

# Build healthy cities

## Introduction

Health care costs in the United States reached \$2.6 trillion in 2010, representing 15 percent of the country's gross domestic product—an astonishing increase from 9 percent of GDP in 1980.<sup>1</sup> Further, the Centers for Disease Control and Prevention estimates that chronic diseases account for about 75 percent of health care costs and 70 percent of deaths.<sup>2</sup> The costs of treating diabetes, heart disease, hypertension, cancer, and other noncommunicable diseases pose a staggering burden to society, particularly for disproportionately affected low-income and minority populations. What's more, fully half of Americans will be obese—not overweight, but obese—by 2030.<sup>3</sup>

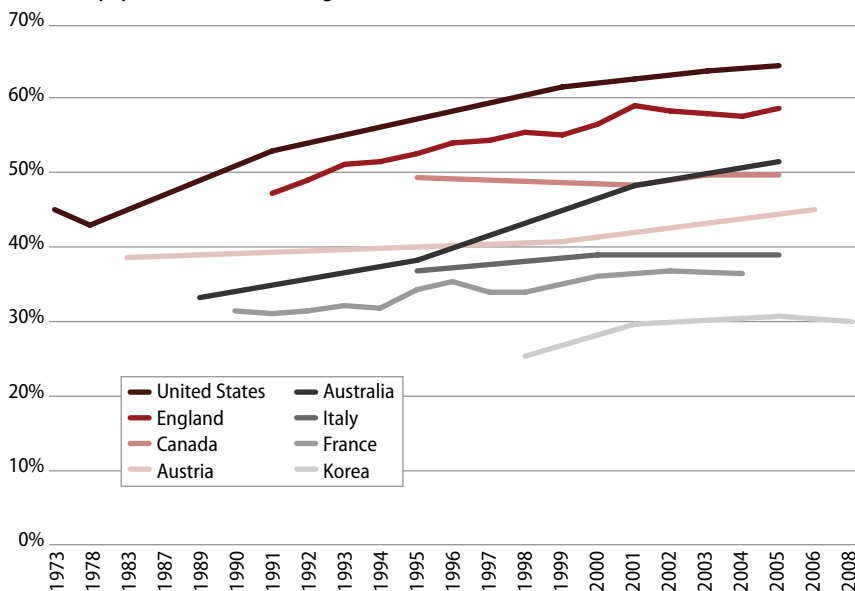
Within this already-bleak context of societal health, childhood obesity is perhaps the most pressing issue, with more than a third of the nation's youth either overweight or obese.

Obese youth are likely to be obese into adulthood as well, resulting in a significantly increased risk of developing the chronic illnesses that plague our adult population.

In light of this epidemic of chronic diseases and their costs, disease prevention—principally through health and wellness promotion—is critically important.

**FIGURE 10**  
**Obesity rates around the world**

Percent of population that is overweight and obese



Source: OECD analysis of national health survey data.

While the causes of chronic disease reach deep into our society and far beyond the purview of local government, innovative leaders can fight chronic disease by using health as a framework for planning, policies, and decision making. In fact, many local governments have taken progressive efforts to reduce and prevent chronic diseases among their residents, establishing wellness plans to guide city efforts across departments, evaluating the health effects of all policies (such as transportation, infrastructure, and safety), increasing residents' access to fresh foods, directly increasing opportunities for daily active living, and providing the outreach and education to promote these efforts.

We know this strategy works. Workplace wellness programs provide a return on investment ranging from \$1 to \$6 in reduced health care costs and increased employee productivity for every \$1 spent.<sup>4</sup> And access to public parks can improve health: Research shows a strong connection between easy access to recreational areas and lower rates of obesity and Type 2 diabetes.<sup>5</sup>

The chapter that follows does not discuss the many state and federal policies affecting the provision of health care in the United States. This complicated arena, where the United States ranks near the top in spending worldwide yet near the bottom in health outcomes, is beyond the scope of local government. But cities and counties can and should take important steps to ensure that residents are aware of available health care resources, including federal and state benefit programs. This paper focuses on addressing health, not health care, in a preventive way—something well within the purview of progressive city governments.

The passage and implementation of the Patient Protection and Affordable Care Act of 2010, or ACA, dramatically changed the landscape for health care access and services. For one thing, clinics provide critically important services to vulnerable populations, and the ACA makes their role even more key to our health care infrastructure. Evidence shows that community clinics provide primary care and chronic disease care as well or better than their private counterparts.<sup>6</sup> In 2010 these clinics treated 19.5 million patients, 40 percent of whom had no health insurance, and one-third of whom were children.

The \$11 billion Community Health Center Fund, which was created through the ACA, will expand primary health care to millions of people by 2015; create thousands of new jobs; support and expand existing community clinics with key services, such as oral and behavioral health care; and create new clinics in underserved areas.<sup>7</sup> City leaders should closely follow the progress of community health clinics in pro-

In light of this epidemic of chronic diseases and their costs, disease prevention—principally through health and wellness promotion—is critically important.

viding much-needed services to underserved residents, and should view clinics as partners in the prevention of chronic disease in this population.

In sum, local governments should prioritize funding and resources to tackle this collective structural health problem. Each of the strategies in this chapter provides innovative and effective tools for local governments to invest in the health of their populations: establishing citywide health plans; ensuring public-health agency involvement in policy development and planning; increasing access to healthy, local food; establishing workplace-wellness initiatives for public-sector employees; and addressing childhood obesity through access to recreation and physical activity.

---

## Develop a comprehensive, citywide wellness plan

### Background

In recent years, many cities have taken creative efforts to promote health and wellness and to reduce and prevent chronic diseases among their residents. They've coordinated with stakeholders on communitywide health goals and incorporated healthy eating, active living, and physical activity into their city's work. "Wellness" is defined in this context as efforts to promote good physical and mental health. This is an inclusive definition that spans much of the work of city government, from public infrastructure to transportation to community programming.

### Establish wellness as a framework for city planning and action

Local governments should incorporate wellness into all aspects of city planning. They should use it as a framework for efforts ranging from building sustainable housing to enhancing walkability and public spaces for physical activity to making school menus healthier. Cities can prioritize wellness by incorporating a health focus into the work of many city departments. While this strategy poses challenges, such as achieving buy-in from a range of stakeholders, it can provide a powerful tool for focusing priorities, addressing health holistically, and raising awareness of the health of the community.

