Surgeon Gen'l

“The people we serve are suffering, while we are tinkering!”

Dr. Stephen Thomas

Topics for consideration:

- A musical reference.
- Some **perspective** . . .
- The “**epidemics**” too few are talking about (and a brief **rant**).
- A question of **priorities**, and recommendations.
- Some thoughts on **real world** implementation.
- Why it **really** matters!



**Safe crossing for
students.**

What is the legacy – the lasting impact – that you will leave in your community?

Some perspective and a thought exercise:

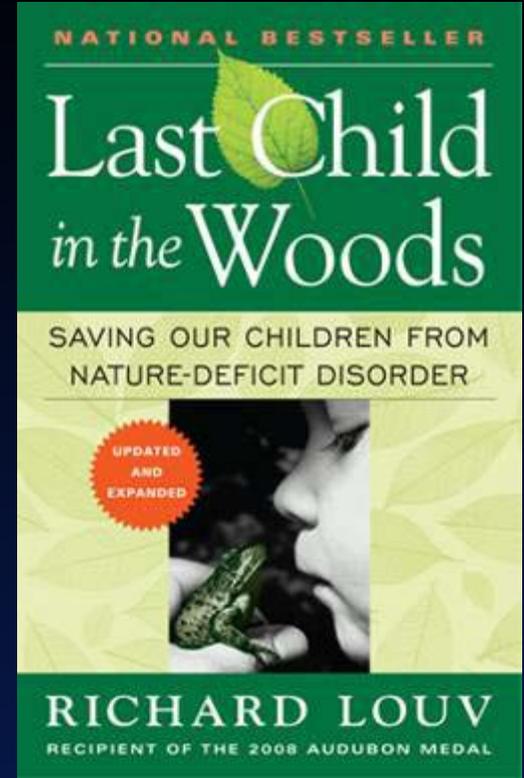
- Recall one of your earliest *fond* memories of physical activity from your youth.
- For just a moment pair up and share your recollections.





30-Nov-2009

Not just my idea . . .



Kids held back with 'over-organised' play, says Shane Gould

Pia Akerman

OLYMPIC golden girl Shane Gould has blasted children's sports programs as "over-organised" and holding back the natural development of physical skills, contributing to physical and social problems down the track.



Gould

The swimmer, who won five individual medals at the 1972 Munich Olympics, yesterday took aim against children as young as five being pushed into team sports rather than encouraged to play naturally.

— 5, 6, 7, 8 — that is really too young for kids to be involved in organised sport, even though it is modified," she said at the Australian Institute of Public Management annual conference in Adelaide.

"I believe that children are over-organised and they don't have enough opportunity and freedom to play naturally."

coined the term "nature deficit disorder" — it's not actually a brain disorder but we are going to start to see problems in children like concentration, best ability to regulate their emotions."

Currently working on a master's degree in social geography at the University of Tasmania, Gould will publish her thoughts on children's physical activity in the December issue of the *Child* publication in state capitals.

The Matter: the loss of traditional Australian backyards and the "erosion" of public playgrounds is factors reducing child-

ren's ability to play naturally.

"Public liability seems to be the main focus for the design of our children's playgrounds and all of us need to take some responsibility for this," Gould writes.

"The race to blame someone for a child's fall from a piece of playground equipment has had the appalling knock-on effect of almost eliminating child's play and led to this devastating impact on our public spaces.

"Children prefer a log and a stick to play structures"

speaking after her address.

Gould said home-improvement TV shows emphasising aesthetically pleasing courtyards had encouraged people to ditch traditional backyards.

"Kids need backyards — they need to dig dirt and pull up plants and see the roots. They need to find worms and beetles and make tracks and build cubbies and pull them down again," she said.

A mother of four, Gould raised her children on a property at Margaret River in Western Australia, where outdoor activity was an important part of everyday life. In her article, Gould argues the

Howard government's focus on after-school sports to address childhood obesity was "well-meaning" but failed to attract most children who often had a "can't do" attitude to sports.

"Children, particularly under eight, do not in my opinion, need to be involved in organised sports," she writes.

Gould said children today were "stagnant" due to "lack of movement experiences" such as reaching, climbing, hopping and spinning.

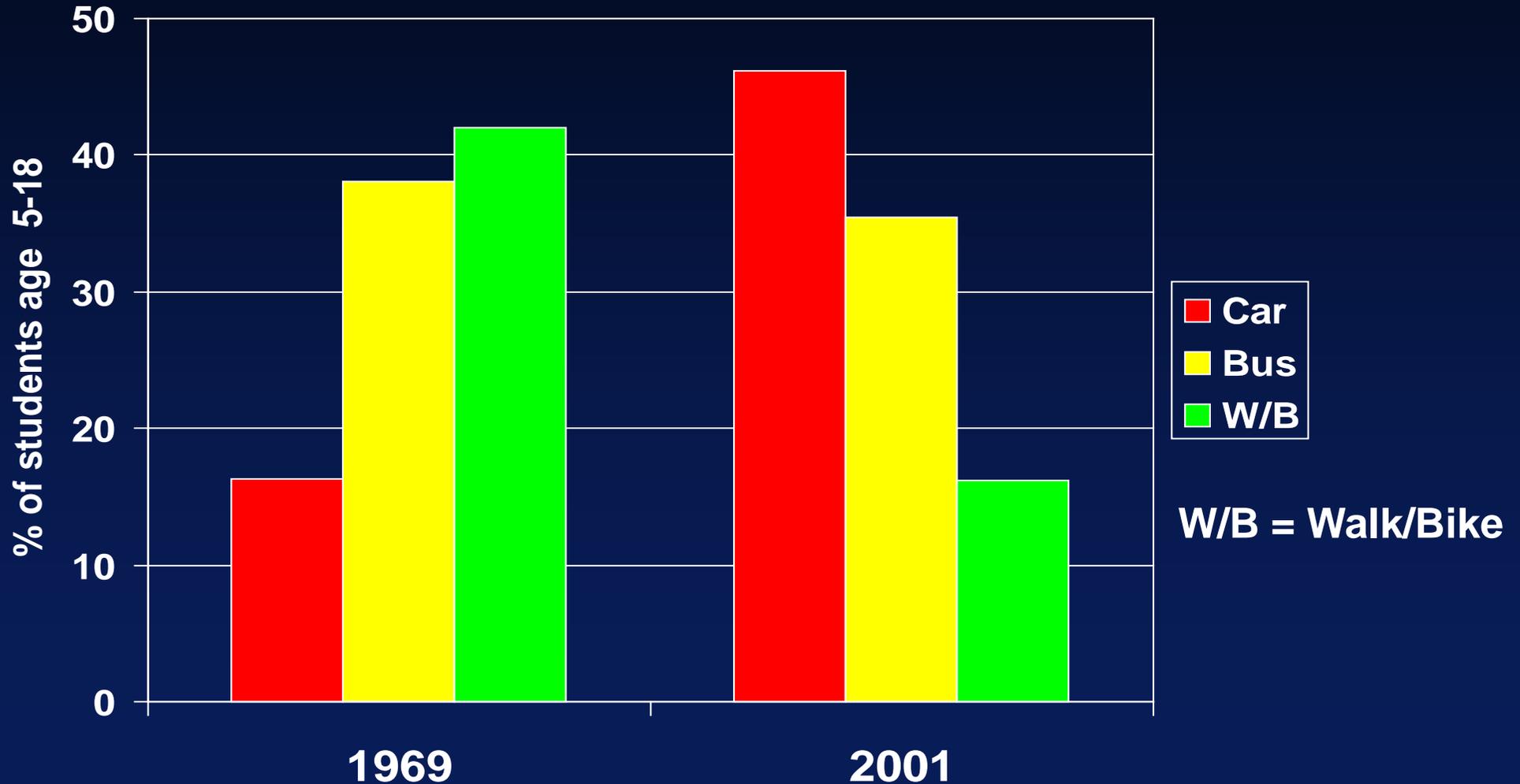


Have your say at thematter.com.au

The Australian, 14-Oct-2009

Changes in Walking & Cycling to School, 1969 to 2001

Ham et.al., *Jour. of Physical Activity & Health*, 2008, 5, 205-215



Trends in Childhood Obesity & Overweight

- 2-5 Years of Age
- 6-11 Years of Age
- 12-19 Years of Age

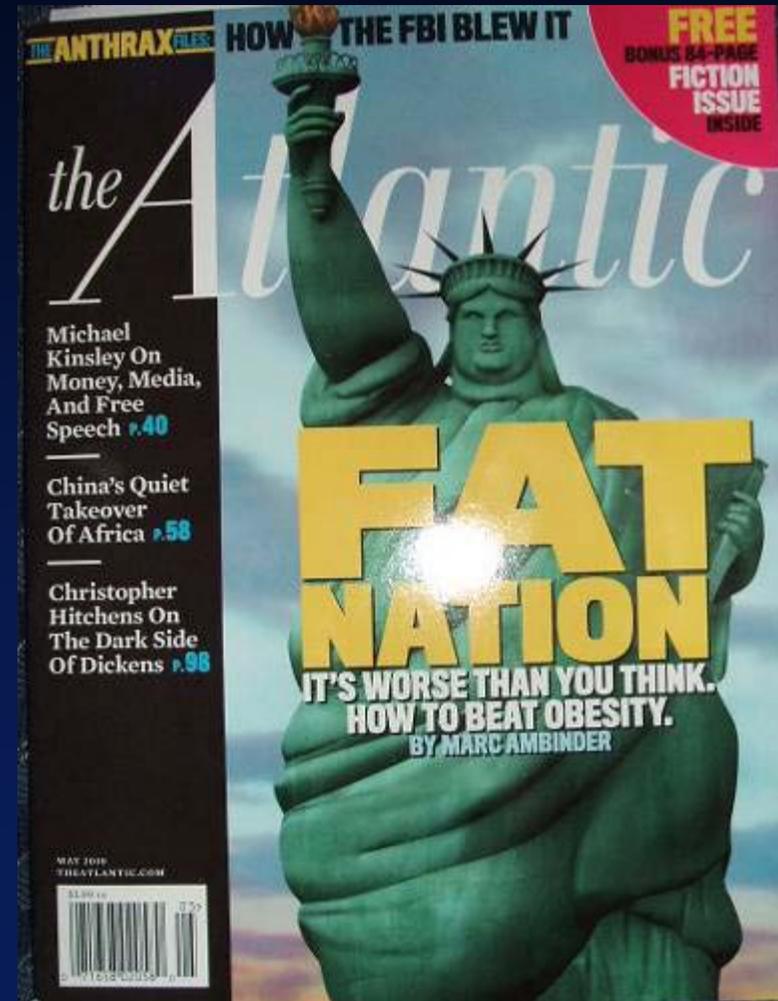
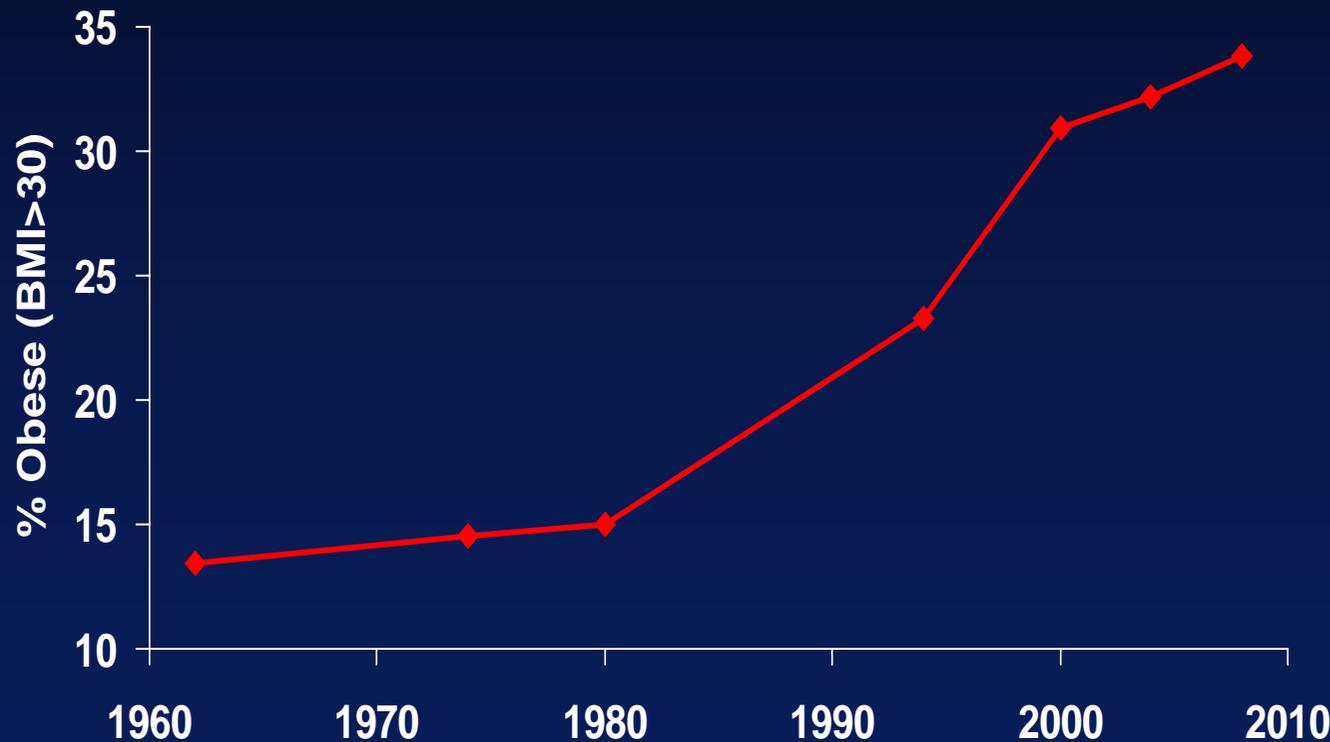


