

# PROMOTING WALKING & WALKABLE COMMUNITIES

CROSS-SECTOR RECOMMENDATIONS FROM  
THE NATIONAL PHYSICAL ACTIVITY PLAN ALLIANCE



# TABLE OF CONTENTS

ABOUT THE NATIONAL PHYSICAL ACTIVITY PLAN ALLIANCE.....	2
ABOUT THE NATIONAL PHYSICAL ACTIVITY PLAN.....	2
COMMITTEE/ACKNOWLEDGEMENTS .....	3
BACKGROUND .....	4
METHODOLOGY.....	5 - 6
COMMITTEE RECOMMENDATIONS.....	7 - 20
FRAMEWORK.....	7
EQUITY AND INCLUSION .....	8
OUTCOME COMPONENTS .....	12 - 14
PROCESS COMPONENTS .....	16 - 20
REFERENCES.....	21

## **ABOUT THE NATIONAL PHYSICAL ACTIVITY PLAN ALLIANCE**

The National Physical Activity Plan Alliance (NPAPA) is a not-for-profit 501(c)(3) organization committed to ensuring the long-term success of the National Physical Activity Plan (NPAP). The NPAPA is a coalition of national organizations that have come together to ensure that efforts to promote physical activity in the American population will be guided by a comprehensive, evidence-based strategic plan. The NPAPA is governed by a Board of Directors composed of representatives of organizational partners and at-large experts on physical activity and public health (see the NPAP's website below for a complete list of partners). Ultimately, the NPAPA aims to create a national culture that supports physically active lifestyles for all.

The NPAPA has established the following key goals:

- Support implementation of the NPAP's strategies and tactics
- Evaluate the NPAP on an ongoing basis
- Expand awareness of the NPAP among policy makers and key stakeholders
- Periodically revise the NPAP to ensure its effective linkage to the current evidence base

## **ABOUT THE NATIONAL PHYSICAL ACTIVITY PLAN**

The National Physical Activity Plan (NPAP) is a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. It is the product of a private-public sector collaborative. Hundreds of organizations are working together to change our communities in ways that will enable every American to be sufficiently physically active. The NPAP's ultimate purpose is to improve health, prevent disease and disability, and enhance quality of life.

To accomplish this, the NPAP calls for a national and multi-pronged approach across nine societal sectors:

- Business and Industry
- Community Recreation, Fitness, and Parks
- Education
- Faith-Based Settings
- Healthcare
- Mass Media
- Public Health
- Sport
- Transportation, Land Use, and Community Design

Within each of these nine societal sectors, strategies aimed at promoting physical activity in the corresponding sector are presented. Each strategy is supported by underlying tactics that communities, organizations, agencies, and individuals can use to accomplish the strategy. Recognizing that some priorities encompass multiple sectors, the NPAP also has several overarching priorities focusing on initiatives that aim to increase physical activity.

For more information on the NPAP or the NPAPA, visit: [www.physicalactivityplan.org](http://www.physicalactivityplan.org)

# WALKING AND WALKABLE COMMUNITIES COMMITTEE

## **Panel Members**

---

Amy Eyler, PhD, CHES  
Washington University in St Louis, MO

NiCole Keith, PhD, FACSM  
Indiana University, Purdue University  
Indianapolis

Tom Richards, JD  
American Council on Exercise

Risa Wilkerson, MA  
Active Living By Design

Russ Pate, PhD  
University of South Carolina

## **Standing Sector Committee Chairs**

---

Melissa Bopp, PhD  
Pennsylvania State University

Deb Cohen, MD, MPH  
RAND Corporation

Amy Eyler, PhD  
Washington University in St. Louis

Jayne Greenberg, Ed.D  
Miami-Dade County Public Schools

Liz Joy, MD, MPH, FACSM  
Intermountain Healthcare

Jay Maddock, PhD  
Texas A&M School of Public Health

Jim Whitehead  
American College of Sports Medicine

Laurie Whitsel, PhD  
American Heart Association

Risa Wilkerson, MA  
Active Living By Design

## **CDC Scientific/Technical Advisors**

---

Jackie Epping, MEd., FACSM  
Centers for Disease Control and Prevention

Heather Devlin, MA  
Centers for Disease Control and Prevention

## **NPAPA Staff**

---

Janna Borden, MS  
Morgan Clennin, MPH  
Kate Olscamp, MPH

**Suggested Citation:** National Physical Activity Plan Alliance. Promoting Walking and Walkable Communities – Cross-Sector Recommendations from the National Physical Activity Plan Alliance. Columbia, SC; 2018.

