



Status Report for Step It Up!

The Surgeon General's Call to Action to Promote
Walking and Walkable Communities



**Centers for Disease
Control and Prevention**
National Center for Chronic
Disease Prevention and
Health Promotion



US Department of Health and Human Services

Centers for Disease Control and Prevention
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Division of Nutrition, Physical Activity, and Obesity

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Overview

Background

Physical activity has many benefits, including reducing the risk of developing chronic diseases and supporting healthy aging.¹ Walking is the most common form of physical activity across the country and an excellent way to help people become more active.¹⁻³ In September 2015, the Office of the Surgeon General of the US Department of Health and Human Services released *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities* to increase walking among people across the United States.

Purpose of This Status Report

The purpose of this report is to summarize the state of walking and walkability when the *Call to Action* was released, as well as selected activities done since to sustain the messages and promote the goals established by the Surgeon General.

Key Findings

Specifically, this report will document that:

- Physical activity needs to be improved in the United States.
- The *Call to Action* received web and media attention.

- Activities by federal agencies to promote the *Call to Action* have continued since its release.
- The goals of the *Call to Action* are being advanced.
- States, communities, and organizations are successfully implementing activities that build on the *Call to Action*.

This report can be used to monitor progress related to the goals of the *Call to Action*, celebrate and learn from successes, and identify opportunities to sustain momentum in creating a nation of physically active people of all ages and abilities.

Conclusion

The *Call to Action* provides a clear road map for partners across all sectors to improve walking and walkability for all Americans. This status report shows how groups are stepping up and taking action to promote walking and walkable communities. Continued monitoring of activities and indicators in this report will be used to track progress toward meeting the goals of the *Call to Action* and increasing walking and physical activity over time. Many partners are already involved in promoting walking and walkable communities, but more work is needed to increase the reach, breadth, and impact of the *Call to Action*.



Background

Value of Physical Activity and the Purpose of the Call to Action

Physical activity has many benefits, including reducing the risk of developing chronic diseases and supporting healthy aging.¹ Despite these benefits, 49.9% of all US adults and 27.1% of high school students meet the recommendation for aerobic physical activity (also known as cardio activity that helps improve the way the heart works) in the *2008 Physical Activity Guidelines for Americans*.⁴

In September 2015, the Office of the Surgeon General in the US Department of Health and Human Services released *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities* to recognize walking as an important way to promote physical activity among most people.⁵

Benefits of Walking and Improved Walkability

Walking is an excellent way to help people become more active and improve their health. It is an easy way to begin and maintain a physically active lifestyle, and it is the most common form of physical activity for people across the country.¹⁻³ People walk for many purposes, such as for transportation to get to school or work, for leisure to have fun, or to improve their health.⁵ Because walking is easy to do, it provides many opportunities for people to incorporate physical activity into their busy lives.

Improving the walkability of communities can also help people who participate in other types of physical activities, such as those who bike or use wheelchairs. Making walking easier can help communities by improving safety,⁶⁻⁸ increasing interaction between residents,⁹ improving local economies,¹⁰⁻¹² and reducing air pollution.^{13,14}

Objectives and Goals of the Call to Action

The primary objective of the *Call to Action* is to increase walking among people across the United States. It calls for improved access to safe and convenient places to walk and wheelchair roll and for a culture that supports these activities for people of all ages and abilities.⁵

The *Call to Action* describes five goals and supporting strategies and actions that multiple sectors of society can use to promote walking and walkable communities for all Americans. These sectors include transportation, land use, and community design; community recreation, fitness, and parks; education (schools, colleges, and universities); business and industry; health care; mass media; public health; sport; and faith-based settings. Families and individuals will also need to be involved to achieve these goals.

STRATEGIC GOALS OF THE CALL TO ACTION

- 1 Make Walking a National Priority
- 2 Design Communities that Make It Safe and Easy to Walk for People of All Ages and Abilities
- 3 Promote Programs and Policies to Support Walking Where People Live, Learn, Work, and Play
- 4 Provide Information to Encourage Walking and Improve Walkability
- 5 Fill Surveillance, Research, and Evaluation Gaps Related to Walking and Walkability

Physical Activity Needs to Be Improved in the United States

The *Call to Action* recognizes the importance of physical activity for people of all ages and abilities.⁵ It calls on Americans to be more physically active through walking. People can get all the physical activity they need to meet physical activity guidelines through brisk walking or by adding brisk walking to other physical activities. This section describes the most recent prevalence estimates of physical activity and walking in the United States and shows how physical activity levels need to be improved. These data can serve as the baseline for monitoring the impact of the *Call to Action*.

Current Physical Activity Levels

In 2014, 30.0% of US adults reported being inactive during their leisure time, while 49.9% reported levels of physical activity consistent with the guideline for aerobic physical activity (Table 1). The percentage of adults who are inactive and the percentage who meet physical activity guidelines are monitored annually as part of the Centers for Disease Control and Prevention's (CDC's) National Health Interview Survey (NHIS).



Table 1. Percentage of US Adults Aged 18 or Older Who Were Inactive During Leisure Time or Who Met the Aerobic Physical Activity Guideline, by Selected Characteristics, 2014

Characteristics	Inactive During Leisure Time		Met the Aerobic Physical Activity Guideline	
	Percentage (%)	95% CI	Percentage (%)	95% CI
Total	30.0	(29.1, 30.9)	49.9	(49.0, 50.8)
Sex				
Men	28.2	(27.1, 29.3)	53.1	(51.9, 54.3)
Women	31.6	(30.5, 32.7)	46.9	(45.7, 48.1)
Age (years)				
18–24	24.3	(21.7, 26.8)	59.5	(56.6, 62.5)
25–34	22.4	(20.9, 24.0)	59.3	(57.6, 60.9)
35–44	27.3	(25.7, 29.0)	51.9	(50.2, 53.5)
45–64	32.5	(31.2, 33.7)	46.2	(44.8, 47.5)
65+	41.5	(39.9, 43.2)	36.5	(35.0, 38.0)
Race/ethnicity				
White, non-Hispanic	26.1	(25.1, 27.2)	53.5	(52.2, 54.7)
Black, non-Hispanic	38.0	(36.2, 39.8)	43.7	(41.7, 45.7)
Asian	28.9	(25.8, 32.1)	48.1	(45.0, 51.2)
American Indian/Alaska Native	38.6	(30.3, 47.0)	43.5	(35.1, 51.8)
Hispanic	39.9	(38.1, 41.7)	41.2	(39.5, 42.8)
Education level				
Less than high school graduate	52.1	(50.0, 54.2)	30.8	(28.9, 32.8)
High school graduate	39.6	(37.7, 41.4)	39.5	(37.9, 41.2)
Some college	29.0	(27.6, 30.3)	49.0	(47.5, 50.5)
College graduate	16.9	(15.9, 17.9)	62.2	(60.8, 63.5)

Abbreviation: CI, confidence interval.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS).

Notes: Estimates are age-adjusted (except those by age group) to the 2000 US standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65+ years. Estimates by race are for people who reported only one race. People of Hispanic ethnicity may be of any race. Estimates by education are limited to people aged 25 years or older. NHIS questions ask about frequency and duration of light-intensity to moderate-intensity and vigorous-intensity leisure-time physical activities. Inactive is defined as reporting no leisure-time physical activity that lasted at least 10 minutes. Meeting the aerobic component of the *2008 Physical Activity Guidelines for Americans* is defined as reporting at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity a week, or an equivalent combination.