Centers for Disease Control and Prevention. National Center for Health Statistics. *National Health Examination Surveys II (ages 6-11) and III (ages 12-17), and National Health and Nutrition Examination Surveys I, II and III, and 1999-2006.*

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

US "Obesity Epidemic"

Ogden et. al. (JAMA 288, 14; Oct. 2002)



Diabetes Prevention Program

(DPP; *New.Eng.J.Med.*, April 2002)

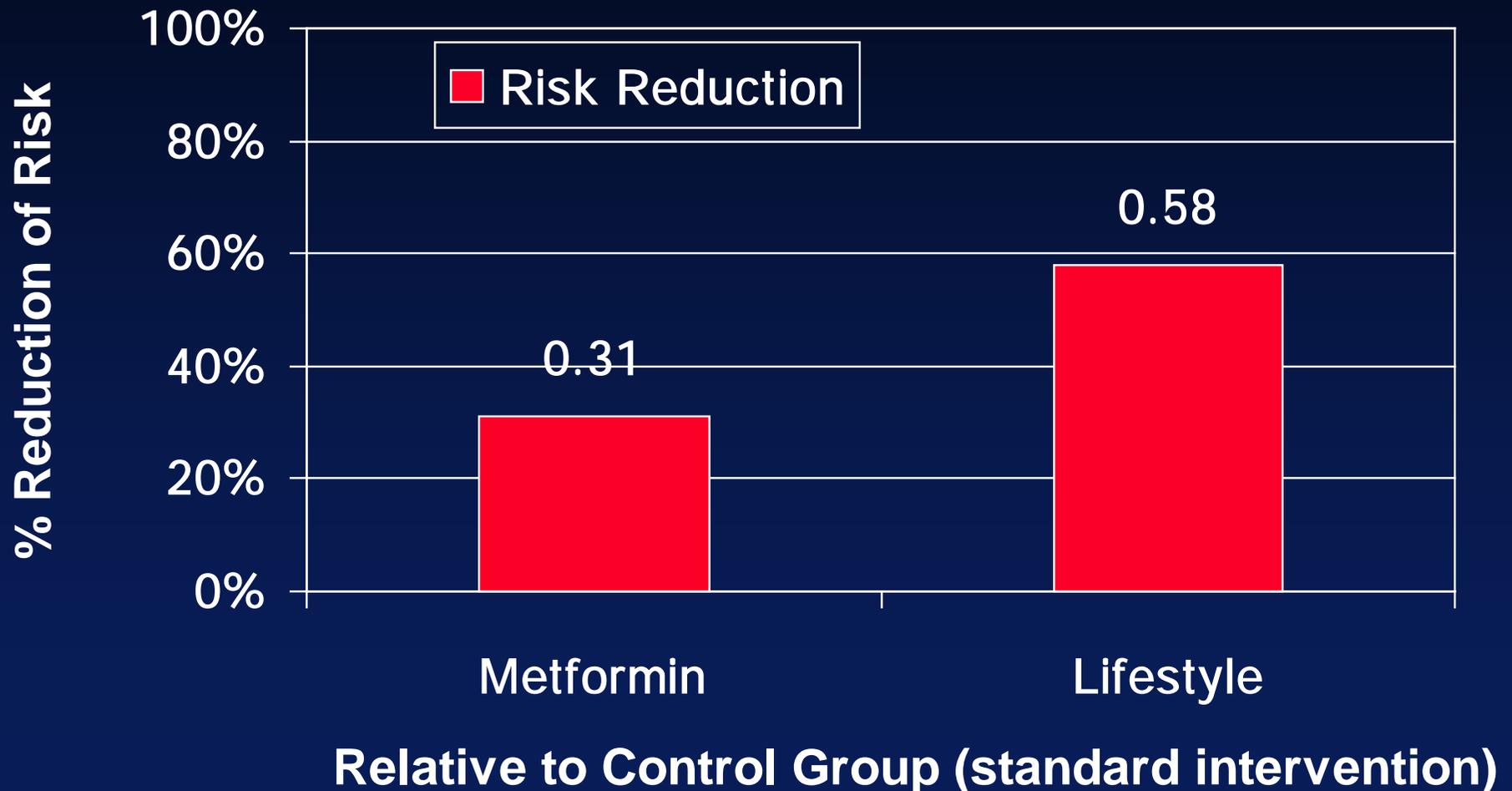
Compared three treatments for nationwide cohort (3,000+) at risk for developing diabetes (elevated fasting glucose).

1. Control: Standard exercise and nutrition counseling; placebo.
2. Standard plus drug treatment: Metformin
3. Intensive lifestyle change: Nutritional training, **150 min./week physical activity.**



Diabetes Risk Reduction

(Diabetes Prevention Program; *NEJM*, April 2002)



My Rant:

**Change the conversation. It's
not just an obesity epidemic.
At the core it is epidemics of
physical inactivity and **poor
nutrition.*****

*** Two of the three big drivers of skyrocketing
healthcare costs in the US.**

Rank the priority of these five activities:

- 1. America on the Move – national meeting.**
- 2. Local planning board meeting; re: trail.**
- 3. Belmont Health Fair – lead walks, etc.**
- 4. Address Governor's task force on the MA Highway Design Manual.**
- 5. Nordic Walking (w/poles) fitness DVD.**

Health Fair:



But how much, and what activity to recommend to average people?

Surgeon General's Report 1996 Physical Activity Guidelines 2008

www.health.gov/paguidelines

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



**Walking for
exercise, or just to
get somewhere?**

But, Health Fair is #5 because:

- Only reaches those who *choose* to show up!
- And only a fraction of those may actually use the information.



I'll be physically active—if you make me!



Recommendation 1:

Think about scale & effectiveness. Ask the simple question: in **how many people is this likely to actually change behavior?**

Nordic Walking benefits:

- 20% - 40% boost in energy expenditure.
- Increased upper body workout (arms, chest shoulders, back, abs).
- Improved balance; reduced loads on feet, legs.

www.nordicwalkusa.com

www.markfenton.com



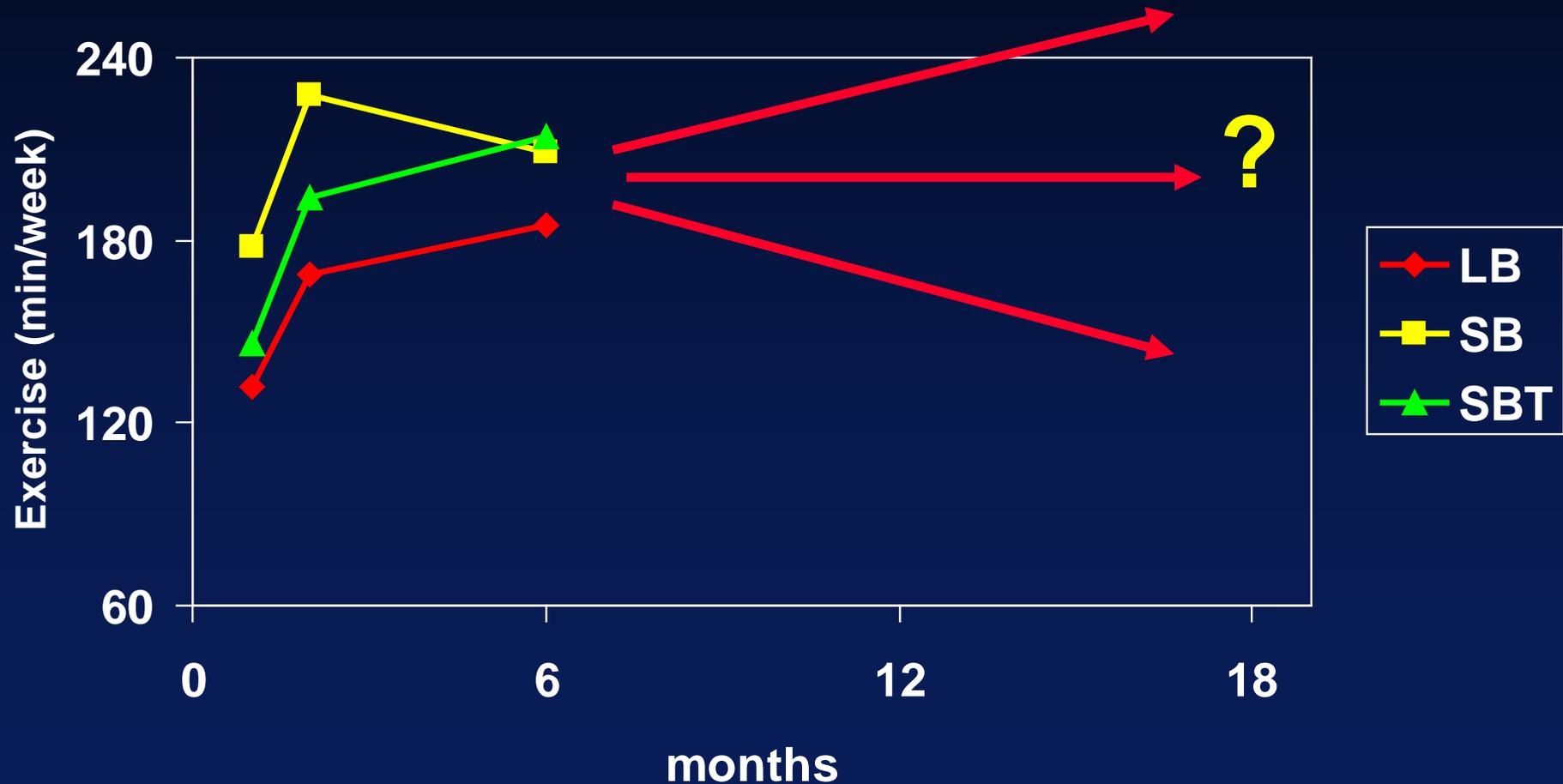
BUT: Nordic Walking?
Another **fitness fad?** What
about the “**dork factor?**” Or
the **stickiness problem?**



