



The Healthy Environments Partnership (HEP) Supports Action to Improve Access to Physical Activity In Detroit Communities

HEP is a community-based participatory research project.

Partners include:

- ◆ Brightmoor Community Center
- ◆ Community Partner at Large
- ◆ Detroit Department of Health and Wellness Promotion
- ◆ Detroit Hispanic Development Corporation
- ◆ Friends of Parkside
- ◆ Henry Ford Health System
- ◆ Warren Conner Development Coalition
- ◆ University of Michigan School of Public Health



The Healthy Environments Partnership

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POLICY RECOMMENDATIONS

Enact and enforce complete streets legislation to promote safe and convenient travel for all users of the roadway.

Incorporating street design that accommodates non-motorized travelers increases physical activity, lowers rates of traffic injuries and fatalities, lowers rates of air pollution and greenhouse gas emissions, and enables the non-driving population to travel safely.

Require health assessments as part of state-level environmental impact assessment.

Assessing the effects that land use decisions will have on physical activity, obesity, safety and the associated health care costs can help planners and policymakers make informed decisions about the positive health outcomes and adverse health effects before a project or policy is built or implemented.

Establish joint use agreements that allow public schools and facilities to be used for public recreation.

Opening school recreational facilities to the community after school hours or allowing schools to use city parks if they do not have a playground can improve access to physical activity resources, promote social cohesion, and improve neighborhood safety.

Adopt city planning and transportation programming criteria that specifically address health, safety, equity and environmental issues.

Including public health professionals in determining the funding criteria for city planning and transportation improvements can ensure that public health issues, such as access to safe parks and sidewalks, are addressed in long- and short-term city planning and transportation design.

Citations:

1. Heath GW. The role of the public health sector in promoting physical activity: national, state, and local applications. *Journal of Physical Activity & Health*, Nov;6 Suppl 2:S159-67, 2009.
2. Li F, Fisher J, Brownson R, et al. Multilevel Modeling of Built Environment Characteristics Related to Neighborhood Walking Activity in Older Adults. *Journal of Epidemiology and Community Health*, 59: 558-564, 2005.
3. Rosenberger R, Sneh Y, Phipps T, et al. A Spatial Analysis of Linkages Between Health Care Expenditures, Physical Inactivity, Obesity and Recreation Supply. *Journal of Leisure Research*, 37(2): 216-235, 2005.
4. Gordon-Larsen P, Nelson M, Page P, et al. Inequality in the Built Environment Underlies Key Health Disparities in Physical Activity and Obesity. *Pediatrics* 117(2): 417-424, 2006.
5. DeJong G, Sheppard L, Lieber M, Chenoweth D. The Economic Cost of Physical Inactivity in Michigan. Report Prepared by the Michigan Fitness Foundation. 2003.

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HEP Overview: Established in 2000, HEP is a community-based participatory research partnership that develops, implements, and evaluates interventions in Detroit, Michigan to reduce racial and socioeconomic disparities in cardiovascular disease (CVD). HEP is funded through the National Institute of Environmental Health Sciences and the National Institute on Minority Health and Health Disparities.

Background: Access to safe environments for physical activity can reduce Detroit residents' risk of heart disease and lower health care costs.

- ◆ Regular physical activity has been demonstrated to protect against CVD, hypertension, diabetes, obesity, and other chronic conditions.¹
- ◆ Physical activity increases when safe and clean physical activity facilities, such as parks and recreational spaces, are made available.^{2,3}
- ◆ The inequitable distribution of physical activity resources, with communities of color and lower-income communities having reduced access, contributes to lower levels of physical activity and increased health risk.⁴
- ◆ In 2002, physical inactivity among Michigan's 7.6 million adults cost nearly \$8.9 billion, borne largely by employers through health insurance premiums and lost productivity, and by states through Medicaid payments. It is likely that the total cost of physical inactivity is even higher now.⁵



HEP Research Findings: Detroit community assessments identify physical activity as a priority among residents for improving heart health.

- ◆ Focus groups in Detroit identified lack of safe and clean parks and poor sidewalk conditions as factors that discourage physical activity, while structured walks, maintained facilities, and safe, clean, and accessible green space encourage it.⁶
- ◆ A youth photovoice project linking neighborhood conditions to heart health identified having opportunities for recreation as a priority to promote health among youth in Detroit.⁶
- ◆ Residents of neighborhoods with sidewalks in better conditions report higher levels of physical activity.⁷
- ◆ Detroit residents who participated in HEP's pilot walking group intervention saw significant reductions in blood pressure after just 6 weeks of involvement in the program.⁶

6. Schulz, A. J., Israel, B. A., Coombe, C., Gaines, C., Reyes, A., Rowe, Z., et al. A community-based participatory planning process and multilevel intervention design: Toward eliminating cardiovascular health inequities. *Health Promotion Practice*, August 2011. [Epub ahead of print].

7. Schulz, A. J., Zenk, S. N., Mentz, G., Kwarteng, J., Wilson, C. "Do observed neighborhood conditions contribute to racial, ethnic and socioeconomic disparities in physical activity?: Findings from a multilevel analysis in a multiethnic urban community." Presented at the Annual Meeting of the American Public Health Association, Denver, CO, November 9, 2010.

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