

ACS CAN Supports Active Transportation Policies and Infrastructure



Safe and accessible opportunities for walking, biking, and other forms of activities are key to promoting physical activity, helping to prevent cancer, and improving quality of life and survivorship for cancer survivors. That's why ACS CAN advocates for funding for and implementation of community-based infrastructure, safety improvements, and programs to improve and promote the walkability and bikeability of neighborhoods and community destinations, and to create and improve parks and other recreational areas. Promoting the availability of infrastructure and programs to support physical activity to people who live, work, or otherwise spend time in a community is critical to ensuring awareness and use of community facilities.

What is Active Transportation?

When people walk, bicycle, or use other non-motorized forms of transportation to get to work, school, local businesses, and other places in their communities, they are engaged in active transportation. Networks of safe sidewalks, bike lanes, and recreational trails can make communities more accessible to all people engaged in active transportation, and contribute to a healthy environment and local economy. "Complete streets" - streets designed with all users in mind - promote active transportation by enabling people of all ages and abilities to safely access the community using sidewalks, crosswalks, bike lanes, separate bus lanes, and public transportation, and other features.

Benefits of Active Transportation

Complete streets and safe, accessible, and convenient active transportation options provide people of all ages and abilities with opportunities to engage in physical activities like walking, running, or cycling, as part of their daily lives. Regular physical activity helps maintain a healthy body weight and may also reduce the risk of breast, colon, endometrium, and advanced prostate cancer, independent of body weight.¹ Physical activity may also be beneficial after a cancer diagnosis, reducing the risk of recurrence or death and improving quality of life. Physical inactivity, along with excess weight, obesity and poor nutrition, is a major risk factor for cancer. Up to one third of the estimated 1.7 million cancer cases expected to be diagnosed in the U.S. this year can be attributed to excess weight or obesity, physical inactivity, and/or poor nutrition.² Consistent with the 2008 *Physical Activity Guidelines for Americans*,³ the American Cancer Society recommends that individuals adopt a physically active lifestyle to reduce their risk of cancer,⁴ strengthen their health, and promote survivorship.⁵ For adults, this means engaging in at least 150 minutes of moderate intensity (2.5 hours per week) or 75 minutes of vigorous intensity activity each week, or an equivalent combination. Children and adolescents are recommended to engage in at least one hour of moderate or vigorous intensity activity each day, including vigorous activity at least three days per week.

Community design and improvements that make active transportation possible provide individuals of varying age, socioeconomic background, fitness level, and health status with more convenient ways to get the recommended amount of physical activity. Improvements like sidewalks, bike lanes, and public transportation provide increased opportunities for physical activity.⁶ Some forms of physical activity, such as walking, can often fairly easily be incorporated into one's daily routine because it requires no special equipment or membership fees and can be done in a variety of settings. When intentionally added to one's usual activities, walking may also replace other more sedentary leisure activities. The American Cancer Society recommends limiting sedentary behavior due to a growing body of evidence demonstrating the negative health outcomes associated with large amounts of time sitting, independent of physical activity levels.⁷ One study found that each hour spent in the car daily increases one's risk for obesity by 6 percent, and each kilometer [0.62 miles] walked daily decreases the risk of obesity by 4.8 percent.⁸

Safe and accessible active transportation options can also promote physical activity among children and adolescents. Walking or biking to school has been found to help children and adolescents get an average of one fourth of the 60 recommended minutes of daily physical activity.⁹ The Safe Routes to School Program, which provides funding to states to create opportunities for children to safely and conveniently walk or bike to school, has been found to increase the

number of children walking or biking to school.¹⁰ Infrastructure improvements and education and encouragement programs have also been found to increase walking and biking to school.¹¹

In addition to the health benefits associated with active transportation, safe walking and biking paths and lanes and community initiatives may also promote public safety, as pedestrians and cyclists represent 16 percent of all traffic deaths each year. In addition to the physical environment in which our communities are situated, social, economic, and demographic factors can affect our health and cancer risk. Given the important role such factors can play in our health, active transportation stands out as one promising way to improve health, prevent cancer, and promote quality of life and survivorship at both the individual and community levels.

Barriers to Active Transportation

People are less likely to be physically active when they live in communities that lack safe, enjoyable places for them to be physically active. The way communities are laid out and built, the concentration of homes and buildings and intersections within the community, and connectedness to neighboring communities have all been found to be associated with individuals' physical activity levels.^{12,13,14} According to one study, the people who lived in the most walkable neighborhoods were 2.4 times more likely to get at least 30 minutes of physical activity each day than individuals who lived in the least walkable neighborhoods.¹⁵ Racial and ethnic minority and low-income youth, in particular, are less physically active than white youth or those from higher income families. They are also more likely to live in neighborhoods with barriers to physical activity, including lower-quality sidewalks, fewer parks, and more traffic and crime.¹⁶

The primary areas of opportunity to eliminate barriers to active transportation include building or updating existing active transportation infrastructure and outreach efforts that promote active transportation.