In 2015, only 27.1% of US high school students reported levels of physical activity that met the guideline for 60 minutes of physical activity a day (Table 2).¹⁵ Estimates of the percentage of high school students who meet the physical activity guideline are available for odd years from CDC's Youth Risk Behavior Surveillance System.

Table 2. Percentage of US High School Students Who Met the Aerobic Physical Activity Guideline, by Selected Characteristics, 2015

Characteristics	Percentage (%)	95% CI
Total	27.1	(25.4, 28.8)
Sex		
Male	36.0	(33.6, 38.5)
Female	17.7	(16.2, 19.2)
Grade		
9th	31.0	(28.5, 33.7)
10th	27.8	(25.4, 30.4)
11th	25.3	(23.1, 27.6)
12th	23.5	(20.6, 26.8)
Race/ethnicity		
White, non-Hispanic	29.0	(26.6, 31.6)
Black, non-Hispanic	24.2	(20.4, 28.3)
Hispanic	24.6	(22.1, 27.3)

Abbreviation: CI, confidence interval.

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Notes: Meeting the aerobic component of the 2008 *Physical Activity Guidelines for Americans* is defined as reporting at least 60 minutes of “any kind of physical activity that increases your heart rate and makes you breathe hard some of the time” on all days during the 7 days before the survey. Estimates by race are for students who reported only one race. People of Hispanic ethnicity may be of any race.

Current Walking Levels

In 2010, 62% of adults reported walking 10 minutes or more in the past week for transportation or leisure (Figure 1), about half of US adults reported walking during leisure time, and less than one-third reported walking for transportation.¹⁶ These estimates are based on data collected as part of the Cancer Control Supplement of the 2010 NHIS.

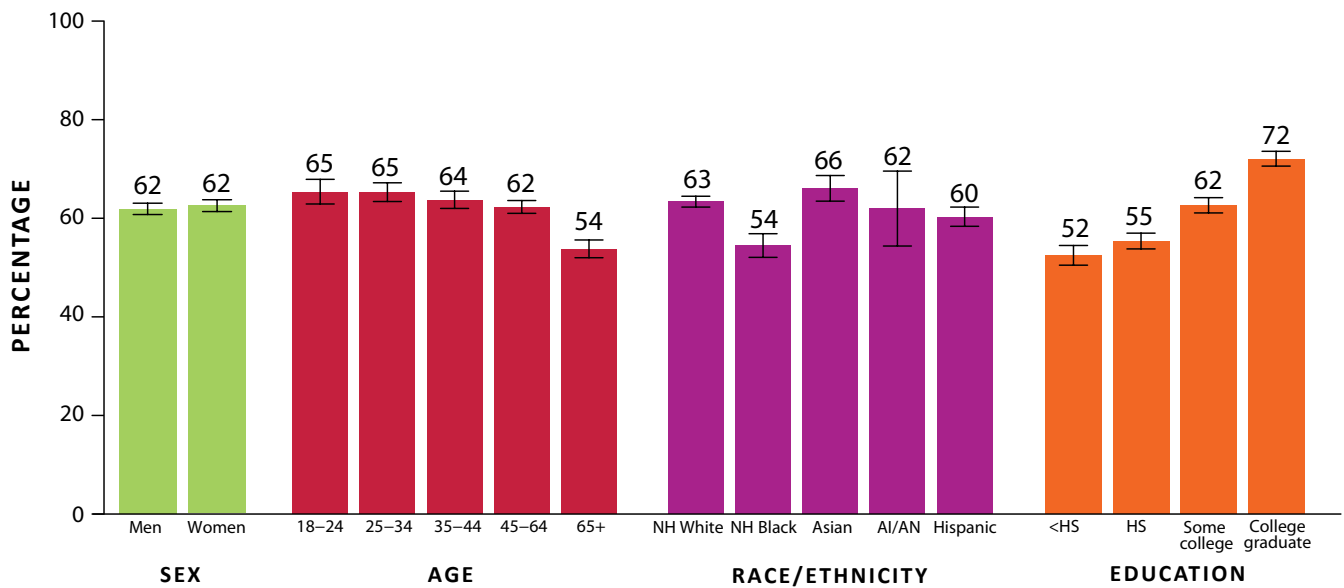
Of the 50 cities with the largest population of workers aged 16 or older, only 2.8% of adult workers walked to work in 2014, according to a survey of US communities. The proportion ranged from 0.9% in the Orlando-Kissimmee-Sanford, Florida metropolitan area to 6.0% in the New York-Newark-Jersey City, New York-New Jersey-Pennsylvania metropolitan area.¹⁷

People are more likely to walk when they use public transportation (e.g., walking to transit stops or stations, walking through stations).¹⁸ In 2014, 5.2% of adults aged 16 or older in the overall United States took public transit to work—6.2% in urban areas and 0.5% in rural areas.¹⁷





Figure 1. Percentage of US Adults Aged 18 or Older Who Reported Any Walking in the Past Week, 2010



Abbreviations: AI/AN, American Indian/Alaska Native; HS, high school; NH, non-Hispanic.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS).

Notes: Estimates are age-adjusted (except those by age group) to the 2000 US standard population using five age groups: 18–24 years, 25–34 years, 35–44 years, 45–64 years, and 65+ years. Estimates by race are for people who reported only one race. People of Hispanic ethnicity may be of any race. Estimates are not presented for Native Hawaiians or Other Pacific Islanders because the NHIS public-use data sets do not provide the necessary level of detail. Walking is defined as one period of 10 minutes or more in the preceding 7 days. Any walking includes both transportation (“to get some place”) and leisure (“for fun, relaxation, exercise, or to walk the dog”). Error bars represent upper and lower bounds of the 95% confidence interval.

Key Activities

This section provides information about key activities related to the release and promotion of the *Call to Action*, as well as the actions taken to support its five goals. The range of activities—from media attention to federal activities to success stories from the field—illustrates the continuum of efforts needed to create a culture that supports walking for people of all ages and abilities.

Call to Action Received Web and Media Attention

The *Call to Action* generated a large amount of initial interest, as demonstrated by web page views, publication downloads, and media coverage in the first month of its release (Tables 3–5).

Call to Action Release, Web Page Views, and Publication Downloads

The live webcast of the *Call to Action* release was viewed by 1,962 participants. Three products were released on September 9, 2015: the *Call to Action*, a partners guide to support promotion of the *Call to Action* (*Step It Up! A Partners Guide to Promote Walking and Walkable Communities*), and an infographic

that describes the roles each sector can play to promote walking and walkable communities. These publications are available for download on the Office of the Surgeon General's [Call to Action website](#) and on CDC's [Call to Action website](#).

From September 2015 to March 2016, there were 62,483 views of the *Call to Action* web page, 4,622 downloads of the *Call to Action* report, 1,694 downloads of the partners guide, and 1,270 downloads of the infographic. The number of web page views and product downloads was highest during the first month after the *Call to Action* was released (September 9 to October 9) (Table 3).