Savannah, Georgia, has implemented a broad-based citywide wellness effort. It unites the city, school district, and nonprofits in becoming, "A community committed to supporting healthy lifestyles."<sup>8</sup> The project is a framework for the

city and schools to use in planning, and it now includes co-branding wellness initiatives to help promote the broader effort. The project successfully incorporated wellness into all aspects of the city’s Civic Master Plan—the comprehensive plan for the city’s center. Savannah’s former Mayor Otis Johnson focused on bringing resources to traditionally underserved areas via access to urban gardens, building sustainable housing, and enhancing walkability and public spaces for physical activity.<sup>9</sup> Enhancing schools’ focus on wellness has also been a central component, with efforts to make school menus healthier and ensure safe walking and biking near schools.

The Healthy Eating Active Living, or HEAL, Cities Campaign in California is a nonprofit that provides a framework for cities to achieve a designation, so that they can demonstrate a commitment to wellness. The HEAL model resolution requires cities to commit to making changes in four policy areas: land use, zoning, healthy food, and employee wellness.<sup>10</sup> The program has three designations for cities based on policies passed in these areas—three achieved policies makes a city “fit”—and it provides checklists for cities to easily prioritize their work, based on health data from their communities.

About 130 California cities have joined HEAL since 2010, and 23 cities have already passed municipal policies promoting farmers markets, community gardens, and nutrition standards.

### Focus cross-sectoral partners to achieve targeted outcomes

Another approach to citywide wellness is to focus stakeholders on shared, well-defined, communitywide goals. The Shape Up Somerville program in Massachusetts, now in its 10th year, initially succeeded because of its focus on a single goal: reducing childhood obesity among elementary school children. Studies show that childhood obesity is strongly connected to negative health outcomes as an adult, and thus preventing excessive weight gain among children is a key factor in preventing future health problems.

Originally a Tufts University project funded by the Centers for Disease Control and Prevention and various foundations, Shape Up Somerville started by identifying practices to help children avoid gaining weight. Schools, local restaurants, and the city all initiated efforts centered on evidence-based practices to prevent obesity, including offering healthier foods and more physical activity in schools,

increasing the nutritional value of meals offered at restaurants, and improving walking routes to schools across neighborhoods.

Tufts researchers found that the program contributed to a statistically significant decrease in body mass index among targeted elementary school children between 2002 and 2005.<sup>11</sup> Building on this clear evidence of success, Shape Up Somerville expanded to a broader community focus, coordinated by 3 city staff, 11 task forces, and a steering committee of 25 stakeholders.<sup>12</sup>

The focus on a common agenda and shared measurement of progress are keys to the success of this work.<sup>13</sup> The program has been recognized as a model initiative for connecting low-income communities to active-living education and opportunities. The newly expanded Somerville Path is the focal point for active transportation and recreation.

Bloomington, Indiana, has a model Active Living Coalition comprising representatives from city and county government, health care, education, and business, all united around the single goal of increasing physical activity.<sup>14</sup> The coalition meets monthly, and it has implemented community programs and assessed systems. It uses evidence-based practices to increase opportunities to be active.

Successful initiatives include a healthy restaurant scorecard, where local establishments are assessed on 32 criteria such as portion size, healthy ingredients, and family friendliness; and a city walking guide covering all neighborhoods and tracking distance, as well as interactive tools to track walks over time.

---

## Redefine public health to focus on health in all policies

### Background

Public health in the United States is defined by the Institute of Medicine as efforts to “assure the conditions where people can be healthy.”<sup>15</sup> This work has often focused on a medical approach to health, eliminating communicable diseases through vaccination campaigns or targeting clear threats to public safety. While effective, traditional public-health efforts alone do not address what is now the most pressing health crisis facing our population: the high incidence of chronic, noncommunicable diseases.

Progressive local governments now understand that population health is affected by most areas of their work, from transportation to land-use planning to accessing quality affordable housing. These cities and counties are redefining traditional public-health roles, moving from a medical approach to a focus on prevention policy and planning. To combat chronic disease, public-health workers must have a voice and a role in guiding all public-health policy.

As described in the prior section on citywide wellness plans, many cities use health as a framework for action across departments. This section describes related, more-focused strategies for local governments to tie public health to planning by assessing and addressing potential health effects.

### Use evidence-based practice to broaden public health

New and innovative public-health approaches have expanded to focus on sociological factors, the built environment, and the local planning process. Success in public-health efforts, once defined strictly by the mortality of residents (life expectancy and infant mortality), is now measured by quality-of-life outcomes (access to physical activity, healthy food, and safe drinking water). Cities have access to an enormous range of data and outcomes to use in identifying areas of greatest need, and to promote effective health interventions to address those needs.

The widespread availability of locally based data can guide and inform public-health efforts in a community. An excellent tool for assessing the need and success of local health interventions is the County Health Rankings & Roadmaps, supported by the Robert Wood Johnson Foundation to improve population health. The County Health Rankings, which include data for almost every county in the nation, help local governments understand whether residents are healthy and then determine how to address health through policy and systems change. The rankings provide detail on a range of health indicators, such as access to healthier foods, air-pollution levels, education levels, and rates of smoking and obesity.<sup>16</sup>

In combination with county-level data, the Roadmaps tool helps local governments identify priorities and evidence-based strategies to improve population health. Strategies are broken out by principal actors (government and business) and their stage in the policy process.

Not only do the rankings help local governments identify areas of greatest need, but they also stimulate immediate action in addressing chronic disease. The for-

To combat chronic disease, public-health workers must have a voice and a role in guiding all public-health policy.

mer mayor of Kansas City, Kansas, Joe Reardon, used the very low scores received by his city in the 2010 Annual County Health Rankings to motivate creation of the Healthy Communities Initiative, an issue that had not been on his agenda prior to the release of the rankings. At the center of the most economically and ethnically diverse county in the state, Kansas City ranked at the bottom of the state in health indicators, including poverty rates and violent crime.

Among the projects supported through this new, comprehensive project were passing a complete streets policy, implementing a Safe Routes to School program, and offering city tax credits to incentivize a local retailer to open the first grocery store in an area that lacked one for more than 30 years. Public-health staff use the rankings as a baseline to measure the success of their work.<sup>17</sup>

Local governments should use evidence and data to support a broader, more inclusive definition of public health.

