

CDC Town Hall Teleconference

More People Walk to Better Health Transcript

**August 14, 2012
2:00pm – 3:00pm EDT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. After the presentations, we will conduct a question and answer session. To ask a question, please press star 1. Today's conference is being recorded and if you have any objections you may disconnect at this time.

I would now like to turn the meeting to Dr. Greg Holzman, Deputy Director for Office for State, Tribal, Local, and Territorial Support. Sir, you may begin.

Dr. Greg Holzman: Thank you, (Laurie). Good afternoon. As the operator said, my name is Greg Holzman and I'm the Deputy Director here at the CDC's Office for State, Tribal, Local, and Territorial Support. I'm really glad that you could all join us today.

Before we get started, I wanted to go over some housekeeping details. Remember to go online and download today's PowerPoint presentation so you can follow along with the presenters. The Web address is www.cdc.gov/stltpublichealth, all one word. That's S-T-L-T public health. There is a link directly to the town hall Web site under the highlighted products and resources on the bottom right.

On this page, you can also view bios for each of the presenters. This is also where we will add the audio recording and transcripts for today's meeting. They should be available next week sometime.

Today we are here to discuss the latest report on physical activity, specifically walking. This is an important public health topic because walking offers a lot of health benefits without requiring a lot of investment to start a walking routine. In spite of this, less than half of all adults get the recommended amount of physical

activity. We know people are more likely to walk when they have safe and convenient places in their communities, be it walking trails, sidewalks, or parks.

On today's call we are going to hear from colleagues in New Mexico and Yellowstone County, Montana, on how they have engaged their communities and even physicians into promoting walking for better health.

First we will hear from Dr. Dianna Carroll, an epidemiology - epidemiologist in the Division of Nutrition, Physical Activity, and Obesity in CDC's National Center for Chronic Disease Prevention and Health Promotion. She will provide a summary of this month's *Vital Signs* report.

Dr. Carroll will hand the call over to Charmaine Lindblad, the Executive Director of New Mexico's Health Care Takes On Diabetes. Ms. Lindblad will discuss the Prescription Trails Pilot Program which engaged physicians in writing walking prescriptions for chronic disease patients who are usually sedentary or are seeking opportunities to be more active.

Hillary Hanson, Director of Population Health Services and Deputy Health Officer for RiverStone Health in Yellowstone County, Montana, will be our final presenter today. Ms. Hanson will share information about the Health By Design Coalition that works to increase physical activity in the county by creating ways to make walking part of everyday living.

Please note, there will be time for questions after our presentations today, but you can get in the queue to ask a question at any time during the teleconference. Just press star 1 and record your name when prompted.

And now I would like to turn the call over to Dr. Carroll. Dr. Carroll.

Dr. Dianna Carroll: Thank you so much. And thank you, everyone, for attending today. I'll be presenting an overview of our findings on walking among US adults. And I - so the first slide - or the second slide of my presentation is titled August 2012 *Vital Signs*, that's where we'll start. And I hope that many of you have already seen the materials released last

week as part of the *Vital Signs* series. And the key message that we were really trying to focus attention on is that improving spaces and increasing the number of places to walk can help more people become physically active.

Next slide. There are four main supporting points for this key message. First, regular physical activity improves health. Second, more adults report walking and walking is associated with achieving the recommended amount of aerobic physical activity. However, less than half of US adults meet this physical activity guideline. And finally, there are evidence-based strategies shown to improve physical activity.

So now I'd like to provide a little more information on each one of these points. So if you'll go to the next slide, it is well-documented in the scientific literature that regular physical activity improves health. It lowers the risk of premature death, heart disease, stroke, high blood pressure, diabetes, certain cancers, depression, and it helps prevent falls in older adults.

And the 2008 Physical Activity Guidelines for Americans recommends that adults get 2-1/2 hours, and that's 150 minutes, of moderate-intensity aerobic physical activity each week for substantial health benefits. And an example of a moderate-intensity aerobic physical activity is a brisk walk. And this guideline can be achieved in activity sessions of ten minutes or more throughout the week.