Call to Action Web badge

Table 3. Number of *Call to Action* Web Page Views and Publication Downloads, September 2015 to March 2016

Timeframe	Call to Action Web Page Views	Call to Action Publication Downloads	Partners Guide Downloads	Infographic Downloads
September 9 to October 9	35,479	2,468	897	553
October 10 to November 9	8,469	651	234	175
November 10 to December 9	5,549	410	162	129
December 10 to January 9	3,513	231	114	122
January 10 to February 9	5,302	466	166	153
February 10 to March 9	4,171	396	121	138

Source: Centers for Disease Control and Prevention (Adobe Analytics software) and Office of the Surgeon General website.

Social Media

From September 9, 2015, to January 9, 2016, CDC reported 415 Facebook posts about the *Call to Action*. During the same period, there were 6,331 Twitter mentions by 4,575 users, resulting in 59.2 million impressions

(Table 4). Similar to web page views and product downloads, Facebook posts and Twitter mentions were highest during the 1-month period after the release of the *Call to Action*.

Table 4. Number of Facebook Posts and Twitter Mentions, Users, and Impressions for the *Call to Action*, September 2015 to January 2016

Timeframe	Facebook ^a	Twitter		
		Mentions ^a	Users	Impressions ^b
September 9 to October 9	341 posts	4,978	3,495	45.4 million
October 10 to November 9	63 posts	947	727	8.7 million
November 10 to December 9	11 posts	218	186	3 million
December 10 to January 9	No posts	188	167	2.1 million

Source: Centers for Disease Control and Prevention (Sysomos software).

^a The search term used to define a post or mention was #stepitup, with the word “walk” or “walking” in the message.

^b The overall number of impressions means the number of times that tweets about the search term were delivered to the streams of Twitter users. Delivery of a tweet does not guarantee that it was read.

Traditional Media

In the first month after the release of the *Call to Action*, 2,080 stories appeared in traditional media outlets (Table 5). The majority of the stories were featured on news websites, followed by print and television outlets. News websites had the highest potential reach at

1 week (602.0 million people) and 1 month (739.2 million people) after the release, compared with other types of media. People can be counted multiple times because they have access to many media sources and can be reached by multiple media types.

Table 5. Number of Media Items, by Type and Potential Reach,^a September 9 to October 9, 2015

Media Type	No. of Media Items	Potential Reach (in Millions of People)	
		1 Week After Call to Action Release	1 Month After Call to Action Release
News websites	1,036	602.0	739.2
Print	753	239.7	291.4
Television	225	7.4	7.6
Online blog	42	33.5	33.7
Radio	24	11.7	11.8

Source: Centers for Disease Control and Prevention (VOCUS software).

^a Potential reach refers to the size of the potential audience for a message (e.g., radio ad, blog post, news clip) or the maximum number of people who could have been exposed to the message. Potential reach does not guarantee that the message was read or received. Estimates represent potential reach, but people can be counted multiple times because they can be reached by multiple media sources.

Call to Action Goals Are Being Advanced

Federal Activities

Federal agencies, including the Office of the Surgeon General and CDC, have continued to promote the *Call to Action* and its goals since the September 2015 release. This section highlights some of the activities being conducted in support of the *Call to Action*.

Office of the Surgeon General

Since the release of the *Call to Action*, the Surgeon General has participated in more than 30 different events, webinars, or walks to promote the messages of walking and walkable communities. According to the Office of the Surgeon General, these events have reached about 21,900 people directly.

Specifically, the Surgeon General:

- Attended and spoke at several meetings and events. His speech at the National Walking Summit in October 2015 reached about 500 attendees. At the American Public Health Association Annual Meeting in November 2015, he spoke to about 5,000 public health practitioners.
- Was featured at the pregame show of a Golden State Warriors basketball game on January 25, 2016, where he talked to fans about the importance of physical activity.

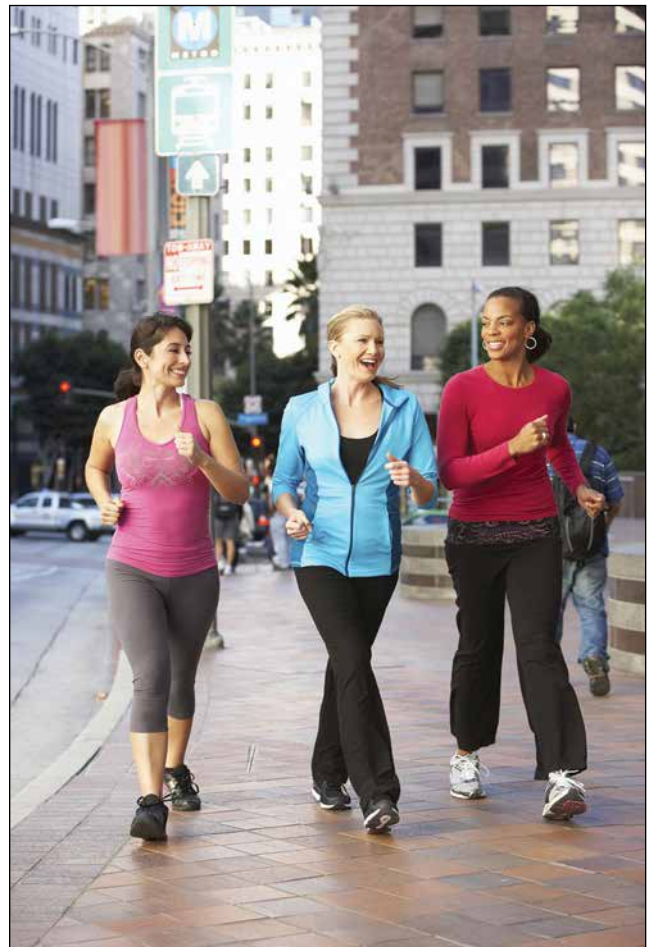
- Met with student leaders who are part of the I'm A Star Foundation in Jacksonville, Florida, in April 2016. They discussed how to use messages from the *Call to Action* to make Jacksonville one of the healthiest cities in the nation. In addition to attending a town hall meeting and health fairs, the Surgeon General marched to city hall with more than 1,000 young people and Mayor Lenny Curry to raise awareness and promote walking and walkable communities.
- Attended the American College of Sports Medicine's (ACSM's) Annual Meeting in Boston and was highlighted in a showcase event on June 2, 2016. His presentation on Perspectives on National Health Initiatives included the *Call to Action*. The ACSM Annual Meeting is the largest in the world devoted to physical activity, public health, and sports medicine.