### Implement health-impact assessments

A health-impact assessment, or HIA, is a powerful and innovative tool for local governments to ensure that health is central in the planning and implementation of all policies. Originally defined by the World Health Organization, an HIA is a systematic process for determining the impact of a proposed policy on the health of the affected population.<sup>18</sup>

Several dozen U.S. cities have used this process in their planning; only a very small group, however, uses HIAs as a standard practice for all policies. Local governments should implement health-impact assessments to determine the impact of a proposed policy on their population's health. This process also ensures that health staff have a voice in planning, which can increase health benefits and equity concerns in the development process.

While undertaking a formal HIA can be challenging, studies show it to be highly effective in improving population health.

The Bay Area Regional Health Inequities Initiative, or BARHII, is an innovative model for connecting public-health professionals to planning staff, which includes promoting the use of health-impact assessments. BARHII is made up of public-health department staff and officials from eight counties in the Bay Area of California, as well as funders and nonprofits.

Faced with stark data showing that life expectancy in poor neighborhoods was 10 years shorter than in other areas, the committee addressed health equity by training health officials to engage and advocate in all aspects of the planning process. BARHII's work transformed the organization, culture, and practice of public health in the Bay Area, focusing efforts on the intersection of public health and social justice, using and understanding data to support interventions, and working with planners on the built environment.<sup>19</sup>

Atlanta conducted an HIA between 2005 and 2007 as part of planning for a major redevelopment and transportation initiative called BeltLine, which included developing 22 miles of new transit and 2,100 acres of parks and improvements. By beginning screening for possible health effects early in the discussion of the BeltLine, HIA partners established their "seat at the table," thereby prioritizing discussions of health. The HIA team included representatives from the city and county governments, and health professionals from the Centers for Disease Control and Prevention and several local universities.

Researchers consider this large-scale HIA project successful, as decision makers adjusted plans to mitigate the negative health impacts identified by the study and agreed to promote BeltLine modifications for additional health benefits and equity. Decision makers agreed to begin building green and open spaces, for example, and to enhance linkages between existing schools, parks, and libraries to the new transit route.<sup>20</sup>

---

## Increase access to healthy, local food

### Background

Within cities, residents face stark disparities in their access to fresh, healthy produce, with low-income communities often the most affected by this limited access. Inequitable access to food perpetuates poor health outcomes among low-income populations and undermines efforts to improve public health and promote community.

While there is no single solution to address this large and interconnected system of access to affordable, healthy food, several policy strategies can help develop local food capacities and enhance public health. And while locating fresh food within a community does not, on its own, directly enhance the health of its neighborhood residents, it is a critical component of a comprehensive effort to improve health.



## Diversify farmers' markets

Cities should support viability of farmers' market and efforts to increase the diversity of both customers and vendors. Strategies to diversify include offering affordable and dedicated space on public land, keeping a share of proceeds to cover operating expenses; providing free advertising for the markets through city sources; ensuring that zoning codes allow and protect markets; or offering free parking, electricity, and signage.

Many communities use microloan programs to support minority and immigrant farmers, benefiting the farmers and satisfying the diverse range of tastes and cultures among customers. And some cities have added cultural celebrations to recognize the unique foods available at the markets and to promote diversity in attendance.

Webb City, Missouri, created a Market Roots event to both promote community building and boost market attendance and participation.<sup>21</sup> To recognize the diversity among farmers and market customers, including Hmong, Latino, Irish, and Native American cultures, market vendors displayed signs showing their countries of origin.

Cities can also support farmers' markets by ensuring that zoning codes explicitly allow markets, and by providing funding or in-kind donations of land and advertising. Fresno, California, recently modified their zoning code to explicitly allow farmers' markets in its city limits. The city is also partnering with public schools to host free markets on school grounds. And at least one-third of all markets in Vermont receive some municipal support for operations.<sup>22</sup>

Cities should also support local markets' efforts to establish and promote the use of electronic benefit transfer, or EBT, cards at markets or similar venues that carry fresh food. These cards are issued by each state as part of the federal Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps. According to the Department of Agriculture, more than 46 million people now receive SNAP benefits, of which more than half are children.

The Department of Agriculture has greatly expanded the technology, funding, and technical assistance for the use of EBT at farmers' markets and through community-supported agriculture. Many markets accept paper vouchers for nutritional programs as well. In addition, a recent study showed that markets adopting EBT technology saw sales rise almost 40 percent in a year.<sup>23</sup> The department offers supplemental funds to provide wireless EBT equipment, service, and training to farmers' markets.

New York City reported a 25 percent increase in SNAP use at farmers' markets in 2011, following the Greenmarket program to establish widespread use of EBT at markets.<sup>24</sup> Greenmarket is the largest and most diverse market network in the country, managing almost 60 New York City-based markets. Its dual goals are promoting access to healthy food among city residents and supporting local farmers.

A key funder and supporter of EBT use at markets is Wholesome Wave, a national nonprofit dedicated to improving access to healthy food. Wholesome Wave's Double Value Coupon Program, or DVCP, managed by local organizations that apply via competitive grants, is an EBT purchase "matching" program available at 300 farm-to-retail vendors in 26 states. Two examples of DVCP-funded efforts are Michigan's Double Up Food Bucks program, which gives each person up to \$20 in additional money to spend on market produce when using EBT, and the Philly Food Bucks program, which offers an additional \$2 for every \$5 spent by EBT.

#### Promote land-use policies to prioritize access to fresh food

Urban food-growing programs offer a source of fresh, healthy food for neighborhoods. Urban farmers grow produce for sale, often locally, and community gardeners typically grow food for their own consumption or limited nonprofit sales. But many communities' land-use plans do not protect—and may even actively restrict—food-growing activities. Due to outdated zoning ordinances and lack of policy coordination, these activities may be considered illegal or extra-legal.

For these efforts to be viable and sustainable, cities must adopt or update zoning and land-use policies that authorize and protect them.

Several cities have taken steps to support urban food growing. San Francisco Mayor Ed Lee signed an ordinance, known as the "Salad Law," which rewrote the city's planning code to allow urban agriculture in all areas of the city. Chicago recently adopted zoning-code changes to allow land to be used for agricultural purposes, expanding urban growing areas to 25,000 square feet, and relaxing rules for parking and fencing and the use of aquaponics. New York City made rooftop gardening and greenhouses feasible via a significant zoning change, adding approximately 1,200 acres of private rooftop growing space in the city.

Community gardens bring a number of benefits. They help reduce household food costs, create green spaces in urban neighborhoods, and improve public safety

San Francisco Mayor Ed Lee signed an ordinance, known as the "Salad Law," which rewrote the city's planning code to allow urban agriculture in all areas of the city.

by putting vacant spaces into productive use. In a low-income neighborhood, community gardens provide outdoor space for many residents who otherwise have no access to growing their own food, including immigrant populations with agricultural backgrounds.

