



## FACTS

# Encouraging Physical Activity to Prevent Heart Disease Complete Streets in Minnesota—HF2801/SF2461

### OVERVIEW

With Obesity in America at dangerously high levels, every effort should be made to encourage physical activity. The concept of designing Complete Streets is a great step forward in creating environments that promote active living.

Complete Streets are designed and operated so they work for all users—pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Communities that adopt complete streets policies are asking transportation planners and engineers to consistently design and alter the right-of-way with all users in mind. When streets are safe for walkers and bikers, more people will choose to incorporate physical activity into their lives.

### AN ENVIRONMENT FOR INACTIVITY

When streets are designed with only cars in mind, they discourage the use of those streets for walking and biking. It is clear that regular physical activity can reduce the risk for obesity and help people lead longer, healthier lives, but so few Americans engage in recommended levels of physical activity. Less than half of US children and adolescents meet the recommended guidelines of at least 60 minutes of moderate-to-vigorous physical activity a day<sup>1</sup> and less than 10 percent of adults meet the recommended guidelines of at least 30 minutes of moderate-to-vigorous physical activity a day.<sup>2</sup>

Since World War II, street designs have generally favored vehicular travel resulting in more Americans using their car for transportation instead of walking or biking. This has clear effects on health, as each additional hour spent

driving is associated with a 6% increase in the likelihood of obesity, while each additional kilometer walked can reduce ones likelihood of obesity by 5%.<sup>3</sup>

### THE COSTS OF OBESITY

Beyond the toll in human suffering and death, obesity and its associated diseases have a steep price tag. Obesity is a significant factor driving health care spending, accounting for an estimated 12 percent of growth in recent years.<sup>4</sup> By one estimate, the annual cost of overweight and obesity in America is \$117 billion per year.<sup>5</sup> In Minnesota, it is projected that obesity-related health conditions could cost Minnesota at least an additional \$900 million per year in 2010 and \$3.7 billion more per year by 2020.<sup>6</sup>

The number of children who take medication for chronic diseases has jumped dramatically since 2002, another contributing factor to rising health care costs.<sup>7</sup> Obese Medicare recipients nearly doubled between 1987 and 2002 and the cost of treating them almost tripled.<sup>8</sup> Left alone, the situation will only worsen with America's public health, economy and productivity suffering.

### A COMPLETE OPPORTUNITY

Designing streets that incorporate safe sidewalks and bike lanes can have a positive effect on the number of people who meet the daily-recommended activity levels and therefore lower the rate of Obesity and the concomitant costs.

The mere existence of sidewalks and bike paths can have great effects on health and physical activity levels. Studies have shown that more and better quality sidewalks are associated with higher rates of walking and more adults meeting the daily physical

activity recommendations.<sup>9</sup> Sidewalks are also associated with a lower likelihood of being overweight.<sup>10</sup>

In fact, it has been found that people in walkable neighborhoods generally did about 35-45 more minutes of moderate intensity physical activity a week and were less likely to be overweight or obese than similar people living in low-walkability neighborhoods.<sup>11</sup>

### AMERICAN HEART ASSOCIATION ADVOCATES COMPLETE STREETS FOR MINNESOTA

Complete Street policies have great potential to increase the overall activity level of Americans and in turn reduce the risk of overweight and obesity. To help achieve that goal, the AHA advocates for passage of Complete Streets policies that will in turn increase physical activity and improve the health status of all Americans.

- The Minnesota Department of Transportation issued a state-mandated report last year in favor of a state Complete Streets policy.
- Nationally, eighteen states and more than 100 communities have policies supporting complete streets. In Minnesota, Rochester, St. Paul, Albert Lea, Bloomington and Hennepin County have either passed Complete Streets policies or are working to implement them.
- The Complete Streets concept is broadly supported by Minnesotans. A recent statewide poll by the Minnesota Environmental Partnership found that 73 percent of Minnesotans support a policy that would encourage communities to build roads for all users, including transit riders, bicyclists and pedestrians.
- Complete Streets would only change the design of future projects, and not demand the retrofitting of existing roads. In the long run this will potentially save money by preventing costly retro-fits that sometimes occur when a street or road is deemed unsafe for pedestrians and other users.

<sup>1</sup> Centers for Disease Control and Prevention. "Trends in Leisure-Time Physical Inactivity by Age, Sex, and Race/Ethnicity — United States, 1994–2004." *Morbidity and Mortality Weekly Report*, 54(39): 991–994, October.

<sup>2</sup> Haskell W, Lee I, Pate R, et al. "Physical Activity and Public Health: Updated Recommendation for Adults from the American College of Sports Medicine and the American Heart Association." *Medicine & Science in Sports & Exercise*, 39(8): 1423–1434, August 2007.

<sup>3</sup> Frank, L.D. et al (2004) Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars. *American Journal of Preventative Medicine* 27:2.

<sup>4</sup> Goodell S. Ginsburg PB. High and rising health care costs: demystifying U.S. health care spending. Robert Wood Johnson Foundation Policy Brief. No. 16. October 2008. Companion report available at [www.policysynthesis.org](http://www.policysynthesis.org).

<sup>5</sup> Weight Control Information Network, <http://www.win.niddk.nih.gov/statistics/index>.

<sup>6</sup> Thorpe PD, Kenneth. "Obesity and future health care costs: A portrait of two Minnesotas," Blue Cross Blue Shield of Minnesota, Minnesota Department of Health and Minnesota State Demographer; 2008.

<sup>7</sup> Cox, ER. Halloran DR. Homan SM. Welliver S. Mager DE. Trends in the prevalence of chronic medication use in children: 2002-2005. *Pediatrics*. 2008. 122; e1053-e1061.

<sup>8</sup> Thorpe KE. Howard DH. The rise in spending among medicare beneficiaries: the role of chronic disease prevalence and changes in treatment intensity. *Health Affairs*. 2006; 25(5):w378-w388.

<sup>9</sup> Addy C, Wilson D, Kirtland K, et al. "Associations of Perceived Social and Physical Environmental Supports with Physical Activity and Walking Behavior." *American Journal of Public Health*, 94(3): 440–443, March 2004.

<sup>10</sup> Boehmer T, Hoehner C, Deshpande A, et al. "Perceived and Observed Neighborhood Indicators of Obesity among Urban Adults." *International Journal of Obesity*, 31(6): 968–977, June 2007.

<sup>11</sup> Sallis, James F, et al. Neighborhood built environment and income: Examining multiple health outcomes. *Social Science and Medicine* 68(2009): 1285-1293.