

# DNPAO State Program Physical Activity Highlights



The Centers for Disease Control and Prevention (CDC) and state health departments collaborate on a number of areas to prevent and control obesity and other chronic diseases. One of those areas is physical activity. These highlights focus on state health departments' coordinated efforts to implement strategies that encourage increased physical activity. Story highlights include efforts around Complete Streets, Safe Routes to Schools, and worksite physical activity.

The states were selected because their efforts include

- **Comprehensive Change**—activities enable the alteration of broader societal trends, and maintain or enhance physical environments in a state to support and provide more opportunities for people to be physically active.
- **Collaboration**—state health departments played a major role working with partners or local communities to move activities forward.
- **Significant Reach**—activities have the potential to affect a large proportion of the intended target population.
- **Replicability/transportability**—activities can be duplicated and similar effects can be achieved by other similar entities.
- **Potential for sustainability**—activities and effects can endure without continued financial and programmatic investment.

## Safe Routes to School in California

The California Department of Public Health (CDPH) began promoting Safe Routes to School (SRTS) in 1997 when such efforts were new. This long-term experience has made the SRTS efforts a model for other state public health departments. The key to CDPH's success is the early partnership formed with the California Department of Transportation (Caltrans). This partnership was initiated through data sharing for another project. CDPH provided its pedestrian and bicycle injury data to educate the Caltrans staff on how to use public health data to assist the Caltrans in advancing a statewide mobility plan. Initially, this partnership allowed CDPH to secure state

transportation funding to support local programs to decrease pedestrian injuries—particularly child pedestrian injuries—which served as the foundation for SRTS efforts in California.

In 2005, the two departments collaborated to ensure new federal SRTS funding would provide direct technical assistance and training to SRTS grantees and to encourage local public health departments to lead this work in their counties. CDPH has facilitated strong relationships between local public health and city or county departments of transportation and planning. The joint relationships help counties to

improve SRTS programming, particularly in rural and underserved communities where a gap had existed. As SRTS efforts continue, California plans to use CDC funding to target school districts and educate school decision makers on the importance of institutionalizing SRTS programs to improve the health and safety of California's children and their families.

In California it has been difficult to engage principals and school district superintendents in SRTS because of competing issues such as budget shortfalls and academic achievement standards. CDPH reports that school leaders are interested in

SRTS, but without training and technical assistance to establish SRTS programs and practices they are reluctant to support them. Thus, CDPH has begun to provide the steps necessary to adopt and implement SRTS programs to a select number of school districts to eliminate barriers stemming from competing issues. Partnerships between local public health departments and school staff have advanced school district support of SRTS practices

throughout California and CDPH will continue to support the work of local multidisciplinary partnerships to elevate the importance of promoting safe, active transportation for Californians of all ages and abilities.

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## Active Living Design in Indiana

The Indiana State Department of Health (ISDH) has worked with partners to help design communities for active living since 2010. In collaboration with Bicycle Indiana, a statewide coalition dedicated to supporting bicycling, ISDH garnered support for healthy community efforts. Initially, ISDH contracted with Bicycle Indiana to host 18 workshops across the state to promote safe bicycling. Additional partnerships between ISDH, the American Association of Retired Persons, and Health by Design, an active living coalition, helped advance efforts by providing additional workshops



designed to raise awareness on how Indiana communities can support active living through strategic planning, policies, and programs. These community-level partnerships and workshops supported by CDC funding helped establish Complete Street policies that cover more than 46% of the state's population. These policies have occurred at various community jurisdictional levels, including small towns, cities, and Metropolitan Planning Organization regions.

ISDH played a role in bringing together the partners to advance the design of active living communities. This role has changed over time from providing technical assistance to their partners to funding partners, building capacity within their organizations, and supporting active living design efforts. ISDH is currently using CDC funding to expand its active living workshops. These workshops are funded on a competitive basis and a large number of applications have been received from localities across the state. To ensure more localities

establish sustainable Complete Street Policies, ISDH has encouraged the establishment of local advisory committees in localities that have been provided workshops. These local advisory groups draft action plans implementing the active living recommendations that come out of the workshops. Furthermore, ISDH is providing additional funding through seed grants for developing or implementing bicycle and pedestrian plans. The grants cap at \$20,000 and require a 50% local match from a municipality to bolster sustainability by establishing local support. These seed grants have propelled additional active living design efforts. Communities that did not receive this funding have also decided to find other ways to work on such efforts.