Local governments should support existing community gardens and move to establish more. Some cities provide financial support for community gardens, others make municipal land and water available, and others act as partners in operating community garden programs.

Managed by the city of Seattle and a nonprofit land trust, the P-Patch Program plans, finds sites, negotiates, sets rules, and protects gardens throughout the city.<sup>25</sup> They support more than 2,000 families via their 75 gardens on both public and private land, with special programs for youth, low-income, and underrepresented populations.

In Madison, Wisconsin, the Troy Gardens community plots were the first phase of a comprehensive program to connect individuals to urban agriculture and natural lands.<sup>26</sup> Troy Gardens now provides more than 300 individual community plots for as little as \$10 per year—depending on income—and runs a community farm that sells produce to markets and through a community-supported agricultural model.

Operating on a larger scale than community gardens, urban farms typically require a business license to operate. Cities should support urban farms by making public land available for free or at nominal cost; supporting zoning to allow for agricultural innovation, such as rooftop and vertical farms; and/or encouraging or authorizing urban farmers to sell produce locally.

Growing Power in Milwaukee and Red Hook Farms in Brooklyn, New York, are excellent models of nonprofit, large-scale, community-based urban farms supported by city governments.<sup>27</sup> These farms use sustainable farming techniques, promote job growth and green economic opportunities, provide education and training opportunities for youth, and produce food for sale and donation. Milwaukee has modified specific zoning codes to permit innovative growing technologies at Growing Power, such as the Vertical Farm, which will create year-round indoor growing space. The New York City Department of Parks and Recreation worked closely with Red Hook Farms to convert a city-owned block into a vibrant farm.

## Expand traditional retail food options

Many neighborhoods, particularly low-income ones, lack access to full-service grocery stores. Cities should thus include expanding retail access to healthy food as part of their healthy, local food strategies.

Pennsylvania created the public-private Fresh Food Financing Initiative, or FFFI, a grant and loan program to encourage supermarket development statewide.<sup>28</sup> FFFI has funded 88 projects in 34 counties, creating or preserving more than 5,000 jobs, and reaching more than half a million people. FFFI investments range from smaller retrofits of corner stores to expanded produce areas to large renovations of family-owned chain stores.

The Detroit Fair Food Network aims to increase the number of supermarkets in neighborhoods by providing local entrepreneurs with on-the-job training and education to open and operate successful grocery stores.<sup>29</sup> The project, jointly funded by several foundations, helps secure investors to allow entrepreneurs to open supermarkets in food deserts - neighborhoods with little or no access to large grocery stores that offer fresh and affordable foods.

Sometimes just providing convenient public transportation to a grocery store can make a difference. Hartford, Connecticut, added a cross-town route that cut travel time in half for low-income residents trying to reach jobs and stores, particularly a major supermarket. A survey showed ridership increased by more than 100 percent in the first year, and that 33 percent of riders were using the line to reach a major supermarket.<sup>30</sup>

Knoxville Area Transit in Tennessee implemented the Shop and Ride program in 1990, which provides shoppers who spend \$10 or more at the Three Rivers Market a free one-way ticket on any city bus, with tickets validated at the store. The city provides the bus service and bills the stores each month for the fares.<sup>31</sup>

In the absence of full-service grocery stores, many city residents turn to alternative sources of fresh food. Corner stores and bodegas are often the only source of easily accessible food in low-income communities, yet the food available is highly processed and unhealthy. Cities can help provide education and support for bodega owners to expand their existing selection to include healthy options, which is quicker and easier than advocating for a full-scale grocery store. The 600 members of Healthy Corner Stores Network work to expand stores' offerings to include fresh fruits and vegetables, lean meats, and whole grains.<sup>32</sup>

Corner stores and bodegas are often the only source of easily accessible food in low-income communities, yet the food available is highly processed and unhealthy.

Cities can also work with nonprofits and local vendors to bring fresh food directly to underserved areas. In Chicago, Fresh Moves transformed a Chicago Transit Authority bus—donated by the city for \$1—into a mobile produce market that travels to targeted “food-desert” neighborhoods on a set schedule. They began with \$40,000 raised from private funders, and now have a broad funding base of foundations and investors.<sup>33</sup>

The Capital District Community Gardens in upstate New York operates the Veggie Mobile, “a produce aisle on wheels.” The mobile is a box truck, retrofitted by local volunteers, with solar panels to power the refrigeration units, and fueled by biodiesel. The box truck stops at senior centers and housing projects in five neighboring cities and also offers tastings and food demonstrations.<sup>34</sup>

---

## Workplace-wellness programs

### Background

Employers now face continually increasing health care costs that are not sustainable, as well as an employee population affected by heart disease, diabetes, and other chronic conditions. After years of shifting costs to employees and reducing health care benefits, employers are now looking to wellness programs as a proven, effective means of retaining quality workers, improving employee health, and reducing health care costs.

Local governments should implement a comprehensive wellness program for their employees. Such a program would focus on prevention and promote physical, behavioral, and mental health. Common program components are health-risk assessments, often tied to lower employee premiums; behavior modification, which includes using incentives for participation; nutrition education and access to healthy food at work sites; and chronic-disease management.

Employers recognize the value of prevention and the need to have healthy employees, not only for the savings in health insurance costs, but for productivity and reduced absenteeism. Wellness and prevention efforts are an excellent use of resources for public employees, as the programs result in healthier, more effective workers, many of whom provide direct services to the public. Data shows that employer investments in workplace-wellness programs can produce significant returns, with estimates varying between \$2 to \$10 for every \$1 spent on program costs, when taking into account health care costs and productivity.<sup>35</sup>

## Implement a comprehensive employer wellness program

The private sector leads the way in this area: Close to 90 percent of companies with more than 50 employees have implemented healthy-living initiatives.<sup>36</sup> Several public programs, however, are excellent models, with self-sustaining revenue and clear effects on employee health and morale.

Workplace-wellness programs go beyond traditional employee benefit offerings by using a shared-care model of health services. This model empowers individuals to make decisions and change their behavior to improve their own health. And it ensures a strong link between employee health and the workplace where employees spend so much time.

A holistic workplace-wellness program focuses on prevention; promotes physical, behavioral, and mental health; and often replaces traditional Employer Assistance Programs, encouraging broader—stigma-free—participation among employees. Common program components are health-risk assessments, which are often tied to lower employee premiums; behavior modification, using incentives for participation; nutrition education and access to healthy food at work sites; and chronic-disease management. Programs are typically housed in the human resources departments.