CDC, Partners, and Other Federal Agencies

- CDC is supporting a new national partnership to promote physical activity with affiliates of the YMCA of the USA, which will conduct activities to support the *Call to Action*. Case studies and activities will be highlighted in future status reports and policy documents. The YMCA of the USA is also supporting the Safe Routes to Schools National Partnership to produce state report cards to show what states are doing to support walking, biking, and physical activity.¹⁹



- CDC collaborated with the National Association of Chronic Disease Directors to conduct Walkability Action Institutes with 12 state teams in 2015 and 10 metropolitan area teams in 2016. The teams included professionals from multiple areas (e.g., health, transportation, urban or city planning) who participated in intensive training and group activities to create action plans to increase walking and walkability in their state or municipality. The metropolitan teams included locally elected officials.
- CDC guest edited a supplement to the *Journal of Physical Activity and Health* titled "Walking and Walkability: Approaches to Increase Physical Activity and Improve Health." Articles highlighted several key strategies that can be used to promote walking in the United States.²⁰
- CDC published a study that estimated that about two-thirds (65%) of adolescents aged 10 to 17 years live in neighborhoods that support physical activity.²¹ This assessment is based on a composite measure derived from perceptions of neighborhood safety; the availability of sidewalks or walking paths; and the availability of parks, playgrounds, or recreation centers. The study also identified racial, ethnic, socioeconomic, and health inequities.²¹ For example, the proportion of adolescents living in neighborhoods that support physical activity was lower among adolescents who were non-Hispanic black or Hispanic, overweight or obese, from households with lower socioeconomic status, or from rural areas. The largest disparity was found between adolescents living in households with a family income less than 100% of the Federal Poverty Level (51%) and those with a family income equal to or more than 400% of the Federal Poverty Level (76%).
- The Regional Health Administrators of the US Department of Health and Human Services partnered with America Walks to hold technical assistance webinars for community groups and local nonprofits.
- The US Department of the Interior appointed a national coordinator to help plan and implement regional activities to promote the *Call to Action*.
- The US Environmental Protection Agency (EPA), the US Department of Housing and Urban Development (HUD), and the US Department of Transportation (DOT) formed the Partnership for Sustainable Communities in 2009 to help communities improve access to affordable housing and transportation while protecting the environment. This partnership has served as a model for a broader range of interagency partnerships that promote smart growth development through grants and technical assistance to tribes, states, regions, and communities to create more walkable neighborhoods and revitalize existing neighborhoods that are already walkable.²²⁻²⁴



- 
- DOT has led several activities to support walking and walkable communities. For the past 2 years, the Safer People, Safer Streets Initiative has focused the department's efforts to improve safety for walking and bicycling across the United States.²⁵ As part of this initiative, DOT led pedestrian and bicycle road safety assessments in all 50 states, the District of Columbia, and Puerto Rico. Through the Mayors' Challenge for Safer People, Safer Streets, DOT provided resources and technical assistance to 245 communities to help them improve safety for pedestrians and bicyclists by participating in seven challenge activities.²⁶ The Mayors' Challenge ended in September 2016 with a final summit and awards to recognize communities that showed the most progress. In addition, the Federal Highway Administration has recently released several pedestrian and bicycle resources, including a *Strategic Agenda for Pedestrian and Bicycle Transportation*.²⁷ This document outlines goals that align with the goals of the *Call to Action*. It will be used to guide the Federal Highway Administration's pedestrian and bicycle activities for the next 3 to 5 years. Other DOT activities include funding pedestrian and bicycle facilities through a variety of federal surface transportation funding programs.²⁸ DOT will continue to lead the national effort to make our transportation system safe and accessible for all users and to develop and provide resources and technical assistance for communities to make it safer for people of all ages and abilities to walk and bike.
 - In response to the *Call to Action*, the National Park Service's Office of Public Health organized National Park Rx Day on April 24, 2016. A coalition of health providers

and community organizations across the nation supported the event by writing "prescriptions" for people to enjoy the outdoors. National Park Rx Day promotes health by encouraging children and adults to be physically active or walk in parks and green spaces.²⁹

Partner, Organization, and Community Activities

Partners, organizations, and communities are also working to advance the five strategic goals of the *Call to Action*. Even before its release, many groups across the country were taking actions to support walking. This section describes the state of walkability at the time of the release of the *Call to Action*, as well as some of the new activities that partners are doing to advance its goals.

Partners and Organizations Mobilize to Make Walking a National Priority

To help get more people to start and sustain walking, the *Call to Action* recognizes benefits from increased collaboration within and across sectors such as transportation, planning, and public health (Goal 1).⁵ Partner engagement and mobilization at national, state, tribal, territorial, and local levels can help forge a national walking movement.

The 2016 *National Physical Activity Plan*³⁰ is an example of a collaboration across nine sectors that promote walking and walkable communities. These sectors are Business and Industry; Community Recreation, Fitness, and Parks; Education; Faith-Based Settings; Healthcare; Mass Media; Public Health; Sport; and Transportation, Land Use, and Community Design.

The 2016 plan builds on the first *National Physical Activity Plan*, which was released in 2010. Both plans provide a comprehensive set of policies, programs, and initiatives designed to increase physical activity in all segments of the US population.

The Every Body Walk! Collaborative (EBWC) is a partnership of national, state, and local organizations; federal agencies; businesses; and professional associations committed to developing and implementing approaches to improve walking and create more walkable places.³¹ One initiative that EBWC piloted soon after the *Call to Action* release was a microgrants program designed to fund 10 to 15 community groups with up to \$2,500 for activities to increase local walking programs and stimulate community demand for infrastructure improvements that provide accessible, safe, and walkable places for the entire community.³² The EBWC reported that it received 474 applicants from across the country, demonstrating the high level of interest in promoting walking and walkable communities.

Another effort to promote initiatives outlined in the *Call to Action* is being led by the ACSM, which has secured pledges from organizations and individuals to support and promote the *Call to Action*.³³ Participants are encouraged to promote physical activity, specifically walking, as a public health intervention. ACSM reports that, since September 2015, a total of 139 organizations and 423 individuals have signed the pledge.

In conjunction with the release of the *Call to Action*, the National Center on Health, Physical Activity and Disability helped organize an initiative to rebrand walking, called How I Walk.³⁴ This initiative frames walking as an activity that is inclusive of people with disabilities, including those who use a wheelchair, as a way to show that walking can be accessible to everyone.