Although progress has been made across the state, a major challenge that remains is addressing the diversity of communities. Over time, ISDH has learned from the workshops how to tailor them to address particular community issues. The health department found that holding discussions prior

to the workshops to identify training needs and encourage participation of appropriate partners has been the key to the success of the workshops. Furthermore, Indiana has found that many communities that would benefit from these workshops have been unable to write a strong application. As a result, the health department is considering exempting

these communities from the competitive application process or giving greater emphasis to those low income communities that do apply. Either way, future scoring and community selection for active living workshops will consider diversity and equity as a factor. Although challenges exist, Indiana has been able to develop strong partnerships

and provide workshops that have influenced communities to develop and implement healthier community designs.

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## Designing Healthy Communities in South Carolina

In South Carolina, 10-year comprehensive plans—plans that describe a process that determines community development goals in multiple topic areas such as transportation, land use, recreation, and housing for large geographical areas—are required by state law and help local governments define their vision for future growth and change. Integration of healthy eating and active living principles into these plans was originally not incorporated, but the South Carolina Department of Health and Environment Control (DHEC) is working to include these principles in comprehensive plan revisions. DHEC and the South Carolina Eat Smart, Move More Coalition have collaborated with Alta Planning + Design and other partners to develop the South Carolina Health + Planning Toolkit: A Healthy Eating and Active Living Policy Guide, which assists communities with integrating healthy eating and active living principles into comprehensive plans. This toolkit is designed for planners, planning commissions, elected officials, and health advocates or coalitions.

Regional trainings on the toolkit have been conducted to provide stakeholders an in-depth understanding of how to improve public health through their respective comprehensive plan. The trainings were targeted for county planners and their planning commissions, but are available for healthy eating and active living groups around the state too. The trainings had more than 100 community planners and government and health representatives in attendance. The trainings taught stakeholders how to use the toolkit to review their current plan and identify areas where considerations for healthy eating and active living can be incorporated into planning efforts. In the future, targeted technical assistance and additional training will also be provided to assist local communities as they begin to revise the language in their comprehensive plans.

The South Carolina Health Department has led this effort by bringing key stakeholders together to help develop the toolkit and by monitoring the inclusion of health concepts in local planning efforts. By

bringing experts from planning and public health into the process, DHEC and partners have developed a resource that can be used as a model for other states, but this did not come without its challenges. It took time to merge principles from different fields in a way that did not neglect priority areas and the review and analysis of plans has been a complex process. Although the toolkit took longer to develop than anticipated, initial feedback from planners in the state has been overwhelmingly positive and counties such as Spartanburg, Greenville, and Colleton have stated that they will incorporate these healthy eating and active living principles into their planning efforts. DHEC should see the impact of this project in future years as county comprehensive plans are updated and reviewed.

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## Physical Activity in Wisconsin Worksites

The Wisconsin Department of Health Services has been working on a number of strategies to improve worksite wellness, including access to physical activity. Currently, they provide outreach to health care providers and organizations such as YMCAs to incorporate worksite wellness strategies into their regular outreach efforts. These conduits already provide educational presentations and health risk assessment services to worksites. By providing them with free training and resources, they can expand their services to include environmental assessments of worksites to incorporate healthy options and assist them with carrying out policy, environmental, and programming strategies. The health department's outreach efforts incorporate strategies from their Worksite Wellness Resource Kit, a resource developed to assist businesses in starting, adding, or maintaining a worksite wellness program. The Wisconsin Department of Health Services designed the resource kit to help businesses get started on worksite wellness initiatives and since 2008 has provided training to nearly 1,300 worksites across Wisconsin on how to incorporate effective strategies to improve employee health. The state health department is currently using CDC funding to provide two communities more intensive training and technical assistance around worksite wellness. The



two communities each have 20-30 employers who will use the Worksite Wellness Resource Kit to assess what strategies are in place and develop an action plan to develop, carry out, and evaluate a comprehensive worksite wellness program.

As Wisconsin advances its worksite wellness plan, the Wisconsin Department of Health Services identified some challenges. A major challenge is addressing the diversity of worksites across the state and their capacity to change environments to increase physical activity. Additionally, there is a need to increase buy-in for strategies to increase physical activity in worksites that are typically sedentary, such as state agencies and manufacturing businesses. To address these challenges, the health department plans to collect data in its pilot project to help assess problem areas

and use this information to determine if and how barriers were overcome. With an in-depth analysis to determine effective practices among diverse worksite settings, the health department will be better able to provide outreach and training as well as showcase effective practices to relevant stakeholders to continue to advance worksite physical activity efforts.

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