Perhaps the biggest challenges for cities in implementing a larger-scale, comprehensive wellness program for all employees are the delay in realizing a return on investment, as most programs take two years before benefits are realized; and complying with federal law requiring wellness programs to avoid discrimination based on health status. Consumer advocates urge employers to use incentives and penalties carefully in these programs to avoid discrimination based on health status or shifting health care costs from the healthy to the sick.<sup>37</sup>

As an incentive, in 2014 the federal Patient Protection and Affordable Care Act will expand employers' capacity to reward employees who meet health standards through their participation in wellness programs.<sup>38</sup> Local governments should also make sure they are getting reimbursed for any Medicaid-eligible components of their health care and wellness programs.

The Washoe County School District in Nevada administers an innovative, 100 percent self-sustaining wellness program that has saved \$15 for every \$1 spent, all in reductions in absenteeism.<sup>39</sup> The district's Group Insurance Committee proposed the program, which was approved by employee associations and the superintendent.

The program's two key components focus on primary prevention for its 8,600 employees, retirees, and spouses. The first component is a required \$40 monthly Good Health Incentive Contribution. Members who complete a physical and health assessment with a primary-care physician, and then follow the recommended steps to address any identified high-risk health factors, can reduce this contribution to nothing. The monthly contributions from members who do not take these steps fund the second program component, a broad array of voluntary wellness activities tied to financial incentives and perks for participants. Participants who complete 10,000 daily steps for a month—tracked by a program pedometer—are eligible for a \$10,000 cash drawing.

Gainesville, Florida, launched LifeQuest, a wellness program to help employees take charge of their own health. They worked in close coordination with city labor unions.<sup>40</sup> LifeQuest targets chronic diseases by offering employee screenings and blood tests, targeted educational opportunities, and convenient access to physical fitness.

The LifeQuest model is innovative in its delivery of these services on site at workplaces throughout the city. With lab screenings and blood tests, for example, employees have them completed prior to doctors' visits, thus eliminating the need for return trips and making medical visits more efficient and effective. LifeQuest also includes the flexibility to adapt program elements to specific workplaces to meet their needs and employee cultures.

LifeQuest employs several program staff, including an athletic trainer and a dietician, who are available to meet with employees for one-on-one counseling, screening, and follow up, on a "24/7" basis. Easy access to staff has been critical in helping employees change their behaviors.

Gainesville's health insurance premiums have been consistently below the national average since the program began, and the coordination between management and labor unions on program elements has been a key to this success.<sup>41</sup>

## Implement small-scale changes to improve employee health

While implementing a comprehensive wellness program is the most effective way to reduce health care costs and improve employee health, local governments can take smaller steps to achieve these goals when faced with limited budgets or political will.



For instance, the “do” campaign, created by Minnesota Blue Cross Blue Shield, has creative ideas for getting people to be active each day, including lists of ideas and links to resources for low-cost interventions.<sup>42</sup> Human resources staff, or even groups of motivated employees, could easily adopt many of these ideas.

A highly effective, low-cost effort is the use of “point-of-decision prompt” signs, which are motivational posters placed in public locations reminding people to use the stairs in lieu of elevators.<sup>43</sup> These signs, which should mention the health benefits of using stairs, have proven to increase physical activity, particularly among obese individuals most at risk for chronic diseases.

Several cities in California, including San Francisco, Chino, and Los Angeles, have established 10-minute exercise breaks, giving employees paid time to stretch, walk the stairs, do basic yoga, or other on-site exercises of their choosing. Data show these breaks help employees reach modest daily goals for moderate physical activity, a key aspect of preventing and treating diabetes and heart disease, in particular.<sup>44</sup>

Instead of pursuing a larger, standardized employee-wellness program, former San Francisco Mayor Gavin Newsom required each city department to develop its own wellness policies and programs. He passed an executive order mandating that departments incorporate wellness into their missions and pursue strategies for implementing workplace programs.<sup>45</sup>

Improving accommodations for breastfeeding mothers also promotes wellness and enhanced morale for working mothers of young children. It reduces their absenteeism as a result of lower rates of illness among breastfed infants.

The Affordable Care Act now requires that all employers provide both a dedicated, private space—other than a bathroom—for expressing breast milk, as well as break times for a mother to do so throughout the first year of a child’s life.<sup>46</sup> Many local governments go beyond these requirements, however, by providing paid breaks for expressing milk, as well as educational resources to support and encourage nursing mothers. Philadelphia passed an innovative worksite lactation-support policy for city employees, and offers several different breastfeeding support courses and manuals to employees and community workers.<sup>47</sup>



---

## Reducing childhood obesity through physical activity

### Background

Childhood obesity is perhaps the most pressing health issue in our society. More than a third of the nation's youth are either overweight or obese.<sup>48</sup> Studies show obesity in children is a strong predictor of obesity in adulthood,<sup>49</sup> which in turn results in significantly increased risks for chronic illnesses, such as cardiovascular diseases and diabetes.<sup>50</sup>

Local governments are uniquely poised to tackle this health issue. They have both access to children via public education and youth programming, and historical experience in related efforts and campaigns, such as immunization and safety. As the Institute of Medicine notes, local governments have jurisdiction over a range of policies that can support children and adolescents in reaching a healthy weight, including infrastructure, land use, public-space planning, and health and nutrition programs.<sup>51</sup>

Local governments should therefore prioritize funding and resources to provide opportunities for physical activity for children. Studies show that daily exercise helps prevent obesity, and recent research has found a strong association between access to recreational areas and lower rates of Type 2 diabetes.<sup>52</sup>

But often communities of color and low-income people live in environments that make physical activity difficult and unappealing.<sup>53</sup> Communities that lack sufficient parks, sidewalks, bike paths, and safe, clean public spaces have less physically active residents. Moreover, when residents think their neighborhoods are unsafe, they are less likely to be outside or allow their children to play outside.

The infrastructure policy section describes local government options to increase park space and implement complete streets. Another way to reduce obesity is good nutrition, in large part through equitable access to healthy foods, as covered above.

### Focus on pedestrian safety

Cities should implement traffic-calming and complete-streets policies (see the transportation section) to make physically active forms of transportation such as walking and biking safer.