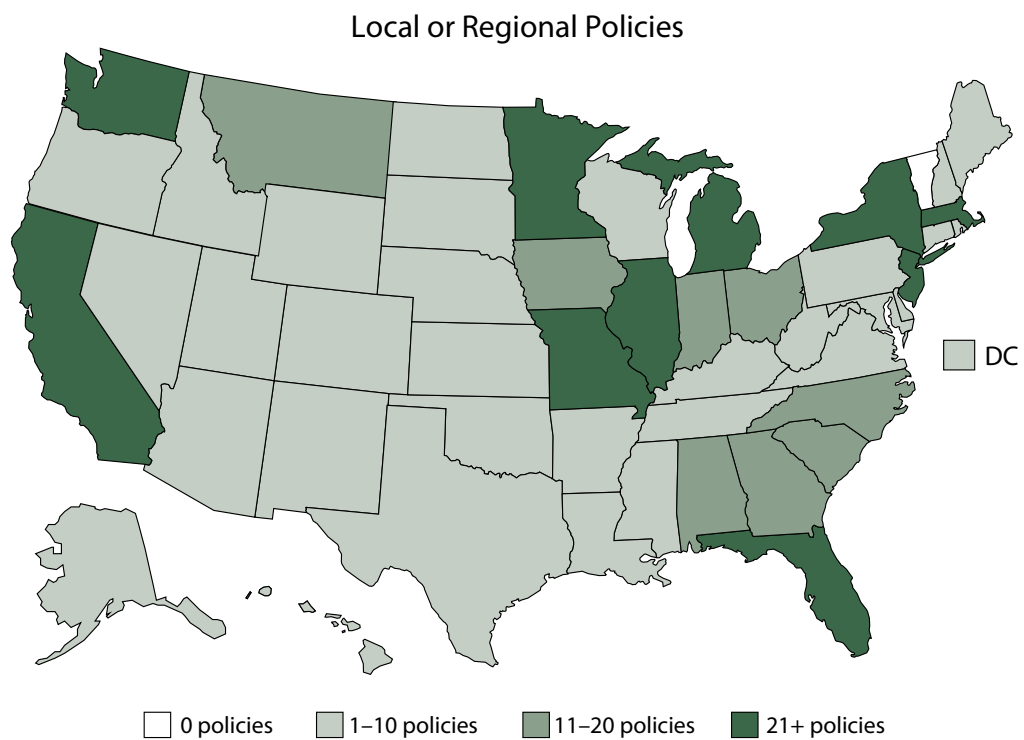
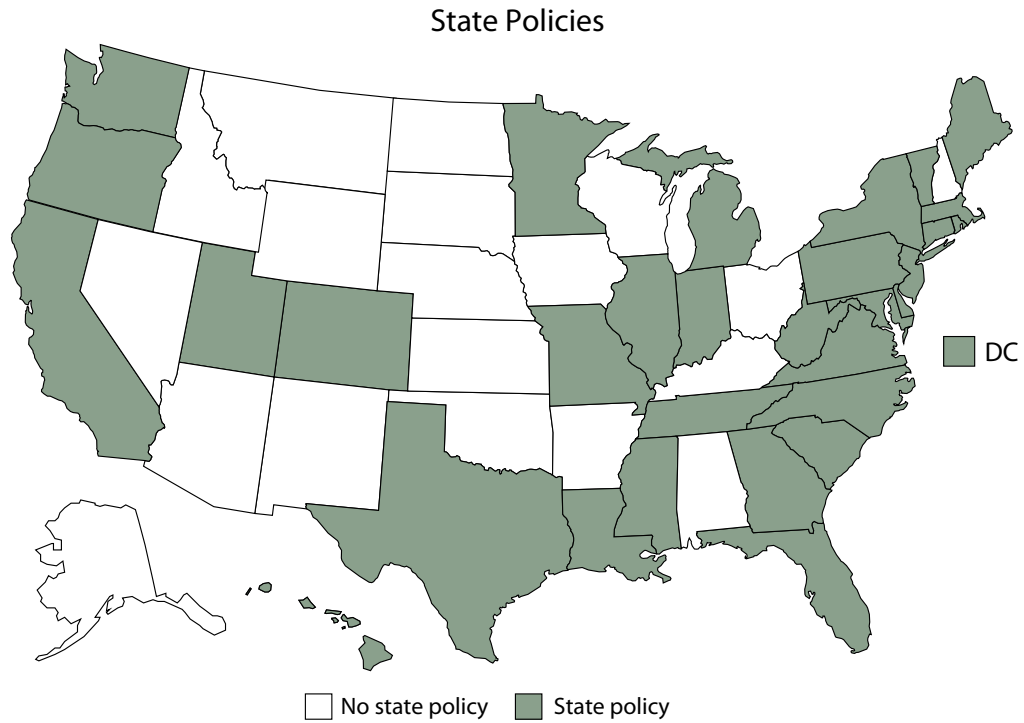


Communities Work to Make Walking Safe and Easy for People of All Ages and Abilities

Designing communities to encourage pedestrian activity makes communities safer and easier for all users.⁵ The *Call to Action* recommends community and street design features and supportive policies to increase walking, as well as wheeling for people with mobility limitations (Goal 2).⁵

Complete Streets policies and pedestrian master plans are examples of community and street design policies that can help create more walkable communities. Complete Streets policies support the routine design of streets to make them safe for all pedestrians regardless of age or ability and to allow them to accommodate all modes of transport.³⁵ As of December 2015, a total of 31 states and the District of Columbia have adopted Complete Streets policies, and 851 policies have been adopted at local and regional (within a state) levels (Figure 2).³⁶

Figure 2. Number of Complete Streets Policies, by State, 2015



Notes: The District of Columbia and the following 31 states have state policies: California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Mississippi, North Carolina, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont, Washington, and West Virginia. Regional policies are within state boundaries and include policies adopted by metropolitan planning organizations and counties. Details about specific policies are available at Smart Growth America's Complete Streets Policies Nationwide website.³⁶

State and local governments can develop policy documents called master plans to establish a vision, goals, and strategies for future development and growth.³⁷ Master plans can also be used as a tool to advance health by incorporating policies and strategies designed to enhance walking and walkability in communities. During 2013–2014, a total of 26 states had either a combined bicycle and pedestrian master plan or two stand-alone plans (see Table 6, page 16).³⁸

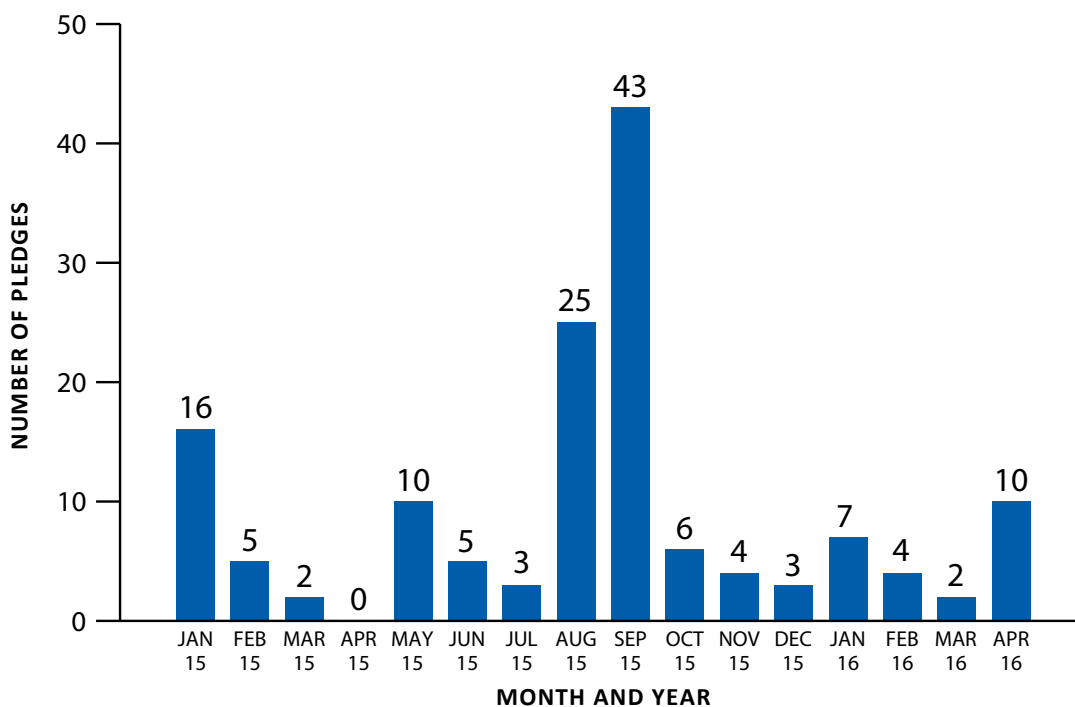
Programs and Policies Support Walking Where People Live, Learn, Work, and Play

Walking is easiest when it is built into everyday activities and locations where people spend their time, such as schools, worksites, and communities.⁵ The *Call to Action* acknowledges the importance of promoting programs and policies to support walking where people live, learn, work, and play (Goal 3).⁵ Schools can provide opportunities to be physically active before, during, and after school (Goal 3, Strategy 3A). Implementation of Safe Routes to School or similar walk-to-school programs

can encourage walking among young people.³⁹ Of the 41 states that reported data during 2011–2012, the average percentage of schools participating in Safe Routes to School programs was 17.1%, ranging from 1% in Arkansas and South Dakota to 60% in Maine (see Table 6, page 16).⁴⁰

Employers can implement worksite health promotion programs that improve the health of their employees (Goal 3, Strategy 3B).⁵ Chief executive officers (CEOs) of businesses can play a key role in promoting programs and policies in and around worksites that make it possible for employees to walk and be active. The CEO PledgeSM for Physical Activity, led by the National Coalition for Promoting Physical Activity, is a national campaign aimed at encouraging CEOs to recognize physical activity as an important driver of employee health and business performance.⁴¹ Since this initiative began in 2012, a total of 424 CEOs have signed the pledge (Figure 3). The largest number of pledges (43) occurred during the month the *Call to Action* was released.

