
Active Living Research and the Movement for Healthy Communities

Angela Glover Blackwell, JD

To ensure that all people have full opportunity for physical activity, research and advocacy must occur across a broad range of fields and engage communities as key partners. The active living field has made important strides toward this end by broadening the perspective of scientists, advocates, and healthcare practitioners and challenging them to consider how neighborhood factors influence physical activity, obesity, and overall health. New partners have been engaged, new policies have been introduced, and gains have been made; yet there remains a need to get communities more involved.

As a leader in this emerging field, Active Living Research (ALR), a national program of the Robert Wood Johnson Foundation (RWJF), has made substantial contributions toward the goal of preventing childhood obesity in the communities most vulnerable to the growing epidemic: lower-income communities and communities of color. ALR serves as an important vehicle for building the evidence base, contributing to advocacy efforts, and creating alliances across fields,¹ and their support for place-based research has helped set the groundwork for advancing equitable, sustainable solutions to the obesity crisis in America.

Equity must be at the center of efforts to combat this epidemic, given the disproportionate impact of obesity on people of color and the limited opportunities for physical activity in low-income neighborhoods. Equity creates a path from hope to change by promoting fair and just inclusion in opportunity. And what opportunity is more fundamental to the well-being of children, families, and communities than the opportunity to live healthy, active lives?

People of color and lower-income individuals have the highest rates of obesity^{2,3} and the fewest opportunities to meet recommendations for physical activity.⁴ While healthy habits such as exercise are ultimately a matter of personal choice, local environments affect those choices profoundly.⁵ It is difficult, if not impossible, to follow guidelines for physical activity when one lives in a neighborhood that does not facilitate an active lifestyle. Many residents of lower-income communities of color, in particular, do not have access to parks,

trails, or recreational facilities that provide practical and safe opportunities to play, walk, run, or bicycle. ALR's deliberate focus on contributing factors such as land-use planning, the built environment, and pedestrian/bicyclist safety is helping to shift public and political attention away from interventions that target only individuals and fail to address their environments. These insights have led to strategies that enhance neighborhood environments through a broad range of policies and investments that improve conditions and opportunities for large numbers of people. Moreover, directing public resources toward communities that are disproportionately affected by health disparities, as well as supporting the advocacy efforts of these communities, maximizes the impact of obesity-prevention initiatives.

A New Framework for Obesity Prevention

A movement for healthy communities is gaining traction across the nation. When funders such as the NIH, the CDC, or the RWJF support community-focused, community-driven research (e.g., community-based participatory research [CBPR]), communities are better equipped to identify the most critical factors that influence physical activity and to determine the best strategies to promote healthier lifestyles. CBPR, in particular, is a powerful mechanism for engaging community voices in the scientific process, and funders should sustain CBPR networks in order to use research to create policy change.

Promising research on physical activity in underserved populations is underway across the country. For example, the Healthy Eating, Active Living Convergence Partnership (www.convergencepartnership.org)—a consortium of funders that include The California Endowment, Kaiser Permanente, Nemours, RWJF, Kresge, W.K. Kellogg, and CDC—is helping to identify and foster multi-field strategies to promote equity and environmental changes that facilitate active lifestyles in disadvantaged communities. The California Endowment's Healthy Eating, Active Communities (www.healthyeatingactivecommunities.org) initiative is documenting the promising practices and policy successes of coalitions addressing neighborhood barriers such as deteriorating playgrounds or unsafe parks that impede physical activity in lower-income children. The PolicyLink Center for Health and Place (www.policylink.org)

From PolicyLink, Oakland, California

Address correspondence and reprint requests to: Angela Glover Blackwell, Chief Executive Officer, PolicyLink, 1438 Webster Street, Suite 303, Oakland CA 94612. E-mail: info@policylink.org.

policylink.org/HealthAndPlace) weaves research and action into policy initiatives to ensure that everyone—including residents of lower-income communities of color—can live, work, and play in health-promoting environments.

Strategies to increase opportunities for physical activity are emerging not just from the public health community; rather, fields as varied as transportation, city planning, and environmental justice play an increasingly prominent role. The Transportation for America campaign (www.t4america.org), a coalition of transportation, environmental, health, planning, and housing organizations, is advocating for federal legislation that would improve transportation equity and environmental conditions. One of the coalition's priorities is to enable active forms of transportation such as walking or biking through increased access to safe pedestrian and bicycle paths, as well as decrease the need for individuals to use sedentary forms of transportation, such as driving, through increased availability of public transit, which is associated with greater physical activity.⁶ In addition, a host of climate change-mitigation efforts are focused on land use and transit-oriented strategies that produce the simultaneous benefits of reduced greenhouse gas emissions and more active lifestyles in overburdened areas.

Along the same lines, as emphasized by Sallis et al.,⁷ Gutman et al.,⁸ and Ottoson et al.⁹ in this supplement to the *American Journal of Preventive Medicine*, collaboration between nontraditional partners from multiple sectors has been integral to the success of ALR's field-building efforts. The emergence of a transdisciplinary field that addresses physical activity from multiple angles will be further strengthened through new partnerships between once disconnected groups such as public health professionals and city planners. While many of these groups had limited interaction in the past,¹⁰ the divide is closing and joint work is progressing through efforts to incorporate health considerations into municipal general plans, evaluation measures such as health impact assessments, and collaborative networks such as the Healthy Places Coalition (www.preventioninstitute.org/healthyplaces).