In Oakland, California, traffic-calming policies have significantly reduced the number of pedestrian injuries and fatalities by adding 1,600 speed humps. Other cities have widened sidewalks, added streetscaping, or created barriers that slow traffic and enhance safety for walkers and cyclists.

The National Complete Streets Coalition has a database of policy proposals for both new and retrofit projects, adaptable for most communities. Their central goal is that our streets should work for everyone, regardless of age, ability, or mode of transport.<sup>54</sup>

In addition, the Safe Routes to Schools, or SRTS, program funds local efforts to create and improve sidewalks, control intersections, and add bike lanes. This directly addresses the fact that fewer than 15 percent of children currently walk or bike to school. Local governments can partner with the national program to adopt a framework for individual schools and can apply for \$1,000 mini grants to implement or support a school program.<sup>55</sup>

Successful SRTS programs are often school-based with community support, and include outreach and education efforts to complement infrastructure improvements. School-based SRTS programs can be part of a comprehensive citywide planning and infrastructure initiative to encourage walking and biking, though they may be more easily implemented as independent projects specific to each school's neighborhood.

### Make recreational space crime free

Lack of access to nearby open space bars many children from play and recreation, and local governments should create or improve existing park spaces to directly address this issue.

The Boston Schoolyard Initiative, or BSI, has supported the revitalization of more than 80 schoolyards. Their goals are encouraging active play, as well as providing spaces for outdoor classroom education. A recent project study found that BSI has increased physical activity in all schools, as well as improved student behavior and school relationships with the parents and the community.<sup>56</sup> The BSI is managed through a public-private partnership between the city, the school district, and a funding collaborative.

KaBOOM!, a national nonprofit organization, has helped create more than 2,000 playgrounds in 70 cities as part of its goal to establish a place to play within walking distance for every child in America.<sup>57</sup> They work with cities, schools, and even individual neighborhoods to meet this goal.

Beyond meeting the need for physical space for activity, cities should ensure that residents will be safe in existing recreational areas. This is why efforts promoting physical activity must be linked to crime-prevention efforts.

Many studies show that people will engage in more physical activity if they think their environment is safe.<sup>58</sup> Staffing efforts, such as supervision of schoolyards during nonschool hours and citizen park patrols, have led to a significant increase in children's physical activity in New Orleans and Madera, California.

A more long-term approach to creating safe areas is to enhance the aesthetics of public spaces using the crime-prevention-through-environmental-design framework in all recreational space planning. This low-cost approach helps improve visual appeal, encourages social interaction, and, most importantly, prioritizes safety. Examples of this include limiting entrances and exits, and ensuring that they are highly visible; keeping greenery pruned away from paths and common areas; and locating play structures in open areas, set back away from streets.

In Cincinnati, the police worked with community organizations and private businesses to transform an abandoned lot into a community gathering area. Not only did crime decrease, but residents increased their involvement with community police as well.<sup>59</sup>

### Put in place education and programming to encourage physical activity

Local governments should also provide physical education and other support services to complement the availability of safe recreation spaces. Research shows that having both a place to perform physical activity, as well as the educational support to do so, results in an increase in activity levels.<sup>60</sup>

The innovative Shape Up Somerville program in Massachusetts uses a holistic approach to address childhood obesity. It has strong coordination across city government departments, nonprofits, universities, civic organizations, businesses, and the school district. Along with making significant improvements to student

Beyond meeting the need for physical space for activity, cities should ensure that residents will be safe in existing recreational areas.

lunch options, the school district implemented an active-living curriculum to use in several subjects, as well as after-school programming. Parent education and outreach has been key to success, with schools giving parents nutritional and activity guides, as well as updates on kids' health indicators.

Another unique initiative, funded by the Partnership for a Healthier America, is Play Streets. Expanding to 40 new locations this year, Play Streets are blocks or entire streets that are “closed to traffic but open to the community.”<sup>61</sup> Each city adapts its activity to meet local needs, such as closing miles of streets in Chicago and Portland, Oregon.

The New York City program has had tremendous success. It built on decades of similar, often informal, efforts of communities around the city to ensure that kids had access to activities and a safe space to do them. Program data found that almost two-thirds of kids in New York City's Play Streets programs reported that they would have been engaged in sedentary activity if their Play Street had not been available. During the summer of 2012, kids at these sites accessed free programming in team sports, karate, yoga, nutrition, and arts and culture.