So moving on to the next slide, we used data from the 2005 and 2010 National Health Interview Surveys for the basis of the scientific report that was published in last week's MMWR. And we have good news to report about walking. More US adults reported walking over this five year period. And in our study walking was defined as walking for either transportation, or for exercise, fun, for relaxation, at least once for ten minutes or more in the previous seven days.

And we noted an increased prevalence of walking in US adults overall, so the prevalence went from 55.7% in 2005 to 62% in 2010. And we noted this increase among nearly all groups surveyed. That was among men and women and across all educational levels, across weight status categories, and among persons with arthritis

and hypertension. And also we noted that walking participation increased in most regions with the South making the largest gain of 7.7%.

And on this slide, you can see one of the graphs from the *Vital Signs* fact sheet where we have three groups highlighted, race/ethnicity, different age categories or adults, and also adults who needed and did not need walking assistance highlighted there.

Okay, next slide. We also saw an increase in the prevalence of walking among both men and women meeting the aerobic physical activity guideline, as shown in the graph of this slide. So the white bars represent the 2005 walking prevalence and the green bars represent the 2010 walking prevalence. And among women who met the guideline, about 3% more women reported walking in 2010 compared to 2005. And the percent increase among men was almost 4%. And both of these increases were significant.

Next slide. We also found that walking is associated with achieving the recommended amount of physical activity. So adults who reported walking were nearly three times as likely to meet the guideline of 150 minutes a week of moderate-intensity aerobic physical activity as adults who did not walk.

And the table on this slide shows this relationship is of a similar magnitude across all the groups included in our study. So presented here are the adjusted odds ratios and all of these were significant.

Okay, moving onto the next slide. However, for all of the good news about walking, still only 48% of adults get the recommended amount of physical activity and are therefore not getting the health benefits that regular physical activity offers. Too many Americans are still inactive. Nearly a third of US adults report no aerobic physical activity during their leisure time. Which brings us to the question then, how can we help adults achieve the physical activity levels needed for health benefits by promoting walking?

Next slide. So why focus on walking? Well, walking is - popular forms of physical activity for adults. And our data show that six out of ten adults already report some

walking and it holds broad appeal across many demographic groups and health status, as shown in our study.

Walking does not require a special skill or expensive equipment. It can be done indoors or outdoors. It can be done for multiple purposes, including transportation, for exercise or to walk the dog. And for all these reasons, walking can be incorporated into a busy lifestyle. Therefore, promotion of walking is a practical public health strategy.

Next slide. Evidence-based strategies to improve physical activity already exist and there are several approaches from The Guide to Community Preventive Services that can be used to promote walking. Among these are creating more places for physical activity with information and outreach about where these places are. Also, considering walkability in both community design and street-scale design. And also, using community-wide campaigns to provide health education and social support for physical activity.

Moving onto the next slide, we ask, well, what can be done? And in the *Vital Signs* fact sheet we have several potential action steps listed. And these also are based on the community guide evidence-based strategies.

So for example, the US government is working with partners to implement the National Prevention Strategy to make physical activity easier where people live, work, and play. State or local governments can make sure that existing walking paths and sidewalks are well maintained and don't have obstacles, like snow, fallen tree limbs, debris and trash. Employers can identify walking paths around or near the work place and promote them with signs and route maps. And individuals can walk to more places more often.

Next slide. So I'd like to close by reminding everyone of our key message that we're hoping to communicate through this *Vital Signs* report that improving spaces and increasing the number of places to walk can help more people become physically active. And we hope that you'll help us share this message.

Next slide, and last but certainly not least, I'd like to acknowledge this wonderful team for all their hard work to produce and communicate this important *Vital Signs* report.

Thank you very much, and that concludes my presentation. And now I'd like to turn it over to Charmaine Lindblad for her presentation. Thank you.

Charmaine Lindblad: Thank you, Dr. Carroll. The Prescription Trails Program in New Mexico is really focused on providing the tools and resources for our health care professionals to write prescriptions to get people out walking in their local parks and in their local areas.