# BACKGROUND

The current Physical Activity Guidelines for Americans recommend that adults achieve at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous physical activity each week (U.S. Department of Health and Human Services [HHS], 2008). Unfortunately only one-half of American adults reach these levels of activity on a regular basis (Blackwell, Lucas, Clarke, 2014). Walking is among the most common forms of physical activity. Walking is appropriate for people of all ages and most abilities. Walking typically does not require special skills or facilities and can be done for transportation, leisure, or during occupational activities (Lee and Buchner, 2008). Walking at a brisk pace helps individuals accumulate time towards the 150-minute weekly physical activity goal (HHS, 2008). Beyond the individual, improved walkability can make communities safer, support social cohesion, reduce air pollution, and benefit local economies (HHS, 2015).

“Step It Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities”, released in 2015, established five key goals aimed at increasing walking across the country through improved access to safe and convenient places to walk and wheelchair roll (HHS, 2015). The Call to Action, and subsequent promotion activities, further encouraged the development of a culture which supports increased walking for people of all ages and abilities (HHS, 2015). Grounded in the socio-ecological approach the Call to Action asserts that actions across societal sectors, communities, and individuals will be required to create the desired change (HHS, 2015).

As emphasized in the Call to Action, physical activity is an important health behavior for everyone. And, because walking is the most prevalent form of physical activity, promotion of walking must be a key element in the overall effort to increase population-level physical activity. However, it is recognized that “walking,” in the traditional sense, is not available to all people. Therefore, in the recommendations presented in this report, the term “walking” is used to refer to any form of ambulation including, but not limited to, wheelchair rolling and other forms of assisted movement (National Center on Health, Physical Activity and Disability, 2013). The recommendations presented in this report are intended to support increased physical activity in all segments of the population including those with disabilities that limit their ability to walk without assistance.



# METHODOLOGY

This project was developed in two phases. The first focused on content relevant to three specific sectors of the NPAP. The second phase expanded upon this work to include tactics from all nine sectors of the NPAP.

## In-Person Working Session

To begin development of a comprehensive walking plan the NPAPA first identified representatives from three sectors (Business and Industry, Public Health, Transportation, Land Use and Community Design). Participants included two standing sector committee chairpersons, one standing sector committee member, and a member of the plan executive committee with expertise in equity and inclusion. Once identified this group held a series of conference calls to finalize the objectives, agenda, and additional participants for the in-person work session. The in-person work session took place over the course of two days, May 23<sup>rd</sup> and 24<sup>th</sup>, 2017, in Columbia, South Carolina.



During this in-person work session each representative shared pertinent content of the NPAP, from their respective sector, with a specific focus on walking and walkability. In an effort to gain outside perspectives the in-person work session also included expert guest conference calls. Each expert guest participant, previously identified by the committee, represented expertise in an area related to walking including, but not limited to: transportation planning, disability advocacy, and rural health. Discussions with these expert guests allowed for identification of barriers, potential resources, and key activities for increasing walking and walkability in varied and diverse communities. The following individuals participated in the calls:

- Toks Omishakin, MURP, Tennessee Department of Transportation
- Jim Rimmer, PhD, Lakeshore Foundation
- Charles Brown, MPA, Alan M. Voorhees Transportation Center (VTC), Rutgers, The State University of NJ
- Cathy Costakis, MS, Office of Rural Health and Area Health Education Center, Montana State University
- Sue Pechilio Polis, BA, National League of Cities

To further the collaborative input established during the expert guest conference calls, the work session also included a conference call with available members of the three standing sector committees. This conference call included discussion of the proposed framework and organization

of priority recommendations. Standing sector committee members participating in this conference call included:

- Jennifer Fassbender, Wendell Taylor, Jack Gropell, and Laurie Whitsel representing Business and Industry;
- Rebecca Lee on behalf of Public Health;
- Kelly Kavanaugh, Leslie Meehan, and Margo Pedroso from Transportation, Land Use, and Community Design.