Figure 3. Number of CEO Pledges for Physical Activity, by Month, January 2015 to April 2016



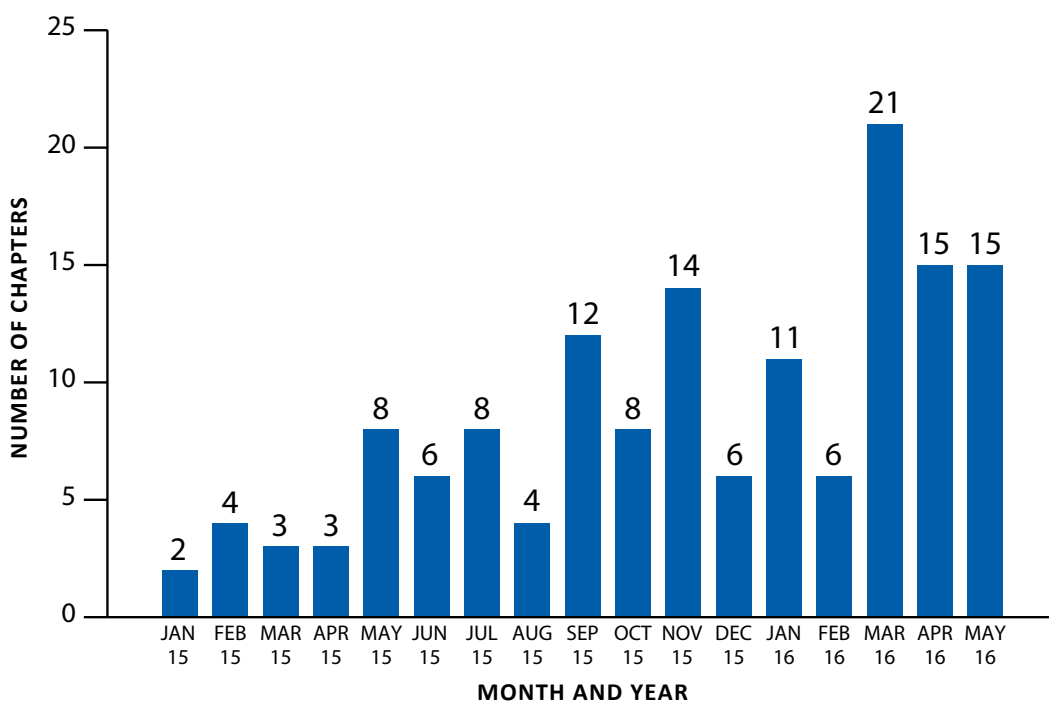
Source: National Coalition for Promoting Physical Activity.⁴¹

Professionals working in a variety of other community locations and organizations can also play a role in promoting and supporting walking and walkable communities (Goal 3, Strategy 3C).⁵ For example, Walk with a Doc is a community program where a doctor leads a walking program among residents in a selected community.⁴² Since the program began in 2005, a total of 236 chapters have been formed. Of the 146 chapters formed since the beginning

of 2015, a higher number (108) and percentage (74%) were formed after the *Call to Action* was released (Figure 4).

Open Streets initiatives can also promote walking, biking, dancing, playing, and socializing in communities by temporarily closing streets to automobile traffic.⁴³ During 2013–2014, among the 50 most populated US cities, 30 had Open Streets initiatives.³⁸

Figure 4. Number of Walk with a Doc Chapters Formed, by Month, January 2015 to May 2016



Source: Walk with a Doc program.⁴²

Professionals Encourage Walking

Easy-to-understand and relevant information about how walking can provide substantial health benefits can motivate people to walk.⁵ Education about the importance and benefits of physical activity and walking can be shared by different messengers (Goal 4, Strategy 4A).⁵ For example, public health staff working in state or local governments can support health education and promotional efforts around walking.⁴⁰ Of the 48 states that reported data during 2011–2012, the average number of state employees working

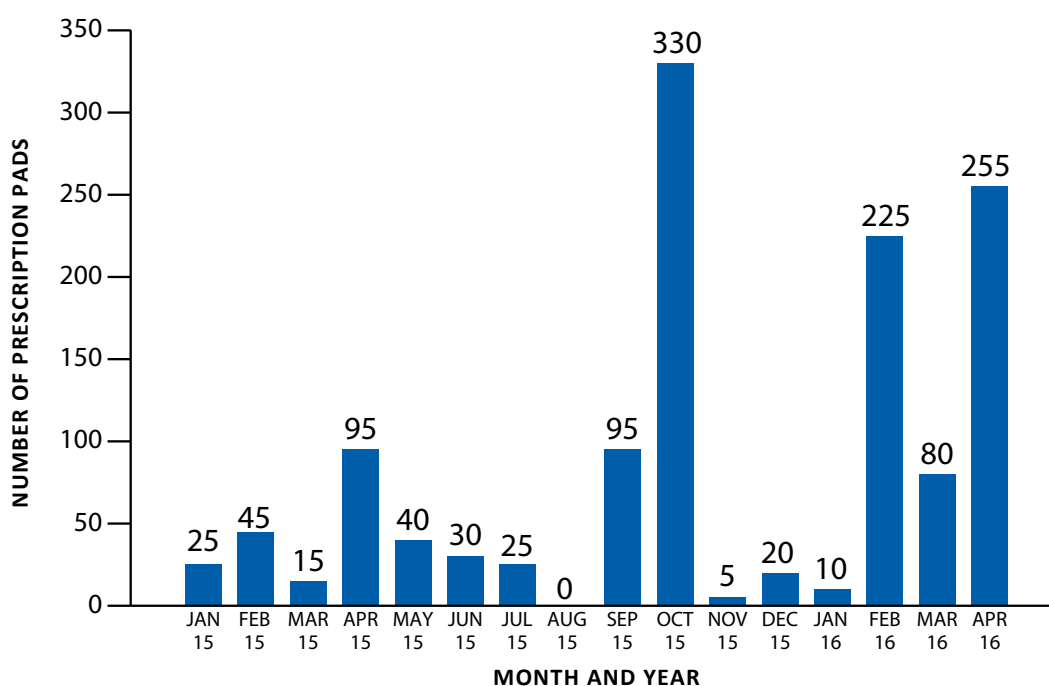
on bike or pedestrian projects was 1.5 and ranged from 0.2 in New York and North Carolina to 19.2 in Vermont (see Table 6, page 16).⁴⁰

In addition, during patient care visits, health care professionals can educate their patients about the importance and benefits of physical activity, assess their physical activity levels, and provide prescriptions and referrals for physical activity. To support these efforts, ACSM’s Every Body Walk! 30 Minutes to Better Health

initiative includes a program that promotes “prescriptions” for walking.⁴⁴ ACSM distributes free walking prescription pads to health care and fitness professionals across the country upon request. Since these prescription pads became available in October 2014, a total of 3,249 have been distributed through the ACSM website (1,305) and at ACSM meetings and partner events (1,944), with a potential

reach of 162,450 prescriptions. On the website, requests peaked in October 2015, February 2016, and April 2016, with the majority of the requests coming from health care and fitness professionals (Figure 5). Although ACSM cannot confirm how many prescriptions have been written, the demand for the prescription pads indicates a high level of interest in walking among health professionals.