---

## Endnotes

- 1 Kaiser Family Foundation, "Snapshots: Health Care Spending in the United States and Selected OECD Countries" (2011), available at <http://www.kff.org/insurance/snapshot/oeecd042111.cfm>; Martin, A.B. and others, "Growth in US health spending remained slow in 2010; Health share of gross domestic product was unchanged from 2009" (Bethesda, MD: Health Affairs, 2012), available at <http://content.healthaffairs.org/content/31/1/208.full>.
- 2 Centers for Disease Control and Prevention, "Rising Health Care Costs are Unsustainable," available at <http://www.cdc.gov/workplacehealthpromotion/businesscase/reasons/rising.html> (last accessed July 2013).
- 3 Erik A. Finkelstein and others, "Obesity and Severe Obesity Forecasts through 2030," *American Journal of Preventive Medicine* 42 (6) (2012), available at <http://www.ajpmonline.org/article/S0749-3797%2812%2900146-8/abstract?msource=cp25&tr=y&aid=10890997>.
- 4 Robert Wood Johnson Foundation, "How can wellness programs save employers money while making employees healthier and more productive?," available at [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2012/rwjf401183](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf401183) (last accessed August 2013); Robert Clark and Melinda Sandler Morrill, "The Business Case for Wellness Programs in Public Employee Health Plans" (Washington: Center for State and Local Government Excellence, 2012), available at [http://slge.org/wp-content/uploads/2012/10/The-Business-Case-for-Wellness\\_12-004.pdf](http://slge.org/wp-content/uploads/2012/10/The-Business-Case-for-Wellness_12-004.pdf).
- 5 Laurence J. Cohen and Anthony T. Debenedet, "Funding Public Parks Could Save Lives," TIME Ideas blog, December 29, 2011, available at <http://ideas.time.com/2011/12/29/funding-parks-could-save-lives/>.
- 6 National Association of Community Health Centers, "Community Health Centers: A Unique Approach to Primary Care," available at <http://www.healthcenterweek.com/client/FactSheetUnique%20Model%20Final.pdf>.
- 7 For further detail, see U.S. Department of Health and Human Services, "The Affordable Care Act and Health Centers," available at <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>.
- 8 National League of Cities, Institute for Youth, Education and Families, and the American Association of School Administrators, "Community Wellness: Comprehensive City-School Strategies to Reduce Childhood Obesity," available at <http://www.nlc.org/find-city-solutions/institute-for-youth-education-and-families/community-wellness/tools-and-resources> (last accessed July 2013).
- 9 Ibid.
- 10 HEAL Cities Campaign, "Policies," available at <http://www.healcitiescampaign.org/policies.html> (last accessed September 2012).
- 11 John Kania and Mark Kramer, "Collective Impact," *Stanford Social Innovation Review* (2011), available at [http://www.ssiireview.org/images/articles/2011\\_WI\\_Feature\\_Kania.pdf](http://www.ssiireview.org/images/articles/2011_WI_Feature_Kania.pdf).
- 12 City of Somerville, "Shape Up Somerville," available at <http://www.somervillema.gov/departments/health/sus> (last accessed July 2013).
- 13 FSG Social Impact Consultants, "Collective Impact" (2011), available at [http://www.philanthropynewyork.org/s\\_nyrag/bin.asp?CID=19104&DID=51861&DOC=FILE.PDF](http://www.philanthropynewyork.org/s_nyrag/bin.asp?CID=19104&DID=51861&DOC=FILE.PDF).
- 14 City of Bloomington, "Bloomington Active Living Coalition," available at <http://www.activelivingcoalition.org/> (last accessed July 2013).
- 15 Institute of Medicine, "The Future of Public Health" (1988).
- 16 Robert Wood Johnson Foundation, "County Health Rankings and Roadmaps: A Healthier Nation, County by County," available at <http://www.countyhealthrankings.org/> (last accessed July 2013).
- 17 Robert Wood Johnson Foundation, "County Health Rankings and Roadmaps, Wyandotte County," available at <http://www.countyhealthrankings.org/content/how-low-ranking-health-mobilized-wyandotte-county> (last accessed July 2013).
- 18 Katherine A. Hebert, "Health Impact Assessments in North Carolina: Promoting Public Health Through Informed Decisions," *North Carolina Medical Journal* 73 (4) (2012), available at [http://www.ncmedicaljournal.com/wp-content/uploads/2012/07/NCMJ\\_73410\\_FINAL.pdf](http://www.ncmedicaljournal.com/wp-content/uploads/2012/07/NCMJ_73410_FINAL.pdf).
- 19 Bay Area Regional Health Inequalities Initiative, "Mission: Why Health Inequities?," available at <http://www.barhii.org/about/index.html> (last accessed July 2013).
- 20 Catherine L. Ross, "Atlanta BeltLine: Health Impact Assessment" (Atlanta: Center for Quality Growth and Regional Development, 2007), available at <http://www.healthimpactproject.org/resources/document/Atlanta-Beltline.pdf>.
- 21 Project for Public Spaces, "Diversifying Farmers' Markets. New Opportunities for Farmers, Communities, and Consumers" (2008) available at [http://www.pps.org/pdf/Kellogg\\_Final.pdf](http://www.pps.org/pdf/Kellogg_Final.pdf).
- 22 Northeast Organic Farming Association of Vermont, "Supporting Your Farmers' Market: a guide for municipalities," available at <http://nofavt.org/sites/default/files/FM-municipaloutreach.pdf> (last accessed July 2013).
- 23 Project for Public Spaces, "Diversifying Farmers' Markets."
- 24 Rebecca Spitz, "NY1 Exclusive: Food Stamp Use at Greenmarkets Flourishes During 2011," NY1.com, January 2, 2012, available at [http://www.ny1.com/content/top\\_stories/153508/ny1-exclusive--food-stamp-use-at-city-greenmarkets-flourishes-during-2011](http://www.ny1.com/content/top_stories/153508/ny1-exclusive--food-stamp-use-at-city-greenmarkets-flourishes-during-2011).
- 25 "P-Patch Trust," available at <http://www.ppatchtrust.org/> (last accessed July 2013).
- 26 Troy Gardens, "Resources," available at <http://www.troygardens.org/resources> (last accessed July 2013).
- 27 "Growing Power, Inc.," available at <http://www.growing-power.org/> (last accessed July 2013).
- 28 The Reinvestment Fund, "The Economic Impacts of Supermarkets on their Surrounding Communities" (2006), available at <http://www.trfund.com/resource/downloads/policypubs/supermarkets.pdf>.