The committee worked together to identify reoccurring themes emerging from the content from the NPAP and information shared by the expert guests. Themes were then organized into a conceptual framework, presented in the committee recommendation. Priority activities were then identified, organized into strategies and tactics, and arranged by framework component. The committee collaboratively generated each component strategy. Individual sector representatives identified the sector specific tactics to be included. Group consensus was reached for all prioritized tactics within the recommendation.

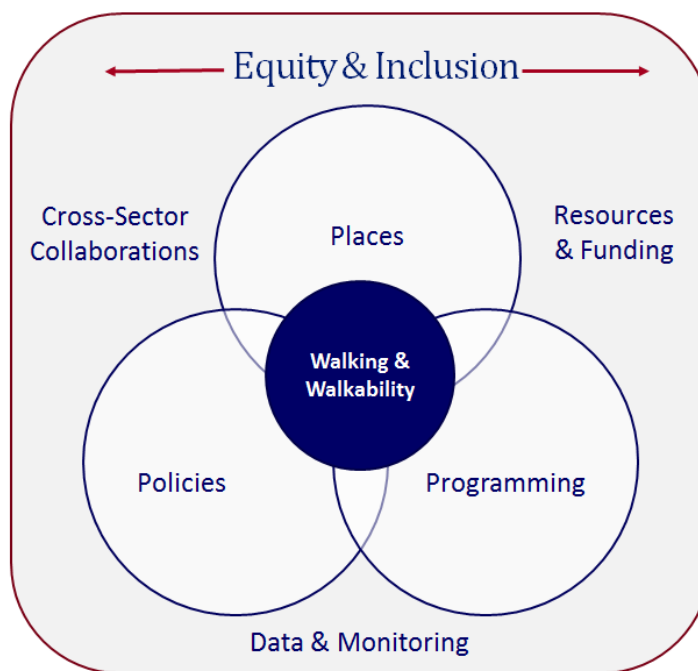
### **Report Generation**

Following the two-day in-person working session the committee worked over email and a series of conference calls to finalize recommendations and report content. To complete the second phase of the project committee members identified relevant tactics from the remaining six NPAP sectors. Tactics were then organized amongst the six framework components. The complete document was then circulated to standing sector committee chairs for review, comment and revision prior to publication.

# COMMITTEE RECOMMENDATIONS

## WALKING AND WALKABLE COMMUNITIES FRAMEWORK

Addressing walking and walkability requires a multidimensional effort affecting the individual and community level. The framework presented below indicates that improved walking and walkability can best be achieved through actions in three primary outcome components and three process components. Outcome components include: Policies, Places, and Programming. The process components supporting these desired outcomes include: Cross-Sector Collaboration, Data and Monitoring, and Resources and Funding. Addressing all six of these components through the lens of equity and inclusion will help to ensure improved walking and walkability for people living in varied and diverse communities nationwide.



### Outcome Components

**POLICIES** – Legislative or regulatory actions that influence the environment, individual behavior, or community action surrounding walking and walkability.

**PLACES** – Environmental factors, both physical and perceived, impacting an individual’s ability, and likelihood, to walk where they work, live, learn, play, and pray.

**PROGRAMMING** – Inclusive and accessible walking related programs which impact communities and individuals through increases in funding, resources, knowledge, opportunity, awareness, and skill.



## **Process Components**

**CROSS-SECTOR COLLABORATION** – Partnership considerations between public health, transportation, community design, government, business/industry, and communities that impact walking and walkability.

**DATA AND MONITORING** – Ability to measure and track walking behavior, related policies, and environmental factors.

**RESOURCES AND FUNDING** – Resources and funding at the local, state, and federal level that encourage walking and walkability.

Presented within this report are the priority recommendations from the committee. An overarching strategy is presented for each of the six components, followed by a selection of priority tactics. The tactics, guided strongly by the content of the NPAP, serve to support the achievement of the overarching strategies.