Building or Updating Active Transportation Infrastructure. Safe and accessible bike paths and lanes, recreational trails, and sidewalks are components of active transportation that can facilitate physical activity. While having active transportation infrastructure in place in communities is important, it is equally critical that those networks connect residents to business, schools, parks, other community locations, and to each other. When local businesses, other community destinations, and even nearby communities are within walking or cycling distance, individuals and families may be more likely to choose those methods of transportation. Incorporating active transportation into the long-term community design can promote both active transportation and community connectedness.

Promoting Active Transportation through Community and Individual Outreach Efforts. Community-level programming, communications, and outreach efforts can ensure that community members are aware of and understand how to safely use active transportation to increase their physical activity.

ACS CAN Supports Active Transportation

At the Federal Level:

ACS CAN supports programs and initiatives at all levels of government that help families and communities get the physical activity they need to reduce cancer risk and promote survivorship. To that end, funding for the Transportation Alternatives Program, which provides states and communities with funding for bicycling and pedestrian projects like sidewalks, bike lanes, crosswalks, bike share systems, and trails, and funds the Safe Routes to School program, is a priority. The Transportation Alternatives Program (TAP) is part of the broader federal transportation bill, the Moving Ahead for Progress in the 21st Century Act, and gives states and localities decision-making ability and the funding needed to implement their transportation priorities. Congress authorized \$820 million for TAP in fiscal year 2014.

To make TAP even more effective, ACS CAN supports S.705, the Transportation Alternatives Program Improvement Act of 2015 (TAPIA), which was introduced in the Senate earlier this year (see box).

S.705: The Transportation Alternatives Program Improvement Act

TAPIA would make several important changes to TAP, as it would:

- Promote a more fair distribution of funds among communities of all sizes and facilitate the implementation of active transportation projects in rural areas by allocating a greater share of funding to communities according to population.
- Create more options for smaller towns and regions to access funding by making metropolitan planning organizations and non-profit organizations eligible to compete for TAP funding.
- Facilitate the timely approval, construction, and completion of projects of all sizes, including those in small or low-income communities.

At the State and Local Levels:

At the state and local levels, ACS CAN urges the design and adoption of complete streets policies as part of any transportation and community design planning policy. Complete streets policies ensure transportation networks are designed with the safety and accessibility of all users in mind. Complete streets promote active living, public safety, and convenience while reducing traffic congestion and reliance on cars for transportation. According to Smart Growth America, at least 30 states have some form of complete streets policy. Several cities and localities have also taken steps to promote and adopt complete streets in their communities.

State and local transportation dollars can be used to fund active transportation infrastructure projects and the Safe Routes to School program to reduce traffic congestion, promote child safety, and support active living. When states and localities have the ability to decide how federal transportation dollars are allocated, ACS CAN recommends the full amount of funding made available for active transportation programs and community improvements be used for these types of projects.

¹ Kushi LH, Doyle C, McCullough M, et al. American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the Risk of Cancer with Healthy Food Choices and Physical Activity. *CA Cancer J Clin* 2012; 62: 30-67.

² American Cancer Society. *Cancer Facts and Figures 2015*.

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>.

³ U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*. Available at <http://www.health.gov/paguidelines/pdf/paguide.pdf>.

⁴ Ibid.

⁵ Rock C, Doyle C, Demark-Wahnefried W, et al. Nutrition and physical activity guidelines for cancer survivors. *CA Cancer J Clin*, 62: 242–274. 2012. doi: 10.3322/caac.21142.

⁶ Rodriguez D. Active Transportation: Making the Link from Transportation to Physical Activity and Obesity. A Research Brief. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation; Summer 2009. Available from: www.activelivingresearch.org.

⁷ Kushi et al, 2012.

⁸ Frank LD, Andresen MA, Schmid TL. Obesity Relationships With Community Design, Physical Activity, and Time Spent in Cars. *Am J Prev Med* 2004; 27(2): 87-96.

⁹ Bassett DR, Fitzhugh EC, Heath GW, et al. Estimated energy expenditures for school-based policies and active living. *Am J Prev Med*. 2013;44(2):108–113.

¹⁰ McDonald NC, Steiner RL, Lee C, Rhoulac Smith T, Zhu X, Yang Y. Impact of the safe routes to school program on walking and bicycling. *J Am Plann Assoc*. 2014. doi:10.1080/01944363.2014.956654.

¹¹ Ibid.

¹² Frank LD, Schmid TL, Sallis JF, et al. Linking Objectively Measured Physical Activity with Objectively Measured Urban Form: Findings from SMARTRAQ. *Am J Prev Med* 2005; 28(2 Suppl 2): 117-25.

¹³ Taylor W and Lou D. Do All Children Have Places to Be Active? Disparities in Access to Physical Activity Environments in Racial and Ethnic Minority and Lower-Income Communities. A Research Synthesis. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation; November 2011. Available from: www.activelivingresearch.org.

¹⁴ Saelens BE, Sallis JF, and Frank LD. Environmental Correlates of Walking and Cycling: Findings From the Transportation, Urban Design, and Planning Literatures. *Ann Behav Med* 2003; 25(2): 80-91.

¹⁵ Frank et al, 2005.

¹⁶ Taylor and Lou, 2011.