So we know that it is important that it's - to provide tools, so we developed a prescription for health care professionals to write specifically walking, that it also includes goals, where to walk, how long to walk, et cetera, but we were targeting a very specific audience and we wanted to increase walking for wheelchair rolling and promoting healthy lifestyles for individuals and families. So we're looking at, you know, getting people out who normally don't go out and utilize our parks and open spaces.

Next slide. We have a lot of parks. We have a lot of open spaces. How can we use them more effectively? And if you think about it, electronic media is really not going to go away, so how do we use it better and how do we use it more responsibly?

In a (Kaiser study Foundation) in the Playground Magazine in 2010 reported that between eight and 18, they averaged 7.5 hours a day using electronic media. That's about 53 hours a week. Another study, a survey that was done by Kaiser Family Foundation and the CDC found that a child is six times more likely to play a videogame on a typical day than to ride a bike. Sales of children's bicycles have plummeted. So how do we use electronic media? How do we get kids outside? How do we promote the outdoors?

When you think about Prescription Trails, we are a group that really sat down and, you know, kind of put our heads together and said, "What can we do to get people outdoors?" We thought about, we needed to use existing infrastructure so that the

cost was minimal and that we were already using things that were there and were easily accessible.

So we developed a collaborative team approach. And I have to emphasize that the partners in this are just so critical to making it work. You really do need the community support of business partners, your state and local recreation agencies, your department of health is vital to getting this to work throughout the state. And you have champions. You need really the health care professionals to step up to the plate and say, yes, we endorse this, we'll - we will use this and we will promote it.

So and then the last piece is you have volunteers. Think about all the people in your communities that are willing to volunteer, Boy Scouts, Girl Scouts, church groups, so this doesn't have to be a costly endeavor. There are lots of ways to utilize in-kind services and volunteers to make this work.

Funding, you do need some funding and that's why we really do promote looking in your community, looking where the funding can come from, either from businesses because they're already supporting usually sports teams, or hospitals or some of your health care facilities because they're going to be using these - this program, writing the prescriptions, and getting people out in the parks and open spaces.

And when you think about it, there's a lot of ways to implement this plan because you've already got existing community trails and loops, you've got school tracks, you've got indoor malls, and swimming facilities. Even though we're promoting walking, there's lots of opportunities for people to go out and be physically active if they're - if those barriers are broken down and they know where to do it. Because it's one thing to say go out and do this and it's another thing to say here's what I want you to do, here's how long I want you to do it, and here is the place you can do it at.

So our program really was looking at a target audience of people who are not active at all, who will not go to a gym, who don't even think about walking in a park. How do we get them out to, in a safe, healthy environment, to just take a walk?

Now in Albuquerque, we looked - we know that we had over 300 parks, trails and loops in the greater Albuquerque area. When we took our trail assessment sheet and said, okay, what - and we went to the Albuquerque Parks Department, we said how many of the parks, the 300 parks, trails and loops will fit this trail assessment, and they narrowed it down to 70. And we went out and walked all 70 parks, really critically looking at what does the park look like, how safe is it, et cetera, and I'll talk about that in a few minutes. But after we walked all of those parks, only 30 really met our criteria.

So there are some opportunities here to look at the parks, trails and loops in your community to get them improved or repaired because parks are not just sports fields, they're really opportunities for people to go out and be in their environment.

Our goal for Prescription Trails, when you think about it, is we looked at it from a zip code perspective and we wanted to make sure in every zip code we had at least three parks, trails, and loop- with loops in that area so that people would have an opportunity to walk. And a good assessment person, if you can grab them, are physical therapists.

Next slide, please. Our audience for Prescription Trails is really twofold. We needed to engage the health care professional and provide them with the tools and the training of how to prescribe on our parks, trails and loops. And the reason we wanted to use the health care professional -- and it's not just the doctor, it's also the registered dietician, the certified diabetes educator, the midwife, the pharmacist -- is because patients just don't see their physician, they see a multitude in the health care profession. So there's a lot of opportunity for people, health care providers to sit and talk with their patient about being outdoors and being more physically active.