## **EQUITY AND INCLUSION**

Walking is an inexpensive and accessible way of improving health outcomes for a diverse population of people who live in urban, suburban, and rural communities. The impact of walking on health equity requires consideration of events that historically and currently influence disparate access to resources in communities that have suffered from social injustices. Groups such as racial/ethnic minorities, women, people with disabilities, and older adults must be considered as communities move toward improved walkability and increase walking.

How community residents experience the real or perceived hazards of walking will also influence walkability. Barriers to walking are as diverse as the communities that will benefit and include environmental threats and social perceptions. Barriers include: a fear of falling due to ice or sidewalks that are in disrepair, inadequate lighting, lack of traffic calming measures, or the belief that walking indicates an inability to afford a vehicle or loss of driving privileges. Additionally, safety concerns related to walking including exposure to harassment from police, other community members, and stray dogs or other animals in more remote communities may reduce walking behavior.

Social equity in walking addresses disparities across populations and is attentive to community residents' ability to access resources, meet their basic needs, maintain health and wellbeing, have economic opportunity, and participate in public life. Designing an equitable, walkable community requires these key questions:

- What are the most important ways walking and walkability influence equity?
- What are the opportunities to address equity while increasing walking and walkability?
- How can goals and metrics be developed to make equity related to walking and walkability, relevant and achievable?



An area of primary concern is the creation of pedestrian friendly environments in low-income communities, which are attentive to smart growth, and allow communities to develop without displacing residents and businesses. Planners, engineers, businesses, and community advocates must also be concerned with preventing people's exposure to unhealthy conditions while creating more walkable communities. Construction should not increase environmental pollutants or create a greater threat to pedestrian safety. To address concerns attention must be given to these important factors:

- Community and quality of life (accessibility, affordability, and engagement)
- Individual health and well-being (of residents, users, and surrounding community members)
- Economy (jobs, skills, wages, benefits, and education)

To ensure full participation of all who are impacted by the creation of walkable communities and to avoid unintended negative outcomes, the NPAPA recommends creating opportunities so that those with limited public voice can actively participate in advocacy and decision making. This can be accomplished through the following actions:

- Building inclusive structures that support engagement and decision making of community members
- Promoting equity through dialogue that reflects a range of social identities
- Generating ideas that build capacity
- Enhancing community and quality of life
- Strengthening existing communities
- Preserving and building on distinctive community features
- Creating a culture in which walking is acceptable for transportation and recreation



Incorporating equity and inclusion into the recommended strategies and tactics was a key priority of the authors of this report. Equity and inclusion must be addressed at the onset and throughout implementation of the recommended actions in order to achieve the most favorable outcomes.

## OUTCOME COMPONENT:

# POLICIES

**Strategy:** *Cross-sector teams should engage in policy development and advocacy to increase accessible walking within varied and diverse communities.*

### Tactics:

- Business and industry leaders should establish policies that encourage employees, by providing explicit permission, to safely integrate walking into the workday, including walking and rolling meetings and other opportunities and promote active commuting to and from work.
- Business and industry leaders should play central roles in influencing their peers and other decision-makers in their communities – at the state, national, and global levels - to promote walking and walkability.
- Education professionals should support adoption of policies requiring that students at all levels have inclusive opportunities for active learning and be given physical activity and walking breaks during the school day.
- Colleges and universities should include a focus on enhancing student and employee physical activity, including opportunities for walking and rolling for recreation and transportation, in campus long-term strategic plans.
- Cross-sector teams should collaborate with communities to change zoning regulations to require or favor mixed-use developments. Mixed-use developments should place common destinations within walking distance of most residents and incorporate designated open space suitable for walking for recreation.
- Community recreation organizations should promote policies and strategies that specifically support funding for community trails, multi-use recreation and fitness facilities, playgrounds, and public access to safe places to walk and roll.
- Community planners should integrate active design principles into land-use, transportation, community, and economic development planning processes.
- Community planners should develop and disseminate policy tools to reduce the possible



impacts of gentrification on low-income neighborhoods that adopt healthy and inclusive design principles, as neighborhoods become more desirable and experience rising home values.