Exercise Participation

Effect of Short Bouts, Home Treadmills

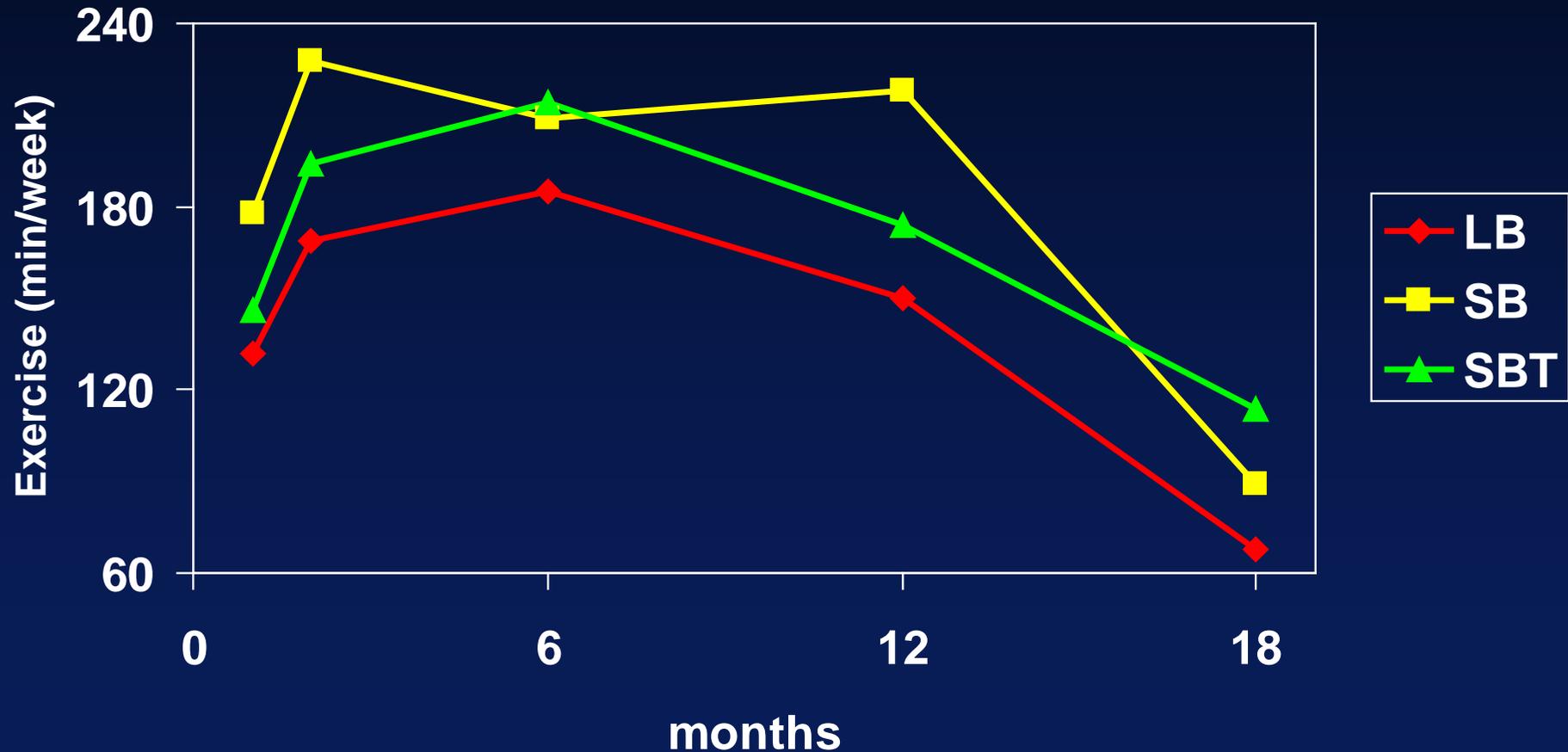
(Jakicic et.al., JAMA 282, 16)



Exercise Participation

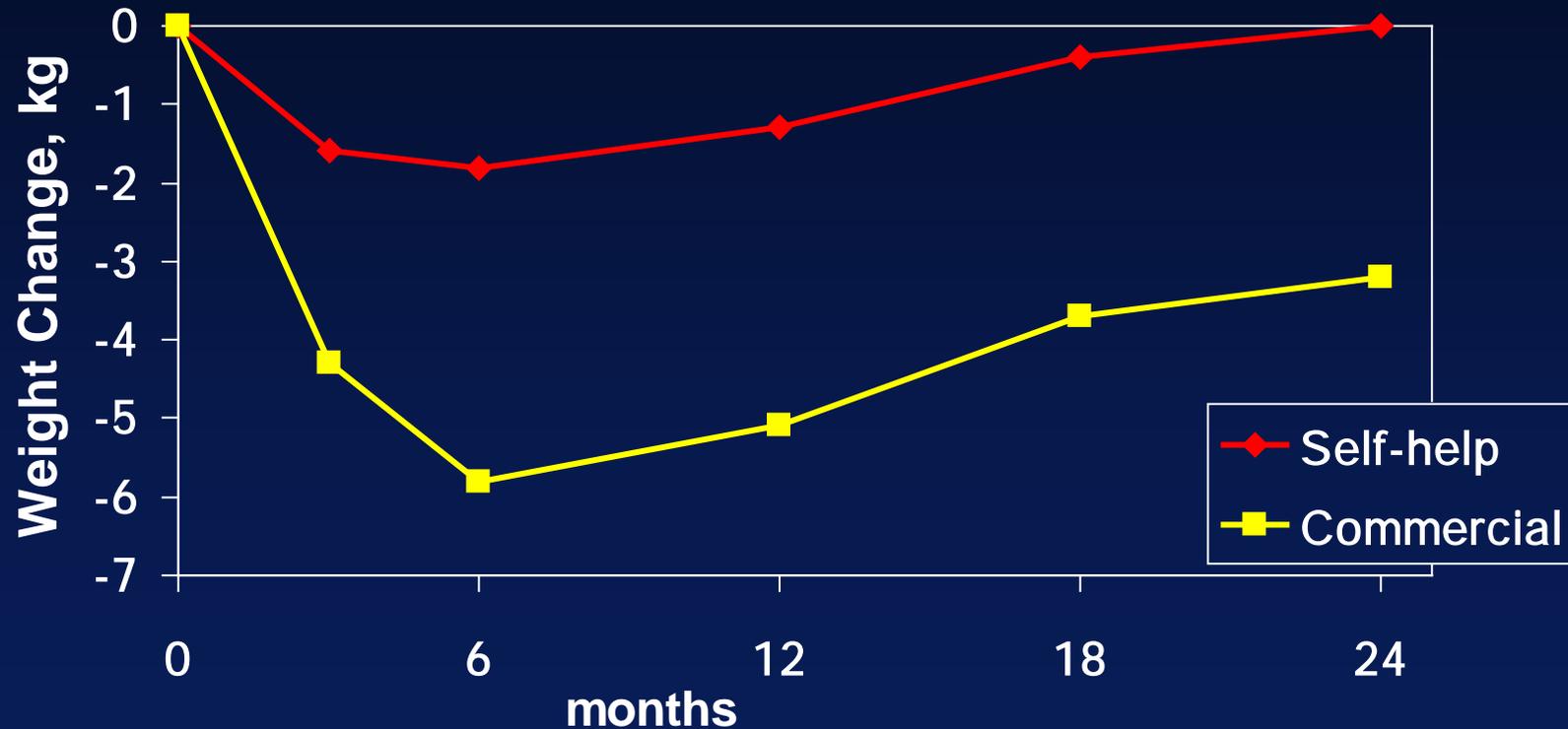
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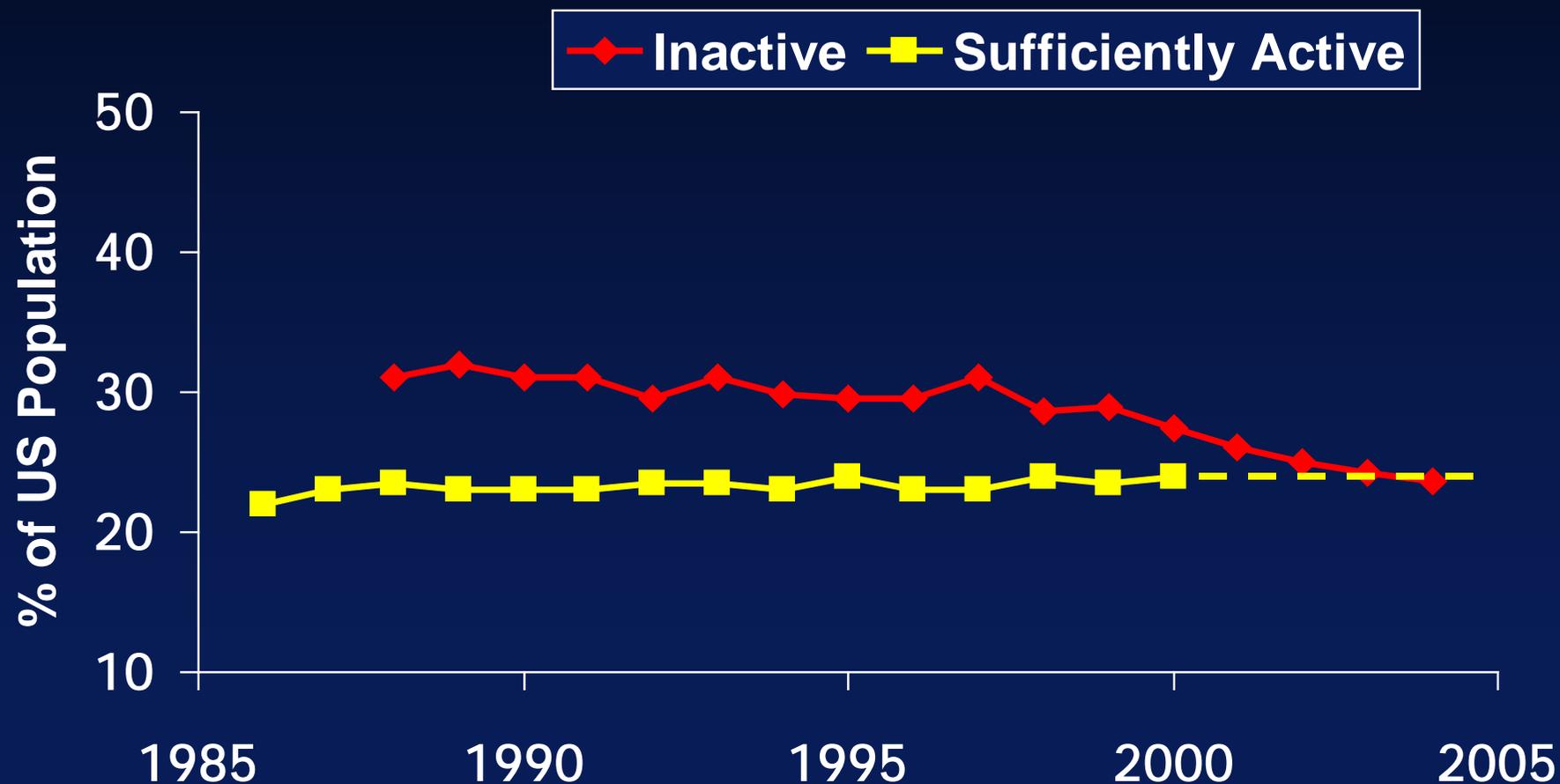
Self-help vs. Commercial Weight Loss Programs

(Heshka et.al., JAMA 289, 14; April 9, 2003)



Leisure Time Physical Activity in the US

(MMWR: 50(09), 166-9; 54(39), 991-4]



Recommendation 2:

Go for breadth—not just “exercise” for the actively inclined. We need increases in routine, daily physical activity for everyone.