And then the other piece is we wanted to promote a healthy environment for all. And when you think about it, our best champions are really our health care professionals because they live in the community as well. So we wanted to target people, their patients adopting walking as a lifelong activity. Walking is really good, as Dr. Carroll mentioned, for numerous conditions. Parks are local and they're free.

And an ultimate goal for this is once someone is out there in the environment they claim it as their own. They will become an advocate for that. So if they see a broken water fountain, you know, a restroom that may need cleaned up, something wrong with the park, they're more likely to call and get that park straightened out, you know, so that it's - because it's in their community. They walk it. They are an advocate for that particular park. And then we also are promoting with a friend, either human or canine.

So we know that people take prescriptions very seriously. That's why we developed the prescription. We know that health care professionals are good advocates for a healthy environment because they have clout, they wear the white coat, and that they do make an impact when you talk to city officials. And it's also their community. And patients, we really want to encourage getting them out there and walking and taking responsibility for their health.

Next slide. Now prescribing physical activity, how do we make it easy? Well, we use a perceived rate of exertion chart. So instead of going out and saying, well, in ten minutes, you know, check your pulse, in ten minutes can you still walk and talk? That's really easy for people to grasp, young and old. So it's not like you have to stop and count and figure out, you know, pulse and how long I should count it, et cetera. You know, can, in 15-20 minutes if you're really moving well, can you still walk and sing? So there's really easy ways to break down barriers.

We also advocate for social support. Let's get the family and the coworkers, the neighbors, the friends, and even the pets. The LA Times had a - an article very recently that 55% of the dogs and 45% of the cats in this country are overweight or obese. And they probably look a lot like their owners. People will do things for their pets that they won't always do for themselves. So in that light, we also developed a pet prescription so that veterinarians can prescribe walking for the dog. We - I'll let everyone deal with cats on their own. But what happens is we get the owner taking the dog out for a walk. What a great benefit for both.

And a park environment. We really have to have a healthy and park - a good environment for people to go out and walk because we want them to come back.

Next slide, please. So we have a park assessment worksheet that contains many of these - this criteria that you see on this slide. How safe is the park? Where is the parking? Are there transit stops? What is the trail distance? A lot of people count steps, so we put steps in the walking guide. Are there shade - is there shade trees? Benches? Areas for people to rest? Public facilities? Safety, visibility, there's not a lot of brush in the area so people can see from - for a distance and not feel, you know, that there may be someone lurking behind the bushes or something.

So we really walked those parks and looked at what is going to make it a good, healthy, safe environment for people to go out and walk and want to come back.

Park assessment usually takes about an hour. It's easy to do. As I mentioned earlier, look for volunteers like scout groups, church groups. Most park staff, local, state, and National Park Service, et cetera, know what to look for in these parks to make them safe, clean, and welcoming. So again, if your parks are not up to certain standards, these - this is a great opportunity to advocate for policy issues and changes because parks are not just for sports.

Next slide. So how do we make the link with health and lifestyle and environment? And how can we influence that cultural shift to value parks and open spaces and to make them healthy? People have to know where there are safe places to walk. And communities can be designed and built to make it easier, connecting businesses and schools, and neighborhoods. And I encourage people to participate in the local planning efforts.

And then promoting (health) for all species. Our veterinarian medical care professionals are way ahead of this. They adapted and implemented a One Health For All Species initiative several years ago and I just think it's fabulous because our veterinarians are really out there on the frontlines, as well as our health care professionals for humans, in making sure that we have healthy folks in these parks. So let's get humans, canines, friends, neighbors out walking.

And this is where advocacy takes place of what do our parks and open spaces need to look like in the next ten or 15 years. How do we need to design them for the future? Pop up parks and green spaces that are in most cities, are they really going to be what we need in 10, 15, 20 years? How do we connect our communities, our parks, and schools and businesses better? What are the cultural needs? What about parks for children with disabilities? And I'm a big advocate for let's get kids at the table and let's start using what they think we need to be doing. How can we give them a voice in planning for the future?

