

Partnering4Health
Policy, Systems, and Environmental (PSE) Approach to
Increasing Opportunities for Physical Activity Through Walkable and Bikeable Communities

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population’s health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> ▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. ▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health. ▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives. 	<ul style="list-style-type: none"> ▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. ▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. ▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy. 	<ul style="list-style-type: none"> ▪ Environmental change is a change made to the physical environment. ▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens. ▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).

Adapted from Cook County Public Health: <http://www.cookcountypublichealth.org/files/cppw/pse%20change.pdf>

Table 1: Priority Areas Communities Selected, by NGO

Communities funded through the Partnering4Health project chose to work on one or more priority areas and focused their PSE approaches on a range of activities (Table 1). The social, cultural, physical, and economic foundations of a community

Strategy	AHA	APA	NWA
Healthy Foods & Beverages	30	21	32
Physical Activity	11	27	0
Smoke-free Environments	6	0	0
Clinical Linkages	0	0	32

support a healthy lifestyle for its citizens. For example, stairwells, bicycle paths, walking paths, exercise facilities, and swimming pools that are available, accessible, attractive and safe, may play a role in how much and the type of physical activity people engage in. Unfortunately, residents in some communities lack access to safe and enjoyable opportunities for physical activity. As a result, many of the funded communities chose to work on improving access to physical activity opportunities by communities more walkable and bikeable. Among these communities, 2 AHA and 25 APA communities chose to focus their

PSE activities on increasing opportunities to physical activity by making communities more walkable and bikeable.

To illustrate mobility and access issues that create barriers to walking and biking, one project provided 25 community leaders with wheelchairs to use for running errands. Making places wheelchair-friendly also makes them stroller- and walker-friendly. To illustrate issues related to bicycling, the coalition invited community leaders to ride bikes alongside bicycling advocates.

The approaches used to increase walkability and or bikeability in communities varied from large scale regional master plans to small scale pop up [traffic calming demonstration projects](#). Large scale plans required education of policy and decision makers. One community created a toolkit for educating land use commissioners about the impact their decisions have on health, resulting in higher engagement as well as spinning-off initiatives in other communities. Including health department representatives as regular participants at the planning table helped ensure that health was a consideration in planning and zoning decisions. Taking advantage of plans already underway, such as creating new signage, created win-win situations. One community created a biking and walking committee as an advisory group for the city board of

engineers.

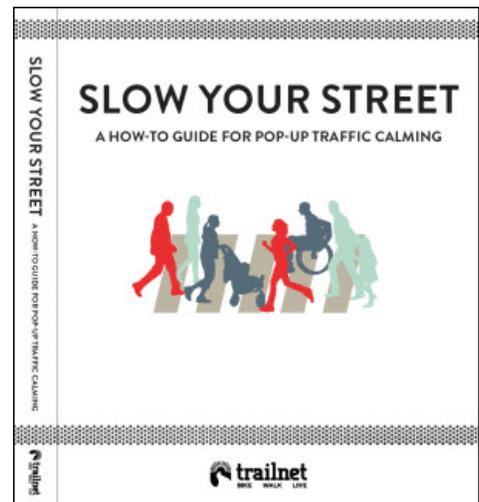
Assessing what existed and identifying gaps resulted in better plans, greater efficiencies, and more buy-in. A policy analysis in one rural community uncovered progressive walkability policies that had been ignored in favor of car-friendly actions. Another analysis found outdated policies that needed

revision or repeal. Some communities mapped existing recreational trails and identified ways to connect them, while others expanded walking and biking paths to access sources of nutritious foods and beverages, schools, workplaces, and bike-friendly businesses. Walk audits in one community revealed that people did not use existing sidewalks due to safety concerns resulting from burnt out light bulbs in street lights. When appropriate officials were made aware of issues, such as burnt out street lights, repairs could be made to increase the community's walkability and bikeability.

When the Tacoma WA coalition presented a report to community decision makers about how often children were hit by cars while they were walking or biking, the coalition received half a million dollars to implement a walkability plan. Assessments can successfully and creatively engage community members. In Madison WI, school aged children did photo mapping, taking pictures of where they liked to go and where they didn't like to go. The 8 participants who explained their choices provided unexpected results such as liking to play in a ditch and in spaces that functioned like Ys and allowed for unstructured play. They disliked places with social tension, "over-policing" and too many structured activities. In Marion IA, planners created an active living plan that is adaptable to other small towns.

Kingston NY had a rail trail hub that ended at the border of the city. The coalition's plan extended the trail to connect with complete streets and off street paths. They were able to leverage a grant to secure state funding, get endorsement from the governor, and connect to the empire state trail from NY to Canada to Buffalo. This trail section enables a low income community to access the trail.

Education took several forms. When one community met with decision makers and correlated demographic info and crime data with plans for improving access to physical activity opportunities they gave a voice to underserved communities and helped policy makers learn about health equity in a way that could inform future work. In St. Louis leaders and stakeholders participated in a study tour to observe successful traffic calming practices in other cities. A pilot online course developed by one community allowed many non-traditional partners to learn about a bike block civics course. Education for the community itself included creating and distributing a walkable/bikeable map that showed ways to access healthcare, nutrition, and active recreation. The map showed routes, including walking, biking, and public transit, for people to get to healthcare services, grocery stores, etc. The Baltimore MD coalition created a cultural trail. It avoided busy downtown streets and used a yellow brick road bike route. Funding came primarily from a community foundation that did a pre- and post-tax analysis which revealed that the trail would add a billion dollars of value to the city.



Smaller scale initiatives included a bike sharing network in Columbus OH that provided bikes, locks, racks, helmets, and a place where children and adults could go to learn how to repair and maintain bicycles. The St. Louis group introduced traffic calming devices such as bump-outs, new arrangements of stop signs, and striping intended to increase pedestrian safety and created a Pop-up [Traffic Calming Toolkit](#). In Columbus IN, certified diabetes educators and community health workers were engaged to recruit people with diabetes to lead and participate in bicycle trips.

Communities had to overcome a number of challenges to effectively create and sustain walkable and bikeable communities. These challenges included

Figure 1. Traffic calming toolkit



Figure 2. Grace Kyung, Bicycle and Pedestrian Planner at Trailnet, thanking a school for partnering on a crosswalk improvement project. Photo courtesy Trailnet.

securing buy-in from skeptical community members, concerns about improved walkability and bikeability leading to gentrification, limited transportation funding, and a short time line. As they were working on plans, several communities experienced problems with data availability, completeness, or accuracy. Another challenge in some communities was a concern about liability. For instance, who would be liable if someone

incurred an injury while riding a bike that was borrowed or shared? Who would be responsible for providing bike helmets? What if a leader of a bike ride did something unsafe? Fortunately, communities were able to address these challenges and many found that resources available from the [American League of Bicyclists](#) and [ChangeLab Solutions](#) were especially helpful.