- Local and state jurisdictions should adopt regulations that require buildings and transportation facilities to be designed according to principles that maximize safety, accessibility, and attractiveness for pedestrians.
- Local and state jurisdictions should establish parking policies that encourage and support walking for transportation.
- Local, state, and national public health organizations should lead and facilitate multi-disciplinary groups to engage in policy development and advocacy to support walking and walkable communities.
- Public health professionals should identify and promote advocacy training opportunities to inform policies that promote walking and rolling.



## OUTCOME COMPONENT:

# PLACES

**Strategy:** *Cross-sector teams should design accessible and safe places that enable walking for transportation and recreation in varied and diverse communities.*

### Tactics:

- Community planners should design and retrofit street spaces so that pedestrians, the most vulnerable users of the street, are afforded the greatest protection when sharing space with automobile traffic, such as traffic calming measures that slow car speeds.
- Community planners should design and build new public and non-profit facilities, such as accessible recreation and fitness centers, parks, walking trails, playgrounds, and waterways to expand walkability in communities, especially those with limited recreational opportunities.
- Communities should incorporate mixed-use developments and designated open space suitable for walking for recreation and place common destinations within walking distance of most residents, especially to daily-life critical destinations such as stores, schools, and bus and all transit stations. Proximity and adjacency do not necessarily mean accessibility unless sidewalks and intersections are easy to use.
- Communities should adopt strategies that improve safety and security of community recreation, fitness, and park facilities for walking (especially in low-resource, geographically isolated and/or high-crime communities), including lighting, accessible design features, and community policing.
- Local and county governments should work with state education, transportation and public health agencies to determine school siting policies for maximum active transportation and other opportunities for walking.
- Local and state jurisdictions should plan and locate public facilities (e.g., public health agencies, schools, parks, post offices, government buildings) within convenient walking distance of major residential areas with safe and usable sidewalks and intersections. Short distances do not automatically imply easy access; support access with easy to use sidewalks and crosswalks.



- Local and state transportation agencies should integrate safe and accessible active transportation networks, including roadways with pedestrian and transit accommodation along with networks of greenways, trails, and multi-use pathways into regional plans and with any multi-block development plan.
- Municipal, county, and state departments of transportation should implement complete streets, where the design of the road reflects local context. They should maximize network connectivity and high intersection density in the street grid (i.e., no superblocks), and ensure short distances to public facilities (i.e. stores, schools, all transit stations, etc.).
- Colleges, Universities, and local school districts should design walkable campuses that promote safe and accessible active transportation options for students.
- Education professionals should support adoption of school design strategies to support active transport, including walking and rolling to school, and increased student physical activity throughout the school day.
- Colleges and universities should establish and maintain campus recreational resources, including accessible facilities and programs, which provide and promote walking for physical activity for all students and employees.
- Faith-based organizations should create an environment supportive of walking by delivering evidence-based physical activity messaging and programs that are consistent with the faith community's religious beliefs.
- Businesses should design safe and walkable worksite environments that encourage employees to incorporate walking into their daily routines; or, in the absence of a worksite campus or space, provide employees with guidance on safe and walkable routes near the worksite.
- Sporting organizations should plan and build facilities and event spaces, including parking accommodations, which facilitate improved access and walkability to and from sporting events.
- Sports facilities should use point-of-decision prompts to encourage walking and more active movement including stairs and wheelchair ramps.



## OUTCOME COMPONENT:

# PROGRAMMING

**Strategy:** *Cross-sector teams should implement programs and initiatives to encourage, reward, and require more walking and rolling for routine transportation and recreation.*