Figure 5. Number of American College of Sports Medicine Walking Prescription Pads Requested, by Month, January 2015 to April 2016



Source: American College of Sports Medicine.⁴⁴

Surveillance, Research, and Evaluation Gaps Are Being Filled

To increase walking and support walkable communities, the *Call to Action* notes that decision makers need information to help them plan, implement, and evaluate interventions on walking (Goal 5).⁵ Data can help decision makers learn more about the people who walk—such as who is walking, where they are walking, and why they are walking. An example is counts of pedestrians who commute to

work and other locations. During 2011–2012, a total of 30 states reported that they were counting pedestrian commuting (see Table 6, page 16).⁴⁰ In 2014, CDC and ACSM convened a scientific roundtable to consider the future of physical activity surveillance in the United States. The group identified key challenges in the surveillance of physical activity; provided strategic priorities to advance surveillance of

physical activity behavior, human movement, and community support; and highlighted what researchers and practitioners can do to address these priorities.⁴⁵ Several other gaps identified in the *Call to Action* focused on the need for additional tools for collecting, accessing, and using data. Tools recently released or updated include the following:

- CDC's Division of Nutrition, Physical Activity, and Obesity's Data, Trends and Maps online tool (updated in 2015) allows users to search for and view national and state indicators

related to physical activity behavior and environmental or policy supports.⁴⁶

- A Transportation and Health Tool gives transportation decision makers, health officials, and the public easy access to data to understand the health impact of an existing transportation system or a proposed transportation project. This tool was released in late 2015 and was jointly developed by CDC and DOT in partnership with the American Public Health Association.⁴⁷

Table 6. Selected Policy and Environmental Indicators for Goals 2 to 5 of the *Call to Action*, by State

State	Policy and Environmental Indicators and Call to Action Goals ^a			
	Goal 2: Design Communities that Make It Safe and Easy to Walk <i>Indicator: State has combined bicycle and pedestrian master plan or two stand-alone plans^b</i>	Goal 3: Promote Programs and Policies to Support Walking <i>Indicator: Percentage of schools in state participating in Safe Routes to School^c</i>	Goal 4: Provide Information to Encourage Walking and Walkability <i>Indicator: Average no. of state staff working on bike or pedestrian projects per 1 million residents^c</i>	Goal 5: Fill Surveillance, Research, and Evaluation Gaps <i>Indicator: State counts the no. of pedestrians who are commuting^{c,d}</i>
United States	26 ^e	17.1%	1.5	30 ^e
Alabama	Yes	-- ^f	2.1	No
Alaska	Yes	-- ^f	5.5	No
Arizona	Yes	21.0%	1.5	No
Arkansas	Yes	1.0%	1.7	No
California	No	12.0%	-- ^f	Yes
Colorado	Yes	39.7%	2	Yes
Connecticut	Yes	7.0%	2.5	No
Delaware	Yes	20.0%	7.7	Yes
Florida	No	46.0%	0.6	Yes
Georgia	No	21.0%	0.6	Yes
Hawaii	Yes	-- ^f	1.5	Yes
Idaho	No	40.0%	1.9	Yes
Illinois	No	10.7%	0.4	No
Indiana	No	22.0%	0.4	Yes
Iowa	No	10.0%	1.6	Yes
Kansas	Yes	13.0%	1.4	No
Kentucky	Yes	-- ^f	0.7	No
Louisiana	Yes	2.4%	1.1	No
Maine	No	60.0%	5.3	No
Maryland	Yes	3.0%	4.8	Yes

Table 6, continued

State	Policy and Environmental Indicators and Call to Action Goals ^a			
	Goal 2: Design Communities that Make It Safe and Easy to Walk <i>Indicator: State has combined bicycle and pedestrian master plan or two stand-alone plans^b</i>	Goal 3: Promote Programs and Policies to Support Walking <i>Indicator: Percentage of schools in state participating in Safe Routes to School^c</i>	Goal 4: Provide Information to Encourage Walking and Walkability <i>Indicator: Average no. of state staff working on bike or pedestrian projects per 1 million residents^c</i>	Goal 5: Fill Surveillance, Research, and Evaluation Gaps <i>Indicator: State counts the no. of pedestrians who are commuting^{c,d}</i>
Massachusetts	Yes	40.0%	2.6	Yes
Michigan	No	14.3%	3.6	No
Minnesota	No	34.0%	2.9	Yes
Mississippi	No	14.0%	2.4	No
Missouri	No	9.5%	1.3	Yes
Montana	No	-- ^f	2	No
Nebraska	No	7.0%	0.8	No
Nevada	No	10.0%	2.2	No
New Hampshire	Yes	43.0%	2.3	No
New Jersey	Yes	13.0%	-- ^g	Yes
New Mexico	No	-- ^f	1	No
New York	Yes	5.0%	0.2	Yes
North Carolina	Yes	-- ^f	0.2	Yes
North Dakota	No	5.0%	4.4	No
Ohio	Yes	18.0%	0.4	Yes
Oklahoma	No	5.0%	1.4	No
Oregon	Yes	12.0%	3.5	Yes
Pennsylvania	Yes	3.0%	0.7	Yes
Rhode Island	No	15.0%	2.9	Yes
South Carolina	No	25.0%	1.1	Yes
South Dakota	No	1.0%	1.2	Yes
Tennessee	Yes	-- ^f	0.8	Yes
Texas	No	-- ^f	1	Yes
Utah	No	12.0%	3.6	Yes
Vermont	Yes	21.0%	19.2	Yes
Virginia	Yes	13.8%	0.9	Yes
Washington	Yes	8.0%	2.2	Yes
West Virginia	No	9.5%	0.8	Yes
Wisconsin	Yes	16.0%	2.8	Yes
Wyoming	Yes	20.0%	3.5	No

^a Policy and environmental indicators are based on benchmarks in *Bicycling and Walking in the United States: 2016 Benchmarking Report* and *Bicycling and Walking in the United States: 2014 Benchmarking Report*. Goal 1 of the *Call to Action* did not align with any of the benchmarks in these reports and is not included.

^b Source: Alliance for Biking and Walking, *Bicycling and Walking in the United States: 2016 Benchmarking Report*.³⁸

^c Source: Alliance for Biking and Walking, *Bicycling and Walking in the United States: 2014 Benchmarking Report*.⁴⁰

^d Pedestrians may be counted through cordon counts, commute counts, or a pedestrian survey.

^e Number of states that met this indicator.

^f Data unavailable or not reported.

^g Data not verified.

Success Stories: How States, Communities, and Organizations Are Stepping It Up!