In addition to research gains, policymakers are now promoting physical activity in disadvantaged communities as a policy priority in large part due to ALR's efforts to bring an equity perspective to active living discussions. However, as Gutman and colleagues⁸ put forth, while some progress has been made, additional policy contributions are needed from this field of study. Beyond building the critical knowledge base, scientists must disseminate findings broadly and translate research into policy. Policy development is particularly needed at the federal level as most efforts to date have focused on local or state legislation. To promote application of emerging data, policy recommendations that are based on findings should be included in all research products. In addition, it is important for ALR to

remain deliberate and explicit about promoting equity, always considering potential impacts on lower-income neighborhoods. To keep equity at front and center, a social-determinants framework for active living must continue to be elevated with broad consideration for place-based factors such as zoning, park development, urban design, and transportation decisions. Further, to maintain credibility and develop the most effective solutions, our field must ensure that a community voice is integrated into a shared policy agenda.

The Community As a Research Partner

Community engagement, or promoting the philosophy of multiple sectors working together toward a common goal, is a prerequisite for place-based research and policymaking that is authentic in its approach and meaningful in its impact. Going forward, additional research is needed to further build the evidence base for disparities in conditions such as obesity and behaviors such as physical activity, as well as for the social, economic, and physical environmental contributors to these disparities.

Health disparities often remain hidden when studies are conducted with convenience samples that are not representative of the whole population. As a result, people of color and lower-income groups have historically been understudied, and this practice has led to inadequate data and "one size fits all" conclusions that are not applicable across ethnicity and class. Oversampling of minority groups is one of the most robust strategies for overcoming these challenges and ensuring adequate statistical power to make comparisons between groups. The trust of potential study participants must be earned through the development of community relationships, a thorough informed consent process, and adequate protection from harm. Finally, whenever possible, funding timeframes and the pace of research should match the level of urgency or rate of change needed in communities.

Active Living Research has shown leadership in responding to health inequity by prioritizing efforts in communities that are at high risk for obesity, but as a field we still have a long way to go. We need to avoid strictly top-down approaches as we continue to build knowledge and craft programs and policies to promote physical activity. Instead, researchers must take into account the wisdom, voice, and experience of communities before proposing structural or systemic changes that will affect neighborhoods, schools, and people's lives. To that end, it is essential to collaborate with community groups from the beginning of any study—they grapple with the issues on the ground every day and often are already working towards solutions. Community engagement is enhanced when researchers offer free or low-cost training that enables full participation throughout the scientific process. Employing an

assets-based approach that acknowledges community strengths, not just vulnerabilities, is also important. These assets can inform potential interventions and provide keys to success.

The impact of health disparities is not limited to the poor and people of color. This is everyone's problem. Physical inactivity, obesity, and chronic illness have implications for quality of life, workforce productivity, consumer spending, and the economy at large. Winning the fight against obesity will require broad, creative solutions. The active living field is leading the way by conducting groundbreaking research, building the capacity of community groups, elevating this issue in the media, and securing policy wins. We can continue to work to ensure that all communities are healthy communities filled with choice and opportunity: by capitalizing strategically on windows of opportunity; by valuing and lifting up community insights; and by developing key partnerships among researchers, advocates, funders, policymakers, and the people most affected by health disparities.

Angela Glover Blackwell is the founder and chief executive officer of PolicyLink, a national research and action institute advancing economic and social equity. By *Lifting Up What Works*[®]—using research to understand and demonstrate the

possibilities for positive change—PolicyLink presents new and innovative solutions to old problems.

No financial disclosures were reported by the author of this paper.

References

1. Sallis JF, Linton L, Kraft MK, et al. The Active Living Research program: six years of grantmaking. *Am J Prev Med* 2009;36(2S):S10–S21.
2. U.S. DHHS. Healthy People 2010, 2nd edition. www.healthypeople.gov/publications/.
3. Deitel M. The Surgeon General's call to action to prevent an increase in overweight and obesity. *Obes Surg* 2002;12:3–4.
4. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington DC: USDHHS, 2008.
5. PolicyLink. Why place matters: building a movement for healthy communities. 2007. www.policylink.org.
6. PolicyLink. Why place matters: building a movement for healthy communities. 2007. www.policylink.org.
7. Sallis JF, Story M, Lou D. Study designs and analytic strategies for environmental and policy research on obesity, physical activity, and diet: recommendations from a meeting of experts. *Am J Prev Med* 2009; 36(2S):S72–S77.
8. Gutman MA, Barker DC, Samples-Smart F, Morley C. Evaluation of Active Living Research: progress and lessons in building a new field. *Am J Prev Med* 2009;36(2S):S22–S33.
9. Ottoson J, Green LW, Beery WL, et al. Policy-contribution assessment and field-building analysis of the Robert Wood Johnson Foundation's Active Living Research program. *Am J Prev Med* 2009;36(2S):S34–S43.
10. Botchwey ND, Hobson SE, Dannenberg AL, et al. A model curriculum for a course on the built environment and public health: training for an interdisciplinary workforce. *Am J Prev Med* 2009;36(2S):S63–S71.

Did you know?

You can track the impact of your article with citation alerts that let you know when your article (or any article you'd like to track) has been cited by another Elsevier-published journal.

Visit www.ajpm-online.net today to see what else is new online!