That's the end of my presentation and now I'd like to introduce Hillary Hanson.

Hillary Hanson: Thank you, Charm. My name is Hillary Hanson and I work at a local health department in Yellowstone County, Montana. And this was a great segue into my presentation. What I'm going to talk to you about today is creating a community that is Healthy By Design and so really looking at that design piece of the community.

So next slide. What you'll see on this slide is the Community Health Assessment results from Yellowstone County. The thing I want to draw your attention to is we have found in our latest Community Health Assessment that 72.9% of our residents are overweight and obese. And this is, A, a high number, but the second part of this is that it was actually a 10% jump over other Community Health Assessment that had been done just five years earlier.

Next slide. So in 2006 when we first saw these results, we started to get concerned, and we have more cause for concern, as you can see, now five years later, but we started to talk about what can we really do to influence the health of our residents. Obviously, we're doing programmatic things and other things, but those don't seem to be working and have the sustainable changes that we're looking for.

And so we formed a coalition with the vision to create a community that is Healthy By Design. And so we really started to look at how our community is built and what we can do to change that and make it a healthier place to live. We talk often about wanting to make the healthy choice the easy choice. And so when we encourage people to go walking, biking, do those kind of things, we found that they often don't

have the place or the community is not built to where they feel they're - it's safe to do that.

Next slide, please. So when we first started talking about this, and remember I'm at the local health department, we started to kind of say, okay, we need more partners and we had not worked with planning, public works, engineering, transit, any of those partners. And so the first thing we did is we learned about the health impact assessment and utilizing it as a tool, specifically for policies in our case, to make sure to bring out the positive health aspects of a policy and mitigate the negative health aspects.

And so we approached our planning department and asked them if they would be willing to be a partner with us on doing health impact assessment. And at the time, they were reviewing and updating the Yellowstone County, City of Billings Growth Policy. For many communities out there, your growth policy is what we call your master plan.

And here that plan has to be reviewed and updated every five years. And so it provided us a great opportunity to jump in and start bringing health to the table specifically when we look at how our community is being built because this growth policy really lays the foundation for where we want to go with growth in our community.

The result of this is that we actually had a community health section that was added to our growth policy. There were seven public health issues identified specifically and then we went all the way down to strategies that could be implemented to support the policies.

So these were things like looking at connectivity, looking at sidewalks, looking at ways for people to get out and be able to walk and feel safe not just for the exercise standpoint, but just for changing the way we live to make us less dependent upon the cars. And so it wasn't 30 minutes of activity because you needed your physical

activity, but it's 30 minutes of activity because you walked to the grocery store and that was easier to do.

This was a great jumping off point for us. While the growth policy is not mandatory, it's a guiding document in our community, it provided us a chance to get health at the table and build some really, really important partnerships with planning, getting city council involved, others to start realizing that the work they do has health components to it and for us as health officials to start being able to talk the language of planners and transportation and others and understand their concerns and regulations that they also work under.

Next slide, please. So the next piece that we started to work on was a Complete Streets policy for the City of Billings. And for those of you who aren't familiar with Complete Streets, it's basically a policy on how you do new roads and any construction of old roads in terms of ensuring that roads are safe for all modes of transportation, whether it's pedestrians who are walking, biking, public transit, and for cars. And so it just really lays out that as we continue to grow in our community that we'll consider all these modes of transportation.

One of the most important pieces of getting this Complete Streets plan passed was that it fit all the components that we had put into our growth policy. In the growth policy we had been able in that community healthy section to talk about how we need to have sidewalks and safe places for people to bike and walk and use other modes of transportation.

And passing a Complete Streets policy was really that next step towards saying this is how we're going to do it, we're going to put it - ours is a resolution, we're going to have a resolution forward, public works, planning, others, this is how we're asking you to grow our community. And so it was a really great stepping stone for us to first do the growth policy and then to move on to actual policies in our community.