Recommendation 2 (H.E.):

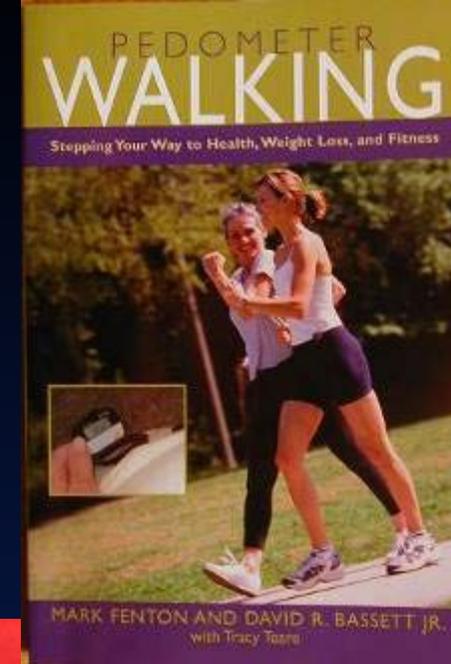
Go for breadth—not just getting people onto “diets.”

**We need increases in routine,
daily healthy eating for
everyone.**

Pedometer-based “lifestyle” activity promotion:

- Measure steps all day.
 - Determine your average daily steps.
 - Increase by only 10%-20% a week.
 - Keep gradually increasing . . .

Key to Success: Keep a record!

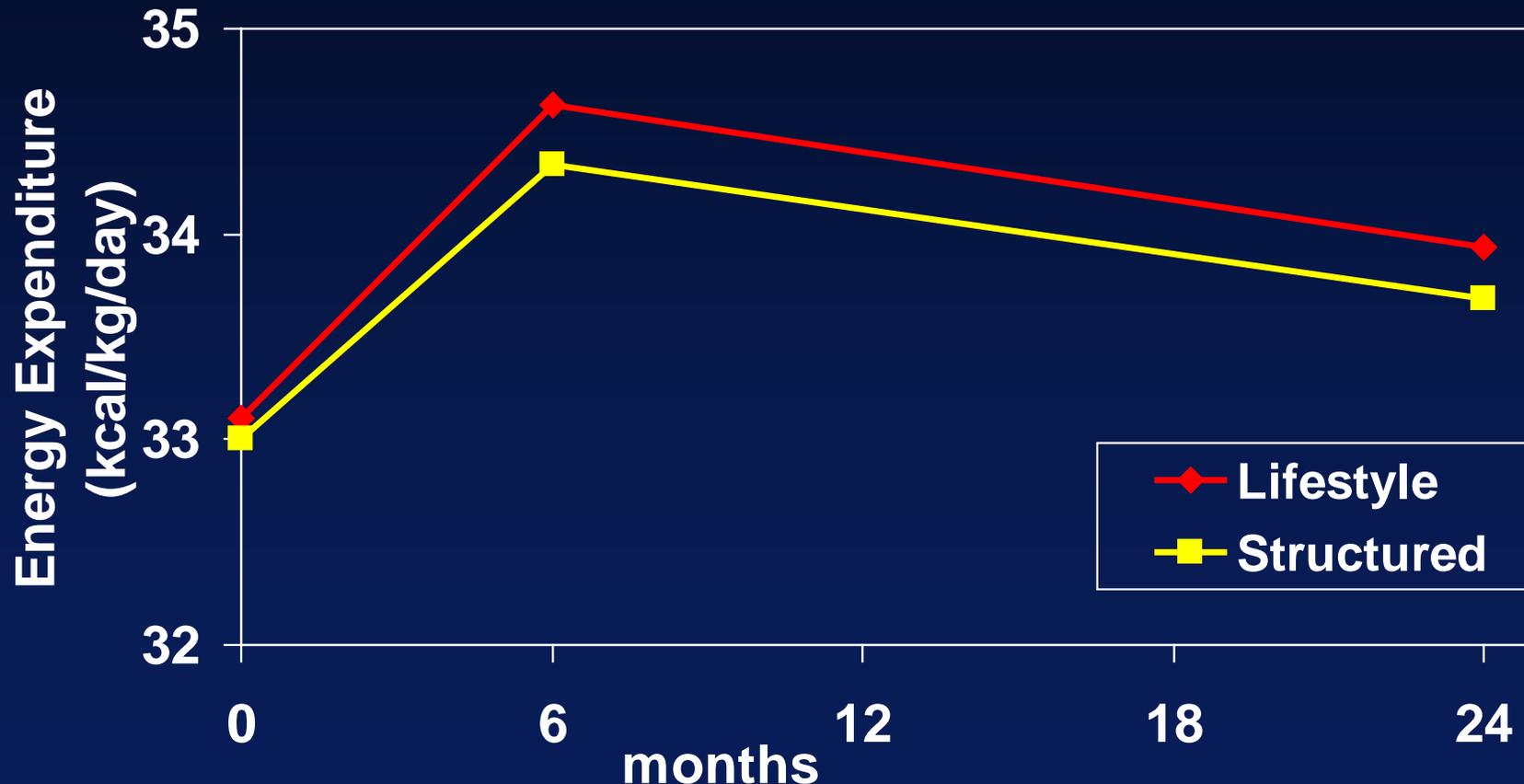




**BUT . . .
how has
advising
people to
“take the
stairs”
worked?**

Energy Expenditure Lifestyle vs. Structured Activity

(Dunn et.al., *J. Amer. Med. Assoc.*, 281, 4)



Social Ecology Model

Determinants of behavior change

Sallis, Owen, "Physical Activity and Behavioral Medicine."

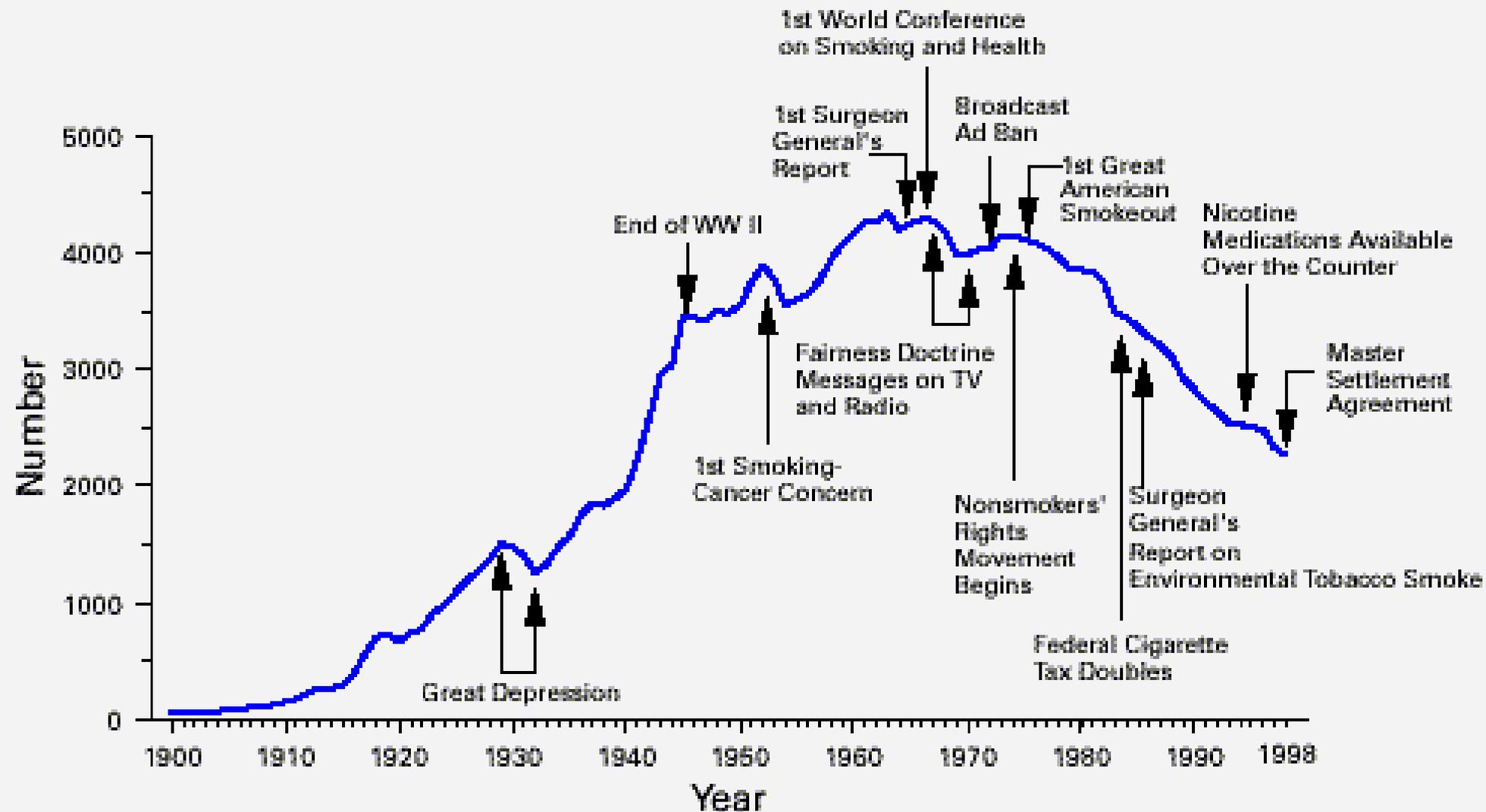
- Individual (readiness, efficacy)
- Interpersonal (family, friends, work colleagues)
- Institutional (school, work, health care provider)
- Community (networks, local gov't)
- Public Policy (transport, land use)



Socio-ecological successes?

- **Tobacco** – Education, labels, kids, taxes, 2nd hand smoke policies/bans.
- **Seat belts, child safety restraints** – Media, training, laws, enforcement.
- **Recycling** – Kids, facilities, fees.
- **Water & sewer** – Education, ordinance & design requirements, inspection/enforcement procedures.

FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998



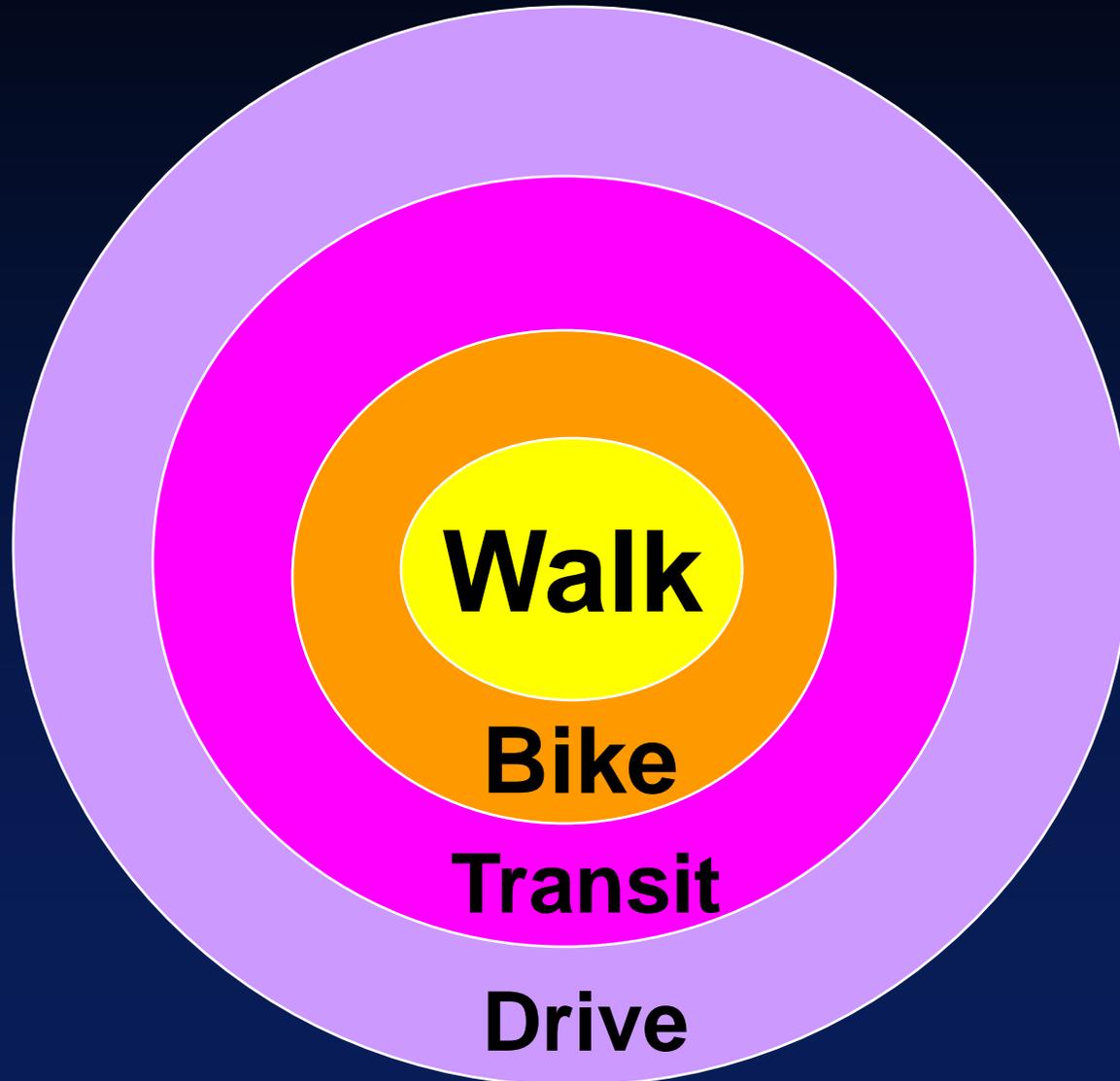
Sources: United States Department of Agriculture; 1986 Surgeon General's Report.



vs.



The “healthy” trip decision hierarchy*:

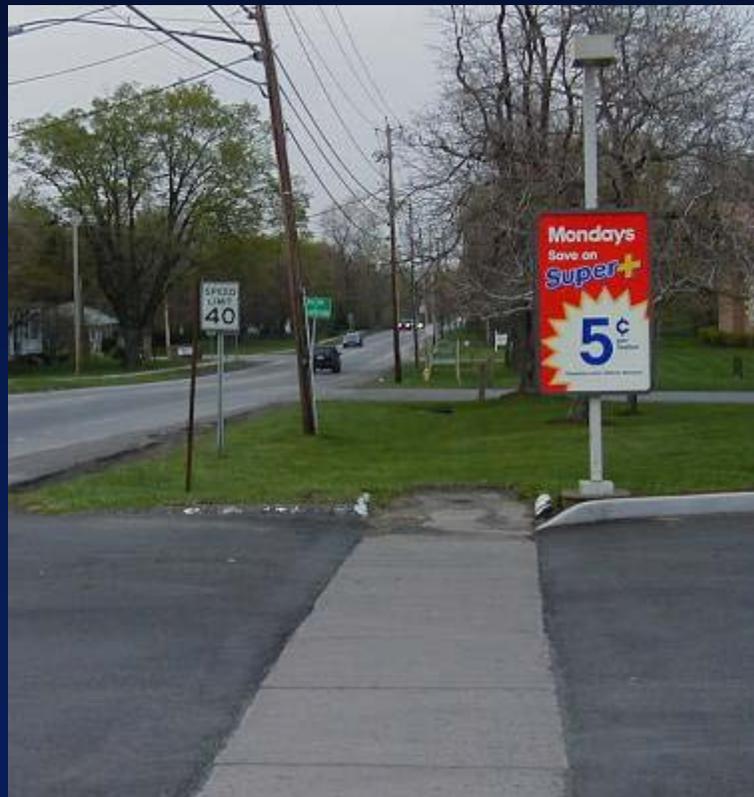


***Nearly 25% of all trips are one mile or less; roughly 40% are two miles or less!
(Nat'l Household Transportation Survey)**

Recommendation 3:

We have to make active living & healthy eating the easier choices - actually safer, more convenient, less costly, and even more fun than the alternatives.

Planning Board: Directly impacts local environmental factors.



So, what seems to be “stickier?”

1. Varied destinations within walk, bike, & transit distance.
2. Sidewalks, trails, bike lanes, safe crossings.
3. Inviting settings & sites for bikes, peds, transit.
4. Safety & access for all ages, incomes, abilities.



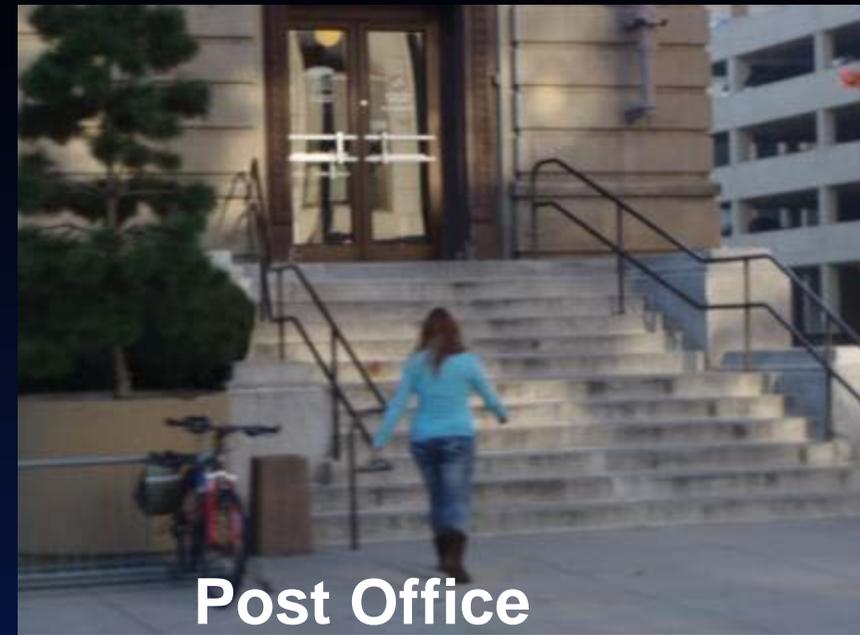
www.thecommunityguide.org

CDC Guide to Community Preventive Services

www.markfenton.com

In planner language:

- Mix of land uses; varied destinations.
- Connected network of pedestrian, bike, & transit facilities.
- Functional & inviting site designs, details.
- Universal safety & access for all.



1. Land use.

Varied destinations in proximity.



E.g. library,
grocery, schools

Compact neighborhoods
& shared open space.

Mixed
use,
multi-
family.

Housing
above,
retail
below.



2. Network encourages active travel with:



- Presence of sidewalks, pathways, bike lanes.
- Shorter blocks, cul-de-sac cut-throughs, more connections.
- Access to trail, park, greenway; quality, reliable *transit*.



Transit riders are physically active.

Besser, Dannenberg, *Amer. J. Prev. Med.*, 29 (4), Nov. 2005.

Just during the daily walk to transit:

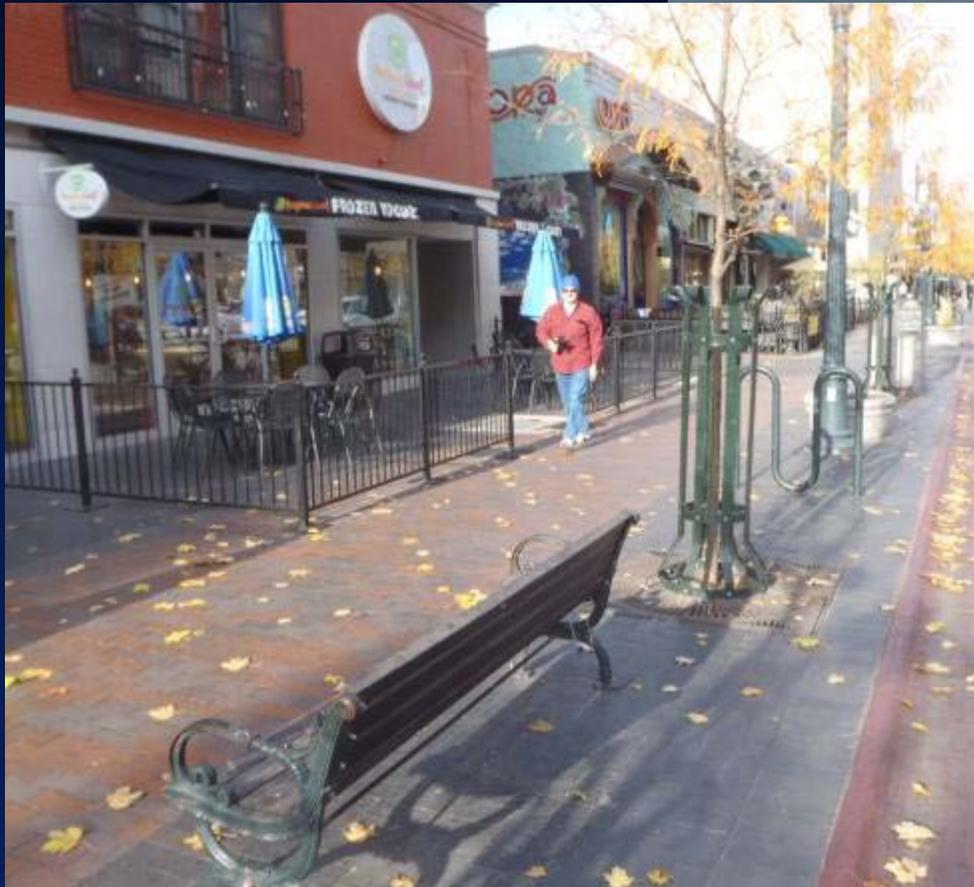
- Half of transit riders walk at least 19 mins.
- 29% get at least 30 mins. of activity.
- Minorities, poor (income <\$15k/yr.), denser urban dwellers more likely to get 30+ mins./day.



on WI



3. Site design:



Which setting seems more appealing for travel on foot and by bike?

Site design?

Research & practice suggest:



- Buildings near the sidewalk, not set back; parking on street or behind.
- Trees, benches, lighting, awnings, “human” scale.
- Details: bike parking, open space, plants, art, materials.



4. Safety.

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



Median islands



Roundabout (Neenah, WI)



Curb extensions

(Jacobsen P, *Injury Prevention*, 2003; 9:205-209.)

Diagonal parking increases on-street capacity, but . . .