- 29 Detroit Fair Food Network, "Detroit Grocery Incubator," available at <http://www.fairfoodnetwork.org/detroit-groceryincubator> (last accessed July 2013).
- 30 The Colorado Health Foundation, "Healthy Food for All: Encouraging Grocery Investment in Colorado" (2011), available at [http://www.google.com/url?sa=t&rc=1&q=&esrc=s&source=web&cd=1&ved=0CC8QFJA&url=http%3A%2F%2Fwww.coloradohealth.org%2FWorkArea%2Flinkit.aspx%3FLinkIdentifier%3DID%26ItemID%3D5625&ei=PLryUYjeEIK9rOH734DOBq&usq=AFQjCjNFKGb70kSPEovivo\\_ji36i4PLxe3w&sig2=V-aVqmS3T4A7murqET6sGw&bvm=bv.49784469.d.aWM](http://www.google.com/url?sa=t&rc=1&q=&esrc=s&source=web&cd=1&ved=0CC8QFJA&url=http%3A%2F%2Fwww.coloradohealth.org%2FWorkArea%2Flinkit.aspx%3FLinkIdentifier%3DID%26ItemID%3D5625&ei=PLryUYjeEIK9rOH734DOBq&usq=AFQjCjNFKGb70kSPEovivo_ji36i4PLxe3w&sig2=V-aVqmS3T4A7murqET6sGw&bvm=bv.49784469.d.aWM).
- 31 ICMA Press, "Community Health and Food Access: The Local Government Role" (2006), available at <http://bookstore.icma.org/freedocs/E43398.pdf>.
- 32 Change Lab Solutions, "Healthy Corner Stores: The State of the Movement" (2009), available at <http://changelabsolutions.org/sites/default/files/documents/HCSReport.pdf>.
- 33 Fresh Moves, "Fresh Moves Mobile Produce Market," available at <http://www.freshmoves.org/#fresh-news/c1y1f> (last accessed July 2013).
- 34 Capital District Community Gardens, "The Veggie Mobile," available at <http://www.cdcg.org/VeggieMobile.html> (last accessed July 2013).
- 35 From Medstate Group estimates cited in Sarah Lunday, "Staying Well; A Place Where They Don't Dread Coming to Work," *The New York Times*, June 24, 2001, available at <http://www.nytimes.com/2001/06/24/health/staying-well-a-place-where-they-don-t-dread-coming-to-work.html>. See also Abraham David Benavides and Hailee David, "Local Government Wellness Programs: A Viable Option to Decrease Healthcare Costs and Improve Productivity," *Public Personnel Management* (2010); Wisconsin Department of Health Services, "What Works in Worksites," available at <http://www.dhs.wisconsin.gov/publications/P4/p40133.pdf> (last accessed July 2013).
- 36 Lunday, "Staying Well; A Place Where They Don't Dread Coming to Work."
- 37 Robert Wood Johnson Foundation, "Workplace Wellness Programs, Health Policy Brief" (2012), available at [www.rwjf.org/content/dam/farm/reports/issue-briefs/2012/rwjf72851](http://www.rwjf.org/content/dam/farm/reports/issue-briefs/2012/rwjf72851) (last accessed July 2013).
- 38 Ibid. Note that the ACA raises the maximum amount of wellness program rewards from the current 20 percent to 30 percent of employee benefits starting in 2014, with a possibility of increasing this to 50 percent at the discretion of federal officials.
- 39 Wellness Council of America, "At the Top of the Class," WELCOA Case Study, 2005, available at [http://www.welcoa.org/freeresources/pdf/top\\_of\\_the\\_class.pdf](http://www.welcoa.org/freeresources/pdf/top_of_the_class.pdf).
- 40 Wellness Council of America, "City of Gainesville: A Platinum Well Workplace Case Study" (2006), available at <http://www.welcoa.org/freeresources/pdf/casestudyborislow.pdf>.
- 41 Kings County, Washington, has a model wellness program in terms of labor-management partnerships. The Memoranda of Agreement between Kings County and unions for their Healthy Incentives Program can be found at, Kings County "Partnership with Labor," available at <http://www.kingcounty.gov/employees/HealthMatters/Visitors/PartnershipLabor.aspx> (last accessed July 2013).
- 42 Blue Cross, Blue Shield of Minnesota, "do Posters," available at <http://www.do-groove.com/work/posters/> (last accessed June 2012).
- 43 Ross C. Brownson, Debra Haire-Joshu, and Douglas A. Luke, "Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases," *Annual Review of Public Health* 27 (2006): 341-379, available at <http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.27.021405.102137>.
- 44 "Instant Recess: Building a Fit Nation 10 Minutes at a Time," available at [http://www.toniyancey.com/IRResources\\_files/FULO%20Exercise%20Break%20Evidence%20Base.pdf](http://www.toniyancey.com/IRResources_files/FULO%20Exercise%20Break%20Evidence%20Base.pdf) (last accessed June 2012).
- 45 Access Mayor Newsome's Executive Order at Healthy Eating Active Living Cities Campaign, available at [http://www.healthycitiescampaign.org/employee\\_wellness.html](http://www.healthycitiescampaign.org/employee_wellness.html).
- 46 Department of Labor, "Fact Sheet #73: Break Time for Nursing Mothers under FLSA," available at <http://www.dol.gov/whd/regs/compliance/whdfs73.htm> (last accessed July 2013).
- 47 City of Philadelphia, "Executive Order no. 11-11: Worksite Lactation Support Policy" (2011), available at [http://www.phila.gov/health/pdfs/breastfeeding/Worksite\\_support.pdf](http://www.phila.gov/health/pdfs/breastfeeding/Worksite_support.pdf).
- 48 CL Ogden and others, "Prevalence of Obesity and Trends in Body Mass Index Among US Children and Adolescents, 1999-2010," *Journal of American Medical Associates* 307 (5) (2012): 483-490, available at <http://www.ncbi.nlm.nih.gov/pubmed/22253364>.
- 49 MK Serdula and others, "Do obese children become obese adults? A review of the literature," *Prev Med* 22 (2) (1993): 167-177 available at <http://www.ncbi.nlm.nih.gov/pubmed/8483856>.
- 50 Harvard School of Public Health, "Health Risks," available at <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/> (last accessed April 2013).
- 51 Institute of Medicine, "Local Government Actions to Prevent Childhood Obesity" (2009), available at <http://www.iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>.
- 52 Lawrence J. Cohen and Anthony T. DeBenedet, "Funding Public Parks Could Save Lives," *TIME Ideas Blog*, December 29, 2011, available at <http://ideas.time.com/2011/12/29/funding-parks-could-save-lives>.
- 53 Robert Wood Johnson Foundation, "Do All Children Have Places to be Active?" (2012), available at [http://www.activelivingresearch.org/files/Synthesis\\_Disparities\\_Factsheet\\_May2012.pdf](http://www.activelivingresearch.org/files/Synthesis_Disparities_Factsheet_May2012.pdf).
- 54 Smart Growth America, "National Complete Streets Coalition: Policy Atlas," available at <http://www.smartgrowthamerica.org/complete-streets/changing-policy/complete-streets-atlas> (last accessed October 2012).
- 55 Contact your SRTS contact for further information. National Center for Safe Routes to School, "Local Funding," available at <http://www.saferoutesinfo.org/funding-portal/local-funding> (last accessed October 2012).
- 56 Boston Schoolyard Initiative, "Overview," available at <http://www.schoolyards.org/about.over.html> (last accessed June 2012).
- 57 KaBOOM!, "Our Mission and Vision," available at [http://kaboom.org/about\\_kaboom/our\\_mission\\_vision](http://kaboom.org/about_kaboom/our_mission_vision) (last accessed June 2012).

58 Robert Wood Johnson Foundation, "Making the Connection: Linking Policies to Improve Public Safety and Childhood Obesity" (2012), available at [http://www.leadershipforhealthycommunities.org/images/stories/resources/reports/lhc\\_public\\_safety\\_02.14.12.pdf](http://www.leadershipforhealthycommunities.org/images/stories/resources/reports/lhc_public_safety_02.14.12.pdf).

59 Ibid.

60 Laura Kettel Khan and others, "Recommended Community Strategies and Measurements to Prevent Obesity in the United States" (Atlanta: Center for Disease Control Morbidity and Mortality Weekly Report, 2009), available at <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5807a1.htm>.

61 Partnership for a Healthier America, "Play Streets Press Release," Press release, July 18, 2012, available at <http://www.ahealthieramerica.org/news-and-information/bcsa-supports-play-streets>.