### Tactics:

- Public health practitioners should pursue training opportunities so that they have the skills to effectively implement and evaluate programs related to the promotion of walking for transportation and recreation.
- Public health professionals should reframe media professionals' understanding of the impact of walking on public health, relative to the effects of other health behaviors (e.g., avoidance of tobacco use, healthy eating).
- Public health professionals should educate media professionals about the documented effects of walking on prevention and treatment of obesity and non-communicable diseases.
- Education professionals should require instruction in Safe Routes to School or other educational programs that promote walking and accessible active transportation to and from school.
- Cross-sector teams should use events, short-term interventions, demonstrations, and pilot projects to create knowledge of, and demand for, accessible walking and transit.
- Worksite wellness programs targeting faith-based organization employees should include walking and rolling as targetable behavior.
- Cross-sector teams should promote and expand existing Walk-Friendly Community, Campus, and Business award programs.
- Businesses should provide employees opportunities and incentives to adopt and maintain a physically active lifestyle that includes walking and rolling in a walkable environment.
- Sporting organizations should use creative programs and promotional campaigns to encourage breaks in sedentary behavior and increased walking for fans at sporting events.
- Healthcare professionals should be role models for active lifestyles, including walking, for patients.



- Evidence-based programs promoting walking should be culturally or spiritually adapted to reach diverse groups of constituent.
- Faith-based organizations should develop programs that link inclusive walking programs to other activities, such as prayer and study groups.
- Transportation and public health agencies should focus on developing and disseminating the policy elements of Safe Routes to School programs for more sustained impact.
- Transportation and public health agencies should implement comprehensive transportation safety programs using best practices to minimize pedestrian collisions, injuries, and fatalities.
- Communities should develop physical activity programming that targets sedentary groups, especially older adults and underserved populations, including women.
- Organized sport programs and other activity programs should be expanded to serve an equal number of males and females of all ages.





**PROCESS COMPONENT:**

# CROSS-SECTOR COLLABORATION

**Strategy:** *Organizations, across disciplines and jurisdictions, should collaborate, together with residents, to create communities designed for accessible walking. These collaborations should employ tools of policy development, advocacy, and programming to ensure walkability in varied and diverse communities.*



**Tactics:**

- Cross-sector teams should ensure that agencies representing persons with disabilities and other populations affected by health disparities are included in walking and walkability initiatives.
- Cross-sector partnerships should fund and support practices and policies that improve and maintain the infrastructure of community recreation, fitness, and parks facilities and spaces for walking.
- Cross-sector teams should engage in community planning efforts to ensure the presence of sidewalks and other physical connections that allow people to access community recreation, fitness, and park facilities for transportation and recreational walking and rolling.
- Cross-sector teams should work collaboratively to develop and evaluate safe walkable paths to and from school, and provide community specific safe route maps to school leaders.
- Healthcare organizations and professionals should develop partnerships with community-policing groups, government units, and other community organizations to promote safe access to opportunities to walk.
- Faith-based organizations should work with other community organizations (e.g. healthcare systems) to develop and implement walking programs.
- Healthcare organizations and professionals should partner with community planners to ensure equitable access to active transportation and to expand opportunities for active transportation and recreational activity.

- Cross-sector teams should advocate for active transportation to and from schools by participating in, and celebrating, International Walk Your Child to School Day.
- Businesses should engage in cross-sectoral partnerships to promote walking and rolling within the workplace, and such efforts should extend to local communities and geographic regions.
- Business and industry leaders should leverage their role as change agents to promote physically active and healthy lifestyles, including walking, within the workplace and throughout all levels of society.
- Public health practitioners should facilitate networking and collaboration across sectors between communities, practitioners, researchers, community-based organizations, public agencies, and advocates.
- Athletes should engage in cross-sector partnerships to promote and advocate for walking and improved walkability.
- Community recreation organizations should partner with experts in media and social media to increase awareness and uptake of resources that support physical activity.



**PROCESS COMPONENT:**

# DATA AND MONITORING

**Strategy:** *Public agencies and relevant private organizations should invest in and institutionalize the collection of data to inform policy and to measure the impacts of walking and rolling on physical activity, population health, and health equity.*