Meridian



Des Moines, IA



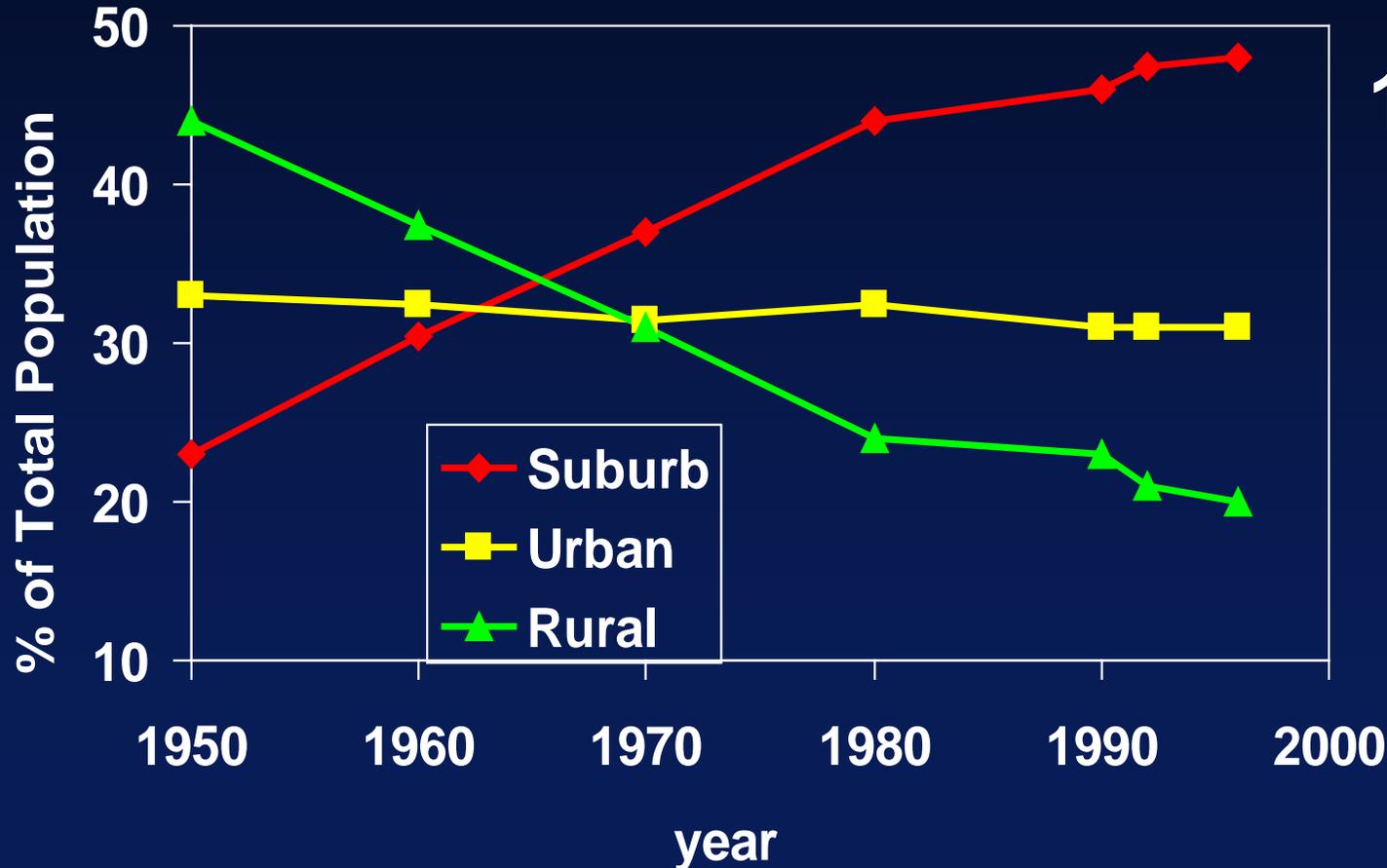
- Reverse angle:**
- Fewer, less severe collisions.
 - Safer for bikes.
 - Slows traffic.

“But what about rural areas . . . ?”

Suburbanization of America

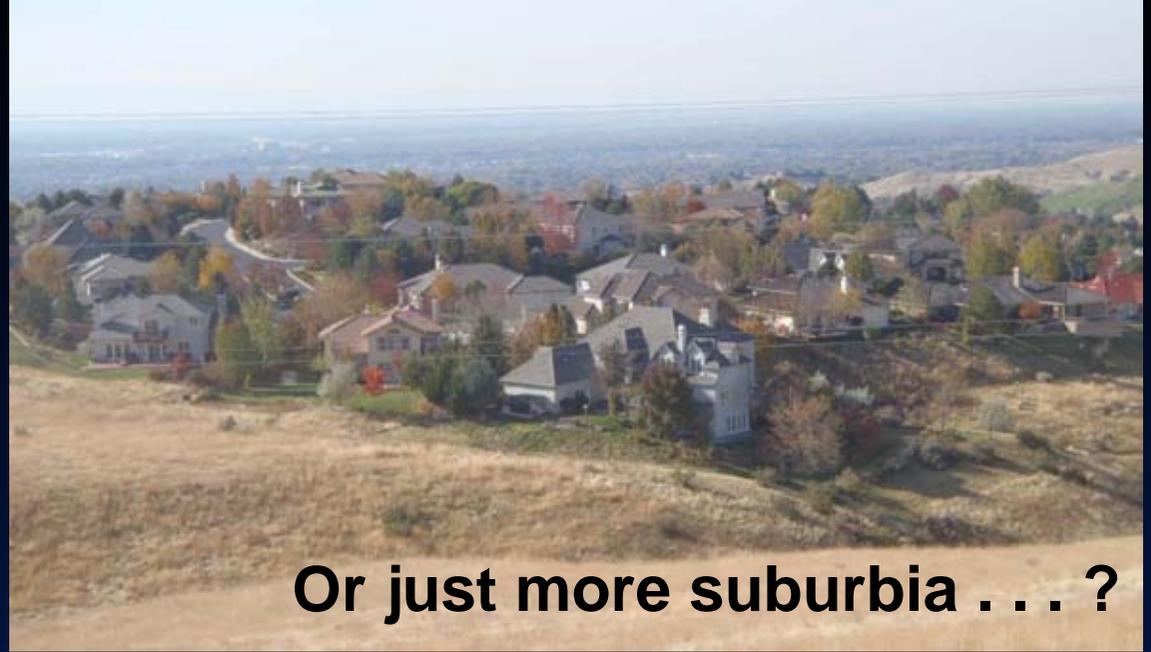
US population shift, 1950-1996

(after *Bowling Alone*, R. Putnam, 2000)



1. Suburbia is steadily consuming the landscape . . .

**2. Rural areas are
where you can
affect the shape of
development
*before it's done!***



Or just more suburbia . . . ?



e.g. Fairview Ave.



5. Healthy food is affordable & accessible.

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



Farmers market.



Regulate fast food, drive-thru locations.



Recap - Five Elements of Healthy Community Design:

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

www.activelivingresearch.org

www.markfenton.com

Recommendation 4:
The built environment of the community matters, it is a critical health legacy of this generation. Start by helping people realize what “sticks” and what doesn’t.

Potential “health” partners: **Education**

Environmental

- Reduced traffic; air, water, & noise pollution.
- Conserved open space, agricultural land.



Safety

- Kids, elderly mobility.
- Crime deterrent.

- Increased safety.
- Reduced transportation costs and infrastructure.
- Better learning & behavior by students.
- Schools as community centers; shared use!



Social

- Equitable transportation.
- More personal connections.

Most important? Healthy economy . . .

***Walking the Walk: How Walkability Raises
Housing Values in U.S. Cities***

CEOs for Cities report*

- **Compared sale prices & WalkScores (1-100 based on number of nearby destinations . . .)**
- **Higher WalkScore correlated to higher home values.**

**Average to above average walkscore =
\$4,000 to \$34,000 increase in home value**

***www.ceosforcities.org/work/walkingthewalk
www.walkscore.com**

On Common Ground

Nat'l Assoc. of Realtors pub.; Summer 2010

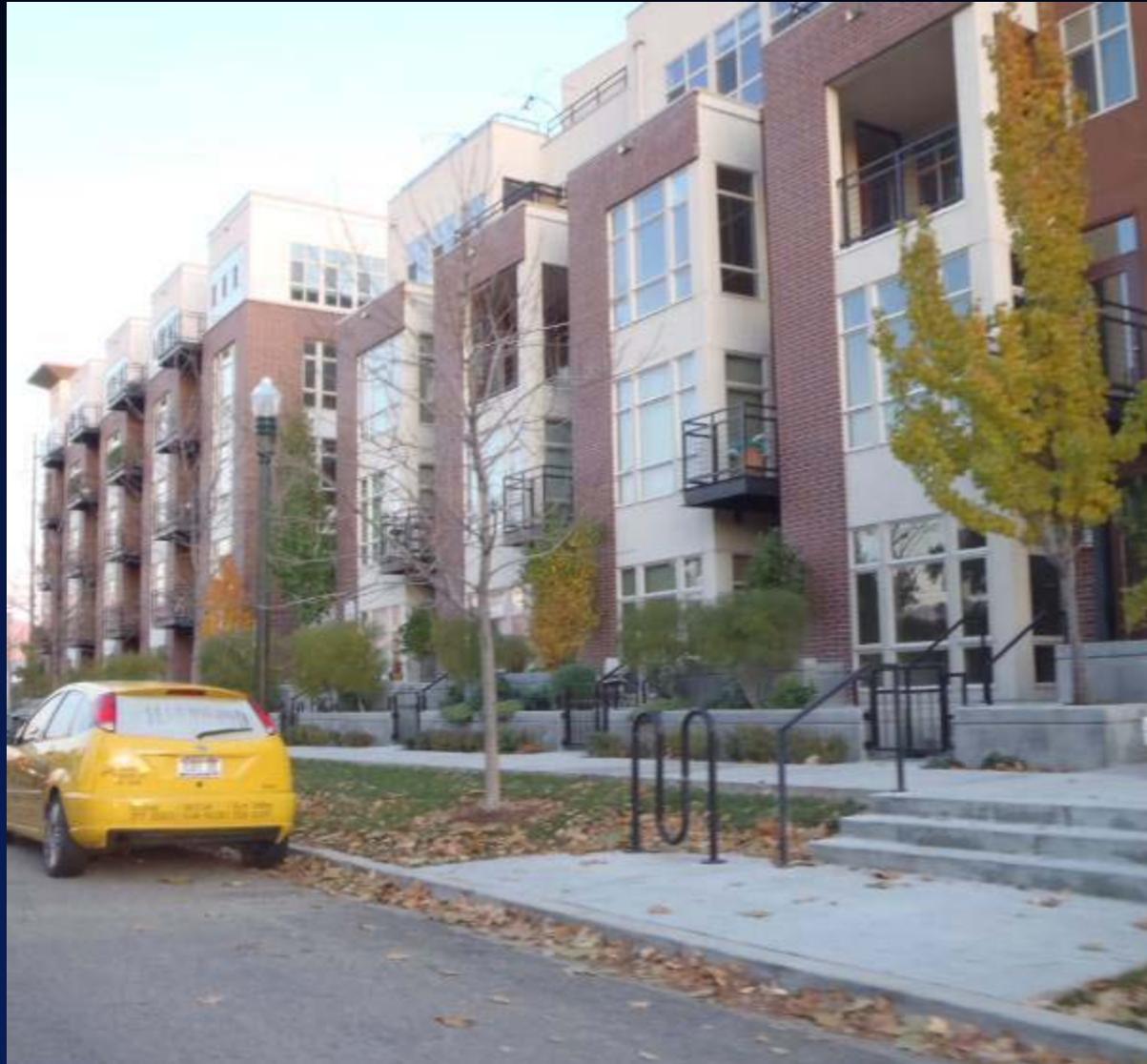
www.realtor.org

The Next Generation of Home Buyers:

- **Taste for in-town living.**
- **Appetite for public transportation.**
- **Strong green streak.**
- **Plus, Americans are driving less overall!**



E.g. downtown condos



Selling: “Active Urban Lifestyle”

The conundrum:

- Many communities embraced the “big box” approach to retail growth.
- But many 1st & 2nd generation malls & boxes are under-performing . . .