So a few lessons learned that I wanted to share with you as we jumped into this. It's been a real learning lesson for us, again, because we're coming from that health aspect and so it's been learning, in many ways, a new discipline.

Next slide. First and foremost is to involve the implementers. As we jumped into this, one of the things we often heard other communities say is we have these documents created but all they are a policy on the shelf or a piece of paper, and we really wanted to ensure that ours went beyond to that to implementation. And so we involved the implementers, the planning, public works, transit, all those, from the very beginning and found our champions in that group and kept them involved in the entire process.

And this has paid off for us in numerous ways. One was that when it actually came down to it and there was opposition to the policy that they were able to step forward and say we agree with this, we've been able to include our input, we think this will work in our community. But beyond that, now that we've passed policies and have the growth policy in place, these are the people who are really reading and ensuring that it happens when a (new) - is up for construction that we're including all the components in the policy.

Next slide. Charm talked about this a little, too, but involving the whole community. What you'll see on this slide is just a list of some of the groups that are involved in our Healthy By Design Coalition. And I just show that to show kind of a wide range of who's involved. I think that's been really important for our community.

A lot of times when you talk about community growth and that you want the sidewalk and bike lanes so people can walk and bike more, people only picture the people who are biking all the time in their spandex shorts out there and that's who they think is going to show up at the city council meeting. And when instead you can have the senior citizen or the mother who has a baby in a stroller or others show up and really show that this is for the whole community and not just those who we often think of as kind of the really physically fit. And so that was a big deal to us.

Also asking to ensure that you have specific asks for your group. A lot of people want to get involved with this and it's essential to utilize them in the appropriate manner and so finding ways to involve them can really help you out. When our Complete Streets policy came up for opposition and we put all the ask to our group to contact the city council members and the mayor, we actually had a city council

member say that they had not received so many phone calls or emails since medical marijuana was on the agenda. So that was a big boom for us to see that we were able to really activate the community from that grassroots level.

Next slide. The other piece is just localizing all your work. On this slide you'll see that this is a picture of Billings from way back when and we really used this to show that the idea of Complete Streets was not new. That when you look back and look at this picture you can see people riding bikes, you can see a trolley, people walking, and cars, horses. Maybe we're not ready to go back to horses right down the middle of our road, but it's a good example that this isn't a new idea, that we're just going back to some of the fundamental ways in which our communities used to be built.

I think it's also important to figure out how to tell your message in a different way. I like to see everything from the health perspective, but when we started the Complete Streets I found not everyone cares about the health message. But they care about the safety message or the economic message, or whatever that may be, and so learning how to tell your story in a different way is really beneficial.

Next slide. And then, of course, looking towards measuring success, and we're in just the phase of doing this right now. But we are actually putting together a Complete Streets report card to show the implementation in our community. And again, we're telling the message from various stories.

So the report card, which we hope to have out in a few months and I'll share it whenever I have it done, but will look at all the kind of areas that we sold when we were selling the message of Complete Streets. So we're absolutely going to talk about health and go back to those community health - our community health assessment and the statistics that are in there about amount of physical activity, percentage of people overweight, but we're also going to look at bike and pedestrian accidents for safety.

We're going to look at economics of different neighborhoods when you look at housing prices and those kind of pieces and even businesses coming into our community specifically for quality of life that we can offer here, connectivity to

trails, to our public transportation pieces, and then we are also just going to look at the implementation. You know, how many miles of sidewalk were added during the last year, et cetera.

And we hope that this will really provide not only a comprehensive report card of how we're doing on Complete Streets, but we plan to update this annually, which will also allow us to keep Complete Streets at the forefront of everyone's mind and ensure that it goes beyond just that piece of paper and that it really is implemented.

Next slide. And that's all for me. But I did want to point out on this slide, we have a Web site, our healthybydesignyellowstone.org, and this is the Web site for our coalition that talks about all the components we're doing to create a community that's healthy by design.

So with that, I will turn it back over for questions.