**Tactics:**

- Public health organizations should expand surveillance systems to monitor the status of environmental and policy determinants of walking and disparities in walking resource availability and utilization.
- Cross-sector teams should develop simple methods to assess the presence of active design policies and zoning codes.
- Cross-sector teams should develop better measures for capturing programmatic and psychosocial constructs (e.g., walk to school programs, social cohesion, crime).
- Cross-sector teams should identify and promote common measures that can be applied across diverse populations to track progress in walking and rolling promotion at local, state, and national levels.
- Businesses should participate in data/surveillance efforts across types of occupation and industry; worker race/ethnicity and gender; and physical, psychosocial and cultural, and socio-economic environments.
- Businesses should participate in efforts to identify, summarize, and disseminate best practice policies, models, tools, and interventions for promoting walking and walkability and reduction of prolonged sitting in the workplace.
- Community recreation organizations should work with the public health and medical communities to promote evidence-based or evidence-informed Exercise is Medicine® or Park Prescription programs, which encourage youth and families to walk indoors and outdoors.
- Public health professionals should evaluate community recreation, fitness, and park facility/environment construction, redesign, and upgrades in terms of their impact upon public use and walking by diverse individuals in those settings.



- Cross-sector teams should monitor the development of safe accessible walkable paths to and from school and provide a system to monitor the effects of walkable paths to student safety.
- Transportation and public health agencies should improve and expand existing data collection sources to assess active transportation patterns and trends that include local-area data on travel, crash, injury, crime and health; by race and socioeconomic status.
- Transportation and public health agencies should develop new data collection sources for pedestrian counts and impacts of pedestrian trips on economic and personal health.
- Departments of transportation should develop performance metrics for walking and rolling for transportation.
- Transportation agencies should improve transportation modeling of active transportation trips and use of multimodal travel demand models.



**PROCESS COMPONENT:**

# RESOURCES AND FUNDING

**Strategy:** *Federal, state, and local policy makers should increase sustainable funding to support accessible walking in all communities.*

**Tactics:**

- Public and private, non-profit organizations should increase funding for research, policy development, programs, and evaluation of the effects of existing policies related to walking and rolling.
- Federal, state, and local governments should prioritize investments, especially in low-income communities, in creating and maintaining seamless networks of high-quality sidewalks, crosswalks, greenways, trails, and transit that are compliant with the Americans with Disabilities Act to provide individuals of all ages and abilities safe means of walking (for transportation and recreation).
- Federal, state, and local governments should prioritize resources to ensure that low-income communities (rural, urban and suburban), which are disproportionately affected by higher rates of pedestrian deaths and injuries and which generally lack safe infrastructure for walking, are able to access funds and technical assistance to improve pedestrian infrastructure and transit.
- Federal, state, and local transportation authorities should reform transportation spending at all levels to tie it to larger goals for health, safety, equity, and the environment—rather than to a focus only on traffic volumes and speeds.
- Federal, state, and local governments should use the tax code to provide incentives to private employers and businesses to implement programs and infrastructure that support walking, and public transit.
- Community recreation organizations should employ staff who have expertise in promotion of physical activity behavior, to insure that organizational resources are effectively committed to helping sedentary persons become physically active.
- Federal, state and local governments should preferentially commit resources to enhancement of accessible walking-related infrastructure (e.g., sidewalks, crosswalks, traffic lights, crossing guards) in low-income communities.



# REFERENCES

- Blackwell, D.L., Lucas, J.W., Clarke, T.C. (2014). Summary health statistics for U.S. adults: National Health Interview Survey, 2012. *Vital Health Statistics* 2014; 10 (260).
- Centers for Disease Control and Prevention. (2017). *Status Report for Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*. Atlanta, GA.
- Lee, I.M., Buchner, D.M. (2008). The importance of walking to public health. *Medicine and Science in Sports and Exercise*. 40(suppl. 7): S512-S518. DOI: 10.1249/MSS.0b013e31817c65d0.
- National Center on Health, Physical Activity and Disability. (2013). *How I Walk Toolkit: A Campaign to Rebrand the Word Walking*. Retrieved from: <http://www.nchpad.org/howiwalk/wp-content/uploads/2013/10/How-I-Walk-Campaign-Toolkit.pdf>
- National Physical Activity Plan Alliance. (2016). *U.S. National Physical Activity Plan*. Columbia, SC.
- Physical Activity Guidelines Advisory Committee. (2008). *Physical Activity Guidelines Advisory Committee Report*, 2008. Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (2015). *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.
- U.S. Department of Health and Human Services. (2008). *2008 Physical Activity Guidelines for Americans*. Washington, DC.



[www.physicalactivityplan.org](http://www.physicalactivityplan.org)