Albertson's Plaza,

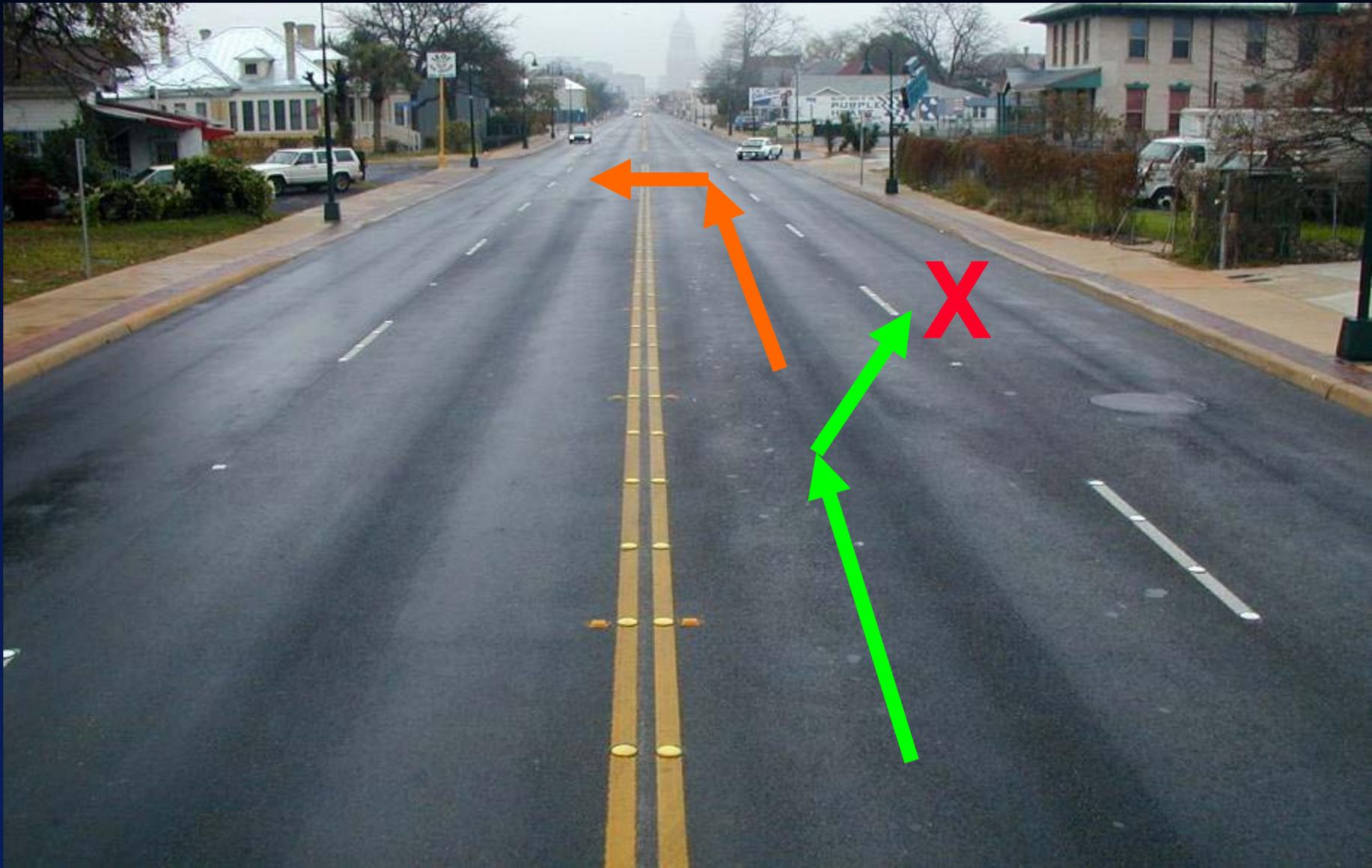


Or more simply: Which contributes more to economy in the long run? Where do employers want to locate to lower healthcare costs & increase employee retention?



1. Highway Design Manual:

Affects the **built environment** for years to come.



Lane re-alignments

- Often called road diets, being seen more often.



Urbana, IL; before & after.



- Can reduce collisions & severity.
- Dramatically improves performance for pedestrians & cyclists.

The Story of “4”:

4,000

**Approximate number of
annual pedestrian deaths in
America.**

40,000

**Approximate total annual
deaths in motor vehicle
crashes.**

400,000*

**Approximate annual deaths due to
sedentary living and poor nutrition.**

***Rounded up from corrected 365,000.**

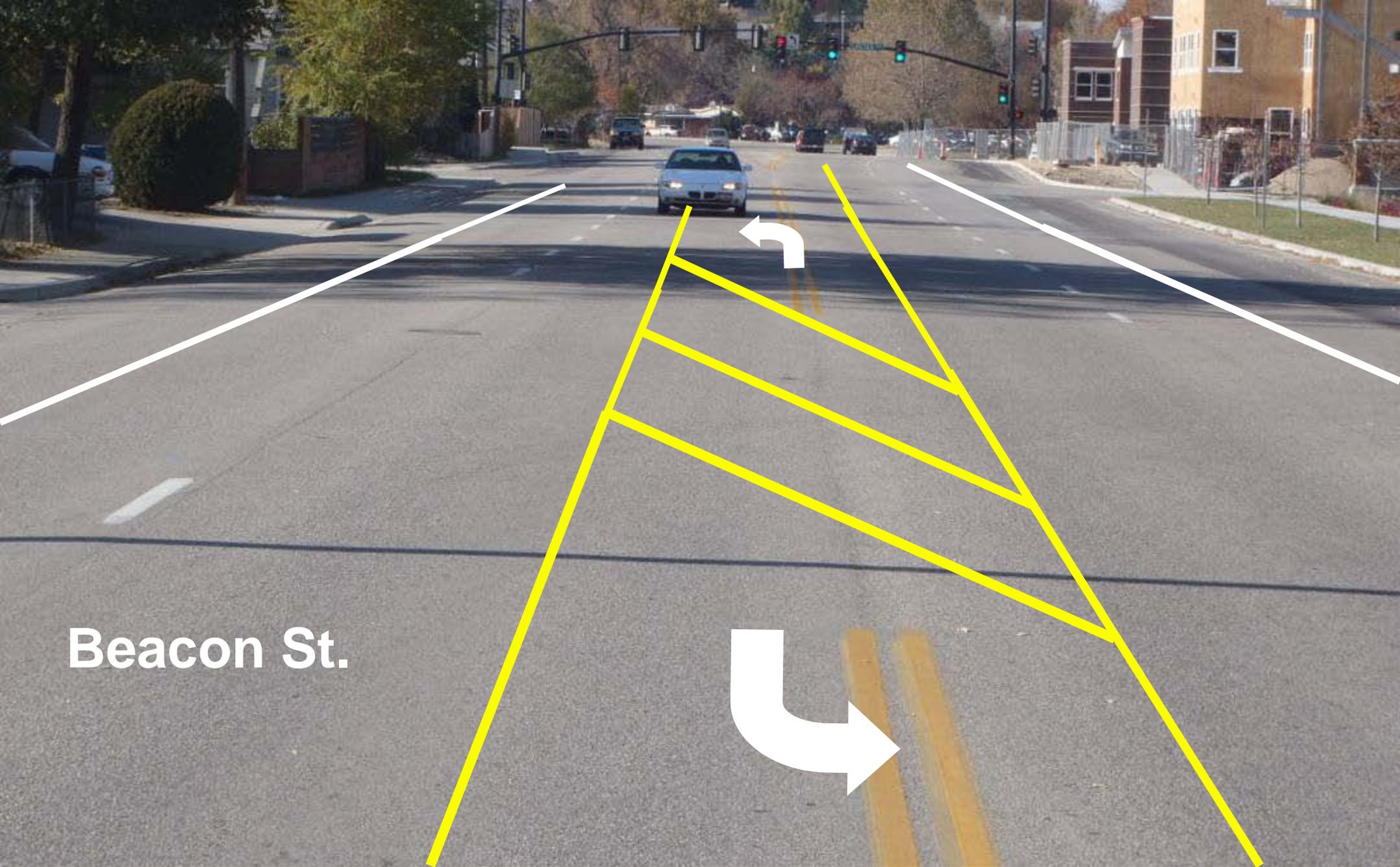
Mokdad, A.H., et al. 2004. Actual causes of death in the US. JAMA 291: 1238-45.

MassDOT Design Guidelines: A Complete Streets approach



1. Accommodate all user groups (pedestrians, bicyclists, transit users, motor vehicle drivers) of all ages & abilities whenever we touch a road.
2. Roadway design = posted speed.
3. Specific, very limited exemptions.
4. Beyond local-collector-arterial . . .





Beacon St.

**Yes, you apparently can do medians here
in Boise . . .**



So my choices:

1. Highway Design Manual, Governor's Task Force.
2. Local planning board meeting.
3. America on the Move – national meeting.
4. Nordic Walking (w/poles) DVD.

Don't bother: Community Health Fair.

But how to get there?



▼ E.g. Meridian ▼



Five systematic strategies:

1. Implement a **Complete Streets** policy.
2. Encourage **mixed use development** at least three ways.
3. Build & implement a **transportation trails** plan and network.
4. **Promote walking & bicycling**, including comprehensive **Safe Routes to School**.
5. Formalize **healthy food systems** in the community.

Boise writes new city blueprint



BOVIN CROSSING



HYDE PARK



34TH STREET GARDEN PLAZA

Boiseans used their own imaginations to reimagine a public transit system — shops, restaurants and schools. On a walk, with parking lots hidden below. Creating an image of a city that is more walkable, more connected to its own people. The blueprint is a first step in a long process of creating a new vision for Boise — one that is more walkable, more connected to its own people.

Boiseans used their own imaginations to reimagine a public transit system — shops, restaurants and schools. On a walk, with parking lots hidden below. Creating an image of a city that is more walkable, more connected to its own people. The blueprint is a first step in a long process of creating a new vision for Boise — one that is more walkable, more connected to its own people.

The 34th Street Garden Plaza will provide a new landmark building and a new way of thinking about public transit. It will be a mix of residential, commercial and public transit. It will be a mix of residential, commercial and public transit. It will be a mix of residential, commercial and public transit.

Comprehensive plan will help translate what Boiseans say they want into new goals, codes

BLUEPRINT BOISE PUBLIC HEARING
 The hearing will be held on the 12th floor of the Hyatt Regency Boise on Wednesday, November 16, 2011, from 6:00 p.m. to 8:00 p.m. For more information, visit www.boiseid.org or call 208-333-3333.

SEE BLUEPRINT BOISE AND BOISE STREET MASTER PLAN
www.boiseid.org

Boise's Comprehensive Plan | City Council Hearing Draft | November 2011



The region is already saying many of the right things.

CONNECTING TREASURE VALLEY COMMUNITIES

COMMUNITIES IN MOTION 2035

REGIONAL LONG - RANGE TRANSPORTATION PLAN

SEPTEMBER 2010

COMPASS
 COMMUNITY PLANNING ASSOCIATION
 of Treasure Valley

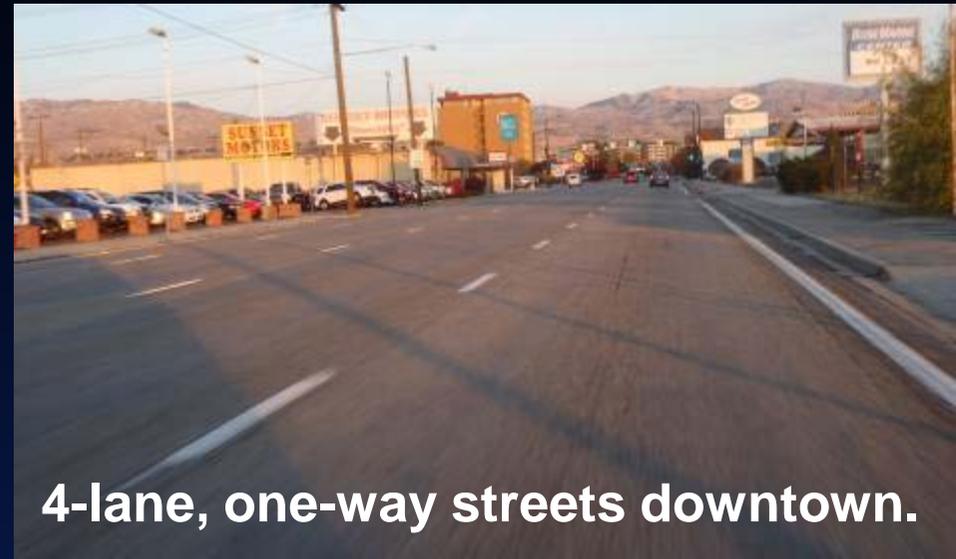
COMMUNITIES IN MOTION

Report No. 16-2010 • Adopted by the COMPASS Board on September 20, 2010 • Resolution No. 15-2010

1. Build & maintain Complete Streets.

- All users (**pedestrians, bicyclists, transit riders, & drivers**) of all ages & abilities considered whenever you touch a roadway.
- Limited, explicitly defined exceptions only.
- Roadway design = posted speed (not just 85th %ile)
- Go beyond typical hierarchy: add pathways, alleys, boulevards & parkways.

www.completestreets.org



4-lane, one-way streets downtown.



