


Creating Healthier Communities: the Built Environment and Physical Activity



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Improving the built environment and neighborhoods to increase physical activity in health disparity areas( Bexar County)



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Presenter Disclosures  
**Mary Thomas**

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

**Communities Putting Prevention to Work (CPPW)**

- Project Period : March 2010-March 2012
- Target area: Bexar County residents
- Grant amount : \$15.6 million
- Strategies: MAPPs ( Media, Access, Price, Point of purchase, Social media)
- Community based Chronic disease prevention

**FOCUS**

Improving the built environment in Bexar County to promote active living and healthy eating in disparity areas to reduce obesity

**GOALS**

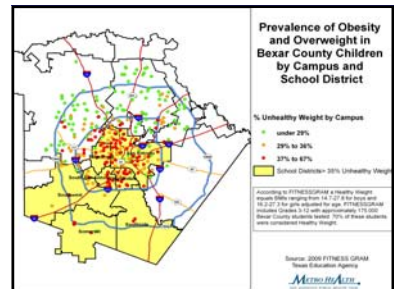
Communities Putting Prevention to Work grant of San Antonio Metropolitan Health District aims to make changes in policy, system and environment using MAPPs strategies to increase healthy eating and promote active living in residents of Bexar County

**Demography of San Antonio**

Population 1.35 million  
Multicultural :57% Hispanic 32% non-Hispanic  
7% Afro Americans3% Asians  
South & Westside population-80% Hispanic  
Northeast & North central- 30% Hispanic  
Persons below 45 years- 79%  
Some population have greater burden of health problems

**High obesity rates**

- Adults- 68% obese or overweight
- Hispanic -80% obese or overweight
- Higher in South and west San Antonio
- South -85% Northcentral-53%
- Obesity in children-over 34%



### Data sources to identify target areas

- FITNESSGRAM results from the 15 Independent School Districts
- BRFSS data (2009)
- Zip codes with high burden of disease (Metro Health Profile 2009)
- CDC maps by census tract of 1. median household income 2. Hispanic and Black populations 3. Density of mothers with a BMI greater than 30

### Health determinants

- Poverty levels: House-hold income
- Families: 20% below poverty line
- Below 18 years:27% below poverty line
- Above 65 years:14% below poverty line
- Caused by many determinants – socio-economic factors, low level of education
- 10-12 zip codes have highest burden of disease and poor health outcome

### Mechanism Used

- Contracts with non-health partners and local agencies.
- Public works- safe sidewalks and intersections for pedestrians and cyclists
  - OEP-bike share program
  - Parks & Rec- Fitness stations
  - San Antonio Housing Authority-Walking trails

### Changes in built environment

- Safe roads and intersections
- Bike share program-kiosks
- Walking trails in libraries and SAHA
- Fitness station in parks and libraries

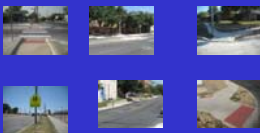
### Safe roads & intersections

- **Goal:** Safe and accessible roads for pedestrians and cyclists
- **Changes in environment-** Improvement in sidewalks, and other measures (next slide)
- **Change in policy-** 1. Complete streets policy 2. Bike Master plan- approved
- **Plans prepared-** 1. Safe Routes to school plans 2. Pedestrian safety Action Plan

### Changes to make roads and intersections safe

- ADA ramps 361 sites in 17 locations
- Walkways' improvement in 10 locations
- Traffic calming measures in 9 locations
- Flashing beacons in 30 locations
- Traffic designs in 12 locations
- Traffic inventory in all 10 council districts
- Ped signal improvements in 38 locations
- Cross walks in 33 locations
- Dynamic signs in 8 locations

### Cross walks, ADA ramps, Traffic calming measures, Medians, Flashing beacons, Ped signals



### Bike-Share Program



- **Aim:** Provide active and alternate transportation and increase physical activity
- **Result:** Reduce number of cars on the streets, traffic congestion and parking problems, Improve air quality

### Bike-share implementation

- First bike-share program in Texas Launched in March 2011
- Many partners in planning, implementation and funding
- Installation of 21 kiosks Bikes available for check out
- Bike routes in English and Spanish
- Walking and cycling guide maps.
- Signage for kiosks and bike lanes
- Annual, Weekly and daily passes.
- Heritage sites connected by bike routes

### Bike usage (9/30/2011)

- Annual Memberships-857
- Daily passes-2795
- Weekly passes-12
- Number of trips-16162
- Average trip- 3.99 miles



### Walking trails-SAHA

- **Aim:** To provide access for safe and free physical activity option to SAHA residents
- **Method:** walking trails and fitness stations in 5 locations
- Joint Use agreement with San Antonio Housing Authority- provide public housing for low income residents
- Low or subsidized rental facilities
- Total of 61 locations in San Antonio
- Seniors and disabled accommodated

### Implementation

- Shared use agreement with CPPW
- Total number of units 2215 (5 )
- Estimated Number of residents- 5430
- 21 fitness stations in 3 locations
- Total length of walking trails -15900'
- Residents in the neighborhoods have access to trails

### Spring Hill



### Fitness stations

- **Aim:** To provide access to physical activity options in parks for the residents in areas with health disparities
- Partnership with parks & Rec department
- Target areas with health disparity
- **Method:** Installation of fitness stations in 22 parks
- Promotion by flyers and news papers
- People friendly with easy to use instructions

### Fitness Equipment

- Stationary - Stretches pushups, squats, core and balance exercises
- Movable -- use body weight to do leg press, chest press, rowing machine, cardio walker



### Media Promotion

- **Aim:** To reach the residents with bilingual messages on prevention of obesity and options through CPPW grant for Bexar County residents
- **Message:** Healthy eating and active living
- **Methods:** Website: [SABalance.org](http://SABalance.org)
- News paper coverage /Posters in stores and bus wraps/Flyers to the residents in neighborhoods
- Television coverage/Radio lincolns/Face-book, twitter



### Print Ads -posters



### Implementation Successes

- "Obesity prevention" vision shared with all partners (Metro with city and local partners)
- Implemented Changes in built environment
- Increased access to physical activity options.
- Residents in target areas reached.

### Implementation Challenges

- Time necessary for needs assessment and planning
- Lag time in changes in active living
- Various protocols/funding restrictions
- Getting community participation and utilization
- Sustainability of all healthy options

### Lessons Learned

- Best results with partnerships and net working
- Getting community participation is essential
- Benefits –some immediate or long term
- Ensure adequate resources – funds and persons needed for sustainable results

### Any questions ?