Chinden designed for 35 mph?

New construction

- Establish development & design guidelines that *require* complete streets on all construction
 - Sidewalks (bicycle lanes) within subdivisions
 - Sidewalks & transit stops along property frontage
 - Trails links to schools, parks
 - Pedestrian crossings



E.g. Require multi-modal transportation, not just *traffic*, analyses for all new- and re-development.



- E.g. Require sidewalks w/in development & mitigation of impacts outside development **for all travel modes.**
- Now, during the lull, is the time to update ordinance & practice.

The real phases of CS policy implementation.

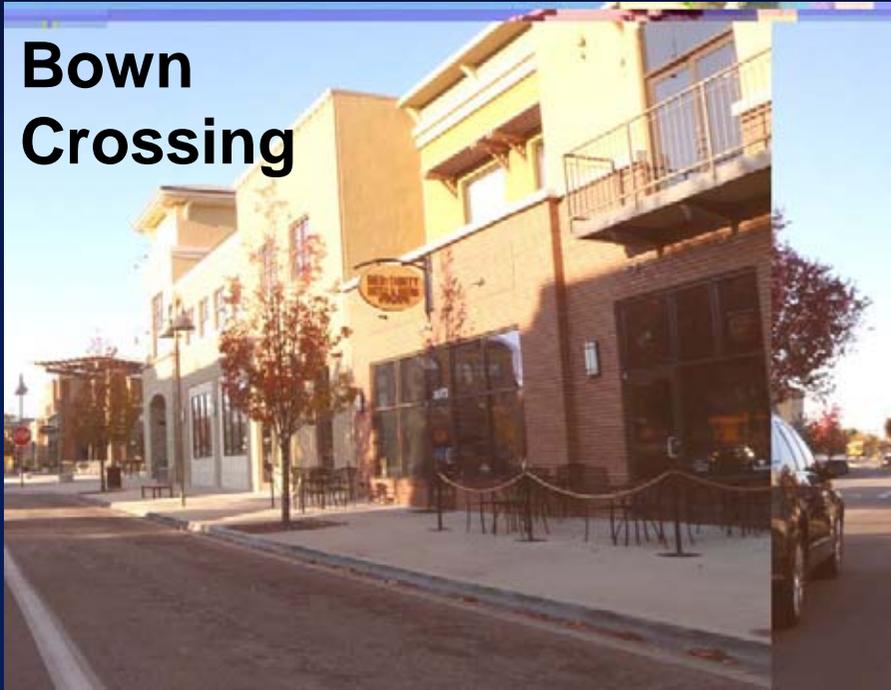
- i.** Passage of a policy resolution or executive order.
- ii.** Adoption of DPW/engineering *policy*.
- iii.** Adoption of detailed roadway design standards or *guidelines*.
- iv.** Engineering practice (staff, consultants) actually includes routine consideration of pedestrians, bicycles, & transit in absolutely every project (including routine maintenance).

2. Require mixed-use at least 3 ways.

Priority #1: Downtown residential. Make the core a great place to live, & lots of folks will want to visit!



**Bown
Crossing**



#2: Residential guidelines to mimic a village-style grid.



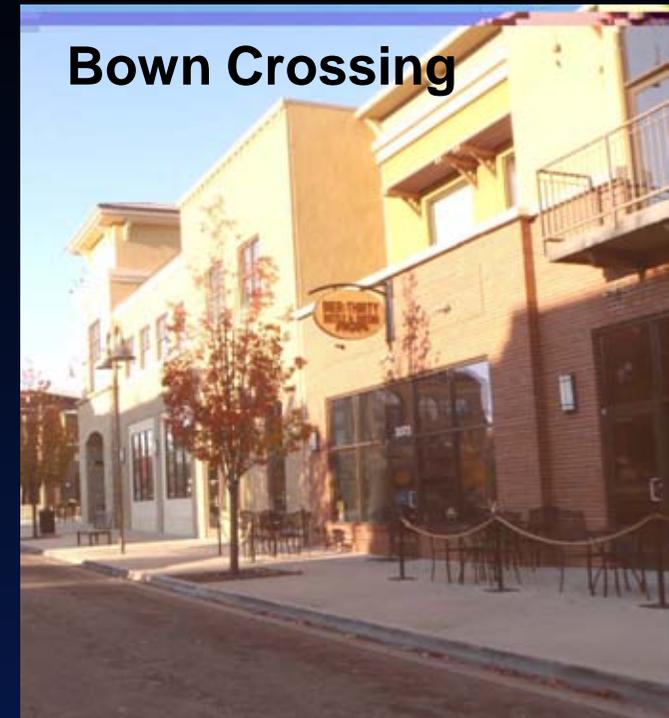
Harris Ranch



E.g. alleyways, in-law apartments.

#3: Retail development: Focus on true mixed use, with live, work, shop, play in proximity.

- Include residential components.
- Calm the traffic, make it safe inviting to *get out of the car!*
- Rotating loans for facades, etc.
- Direct development downtown or as close & connected as possible.
- Support neighborhood corner stores, w/ healthy offerings.



Walgreens, Meridian



Portland OR





Neenah WI



Appleton WI

Incentives:

- Decrease, share parking (bike racks).
- Build-to lines.
- Mixed-use, multi-story, w/ residential density bonus.
- Expedite permits.

3. Create inter- & intra-town trail networks.



**Foothills trails are an
astounding asset!**

But the real win is a functional system for everyday trips!



Keys to high use:

- Connect to the network: sidewalks, bike lanes, transit if available.
- Connect to destinations: Schools, libraries, stores, neighborhoods.
- Trails = social venues; fabric of the community, not an escape from it.

Key: Think of short links & trip generators for transportation, not just recreation trails.

4. Promote Walking & Bicycling w/ TDM (Transportation Demand Management policies)

- **Bicycling:** Bike racks. Valet parking at events (farmers market); bike-share program.
- **Transit:** ID as pass; car & van pool, ride share, dial-a-bus.
- **Parking:** Maximums, not minimums; market pricing; require bike parking.
- **Worksite** facilities, incentives (\$, vacation days).

www.bikeleague.org



Pine Island



www.markfenton.com

E.g. Boise State Cycle Learning Center

- **Carrots (incentives):** Rental bikes (\$75/term, \$125/yr) & sales; indoor, secure parking; mechanic service, training, & tool loans.
- **Sticks:** Car parking \$360/yr? Should be ~\$1,200/yr (to recoup \$20,000 cost/space in garage); car free zones on campus.

2,200 students on campus, but . . .

60%+ live within 3 miles.

Bicycling is already the 2nd most common travel mode on campus!



I.T. bike fleet . . .

An example from Safe Routes to School programs . . .

- Comprehensive local plans.
- **Educate** on safe behavior.
- **Encourage** walking, cycling.
- **Engineer** preferred routes- sidewalks, trails, crossings.
- **Enforce** proper speeds, etc.
- **Evaluate** where kids come from, what mode, & why.



www.saferoutesinfo.org

www.saferoutespartnership.org

Measuring what we really want to change:

Schools reporting youth BMI to parents, administrators?

Why not measure & report travel mode share at every elementary school in the region with a required show-of-hands survey?

Mode	%
Driven	21.5
Bus	18.7
Taxi	1.4
Walk	48.3
Cycle	2.8
Scooter	0.7
Park & walk	6.1
Other	0.5

**Results, Scottish 2008
Hands-Up Survey**

www.activetravel.org.uk

SRTS example:

- **Program.** Walking school busses, bicycle trains, safety education, event.
- **Project.** Safer crossings, construct remote drop-off area across the park.
- **Policy:** Relocate bus drop-pick; slow car line; 5 min. safety delay on car release.

www.saferoutespartnership.org
www.saferoutesinfo.org



***Begin evaluating today;
figure out where kids
come from, how, & why!**

5. Healthy community food systems

Rotating farmers markets (partner with churches, worksites, civic groups, neighborhoods?).



Community gardens (schools, parks).

Oak Park, IL



Shorten the farm-to-table distance: connect farms with school & work site food service, restaurants, CSAs.

Final recommendation: Create the PCP

Political Cover Program to support officials

- **Education:** Teach healthy design (triple bottom line - economic, environmental, public)
- **Data collection:** Survey current conditions, attitudes, desires (multi-media, live events e.g. farmers market, school pick-up line).
- **Outreach:** Encourage participation (email blasts, meeting agendas, talking points).
- **Advocacy training:** Organizing, public testimony, candidate recruitment.

Core principals (my thought):

- It's not really about building sidewalks & community gardens.
- It's about building the **capacity** and the **policies** to create these everywhere.
- It's never really about the *money*.
- It's about the long term **vision** and the **political** and **community will** to make it a reality.

VISION

LEADERSHIP

Six things you can do tomorrow:

- 1. Bring a Complete Streets resolution to mayor or city council.**
- 2. Work to create a healthy corner store; find what they need to have healthier choices.**
- 3. Launch 'goat trail' committee for short links.**
- 4. Begin a 'buy a bike rack' program; sponsors buy, city/town installs.**
- 5. Collect travel to school data; ask about food attitudes while surveying.**
- 6. Start "health information" list serve & key meeting notification.**

Six folks to take out to lunch:

- 1. Planner and/or planning commissioner.**
- 2. Transportation or public works engineer.**
- 3. City councilor, county commissioner.**
- 4. School superintendent, board president.**
- 5. Largest employer, chamber president.**
- 6. Private developer, realtor, lender.**

Don't ask them to help you, ask how you can help them meet *common goals*.



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



Five web sites to go to:

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

www.markfenton.com



Three reasons to use walkabouts:

- Powerful **educational tool**, gets people actually experiencing “activity friendliness” of an area.
- Can be critical **inspiration** for a community, helping them to explore what is possible.
- Excellent for public input & **practical planning**.

Healthy Design Community Workshop Invitation List

- Any & all concerned **citizens** (elderly, parents, children).
- **Professionals**: Public works, police, fire, health, planners, engineers, conservation, parks & recreation, schools, historical preservation.
- **Elected officials** and staff.
- **Advocates**: Environment, trails, safety, social justice.
- **Businesses**; chamber of commerce, economic development.
- **Developers**: Builders, land owners, realtors, lenders.



Typical Active Community Workshop elements:

- **Vision/Intros.** Your wish for this area 10 years from now.
- **Listen.** Presentation of the language, tools, possibilities.
- **Walk.** Experience how it's working here, and what's possible.
- **Work.** Group thinking about **programs, projects, & policies.**
- **Plan.** Commitments, next steps.



During a Walk Audit:

- **Be careful.** We're in the real world now.
- **Look through all eyes.** Young, old, rich, poor, those with disabilities – all users.
- **Rate the stickiness.** Use 0-10 scoring system on overall healthy design.



Five elements of healthy community design to look for on walk:

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

www.activelivingresearch.org

www.markfenton.com

Are you ready to . . . ?