States and communities have taken action to increase walking as a result of the *Call to Action*. This section highlights examples of these successful actions. The variety of

settings—states, counties, small cities, and nonprofit organizations—show the current broad reach and potential future impact of the *Call to Action*.

Delaware Campaign Works to Increase Healthy Behaviors



The Motivate the First State campaign was created to inspire Delaware residents to be more physically active and healthy, mainly through walking and biking. The campaign is supported by a public-private partnership of local businesses, academia, health care,

foundations, and faith-based organizations. This partnership was created by the Delaware Council on Health Promotion and Disease Prevention and the Delaware Division of Public Health.

The pilot launch of the campaign recruited about 2,700 people statewide to log healthy activities such as being more physically active, eating more fruits and vegetables, brushing their teeth regularly, drinking more water, and getting enough sleep. Participants logged a total of nearly 100,000 healthy actions, including

3.8 million minutes of physical activity, from July 1 to December 31, 2015. The Motivate the First State campaign rewards healthy behaviors among Delaware residents by giving modest financial support to community-based physical activity organizations. Participants' physical activity or other healthy behaviors earn points that can be leveraged to fund three nonprofit organizations in the state—YMCA of Delaware, Boys & Girls Club of Delaware, and Special Olympics Delaware. These organizations use the funds for health promotion efforts. In just a few months, nearly \$40,000 was raised by campaign participants. The *Call to Action* was an important catalyst to the launch and success of this effort.

For more information, visit the [Motivate the First State campaign website](#).

Source: Delaware Department of Public Health.



Nebraska Plan Improves Health by Increasing Walking and Biking

In October 2015 in Sidney, Nebraska, more than 25 participants representing community and health



care organizations, city planning and development, and businesses joined together to create a community-driven plan to

increase walking and biking as a way to improve overall health in Sidney. The city later formalized the group as the Sidney Active Living Advisory Committee. The committee is helping ensure that the city's pedestrian and bike planning process includes representation from walking and biking advocates.

Building on the momentum of the *Call to Action*, the committee created a revised trail map and new signs to help people who walk and bike better understand and use the trail network in Sidney. It looked for new ways to promote walking and biking through existing community events, such as local health fairs and National Walk at Lunch Day. The committee also hosted a statewide Complete Streets training for local residents and committee members in June 2016 to teach the concepts and values of the Complete Streets approach, as well as how to talk about its policy benefits with a variety of constituents.

The *Call to Action* has created a platform to show how Sidney is positioning itself to be at the forefront of community-driven planning to increase walking and biking to improve overall health.

“Using the community-driven process to create our action plans has positioned us for success that engages a variety of community leaders and stakeholders. Thanks to the Surgeon General’s Call to Action, we are able to help position Sidney to lead the way in helping our country increase the number of people walking.”

***—Jessica Davies,
Assistant Health Director of the
Panhandle Public Health District,
Nebraska***

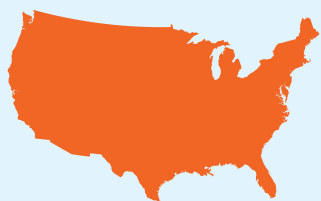
“This is just the beginning of our work, as our next focus is looking at changing policies,” said Jessica Davies, assistant health director of Nebraska’s Panhandle Public Health District and the primary lead for the state’s action plan.

For more information, visit the [Panhandle Public Health District website](#).

Source: Nebraska Department of Health and Human Services, Division of Public Health.



National Walk with a Doc Program Gets People Moving



Dr. David Sabgir was working as a cardiologist in Columbus, Ohio, when he became frustrated with his inability to help his

patients make healthy behavior changes. As a possible solution, in 2005, he invited hundreds of his patients to go for a walk with him in a local park on a Saturday morning in the spring. To his surprise, more than 100 people showed up. Since then, Dr. Sabgir has led members of his community on a weekly walk for 1 hour every Saturday morning and has built a national public health movement.

Since the first event in 2005, Walk with a Doc has grown as a grassroots effort, with a model based on sustainability and simplicity.

In 2014, the program began the year with 112 chapters across the country. What the program had not predicted was the visibility it would receive when the *Call to Action* was released in September 2015. Before the release, the program had averaged 4.75 new chapters a month, for a total of 38 from January to August 2015. After the release of the *Call to Action*, the average number of new chapters increased to 12 a month, for a total of 108 from September 2015 to May 2016. In a survey conducted by the Walk with a Doc program in 2015, 92.4% of participants said they were more educated since starting Walk with a Doc, and 79.4% were getting more exercise.

For more information, visit the [Walk with a Doc website](#).

Source: Walk with a Doc.

Michigan Uses Group Walks to Motivate Residents in Ottawa County



In response to the release of the *Call to Action*, Michigan's Ottawa County Department of Public Health and Ottawa County Parks and Recreation partnered to host a free walking challenge that encourages residents to get outside and get moving. The inaugural 8-week Step It Up! Walking Challenge took place from April to June 2016. The second challenge took

place in fall 2016. It included free, weekly group walks led by a naturalist with Ottawa County Parks and Recreation, who answered questions and helped participants discover new trails.

For parks in the Ottawa County area, fitness leaders from the Tri-Cities YMCA helped lead the walks. In addition to the social support provided by the group walks, participants received a weekly newsletter that detailed their goals and progress. The newsletter also had information about each week's walking route, healthy recipes, and tips for

a healthy lifestyle. From April to June 2016, a total of 854 people, including 239 from local senior centers, participated in Ottawa County's Step It Up! Walking Challenge. As a group, participants walked 106,610 miles. The 239 seniors logged a combined 179,115 minutes of physical activity.

Ottawa County, which has a population of just over 250,000 people, has been ranked Michigan's healthiest county. Through the collaborative efforts of the Ottawa County Department of Public Health, Ottawa County Parks and Recreation, park naturalists, and fitness leaders from the Tri-Cities YMCA, the Step It Up! Walking Challenge is helping to increase walking in Ottawa County.

For more information, visit the [Ottawa County Parks and Recreation website](#).

Source: Ottawa County Department of Public Health.

Ohio Promotes Walking Through an Active Transportation Plan

The Action Institute to Increase Walking and Walkability was established in early 2015 in anticipation of the release of the *Call to Action* in September 2015. The institute helped participating states, including Ohio, develop action plans for walking and walkability in their state and local health departments.



After attending the institute, the state developed an Active Transportation Plan, which includes information about the efforts of the Ohio Department of Health (ODH) and Ohio Department of Transportation (ODOT) to focus on elevating active transportation—including walking, biking, and taking public transit—throughout the state. ODOT also created a new active transportation “emphasis area” for the state’s Strategic Highway Safety Plan, which aims to improve the safety of and participation

in active transportation. In April 2016, ODH and ODOT finalized the Active Transportation Plan and created an active transportation team with more than 40 partners to implement the work outlined in the plan.

To make active transportation a fundamental expectation in every community, Ohio will host a state-level Active Transportation Action Institute to bring together cross-sector teams from local jurisdictions. The institute’s training will allow local teams to align with state opportunities in education, infrastructure, policy, and data collection and receive technical expertise on how to support active transportation in their jurisdiction.

For more information, see Ohio’s [Active Transportation Plan](#).

Source: Ohio Department of Health.

University of North Carolina Arthritis Programs Promote Walking

Since 2014, the Osteoarthritis Action Alliance (OAAA) and the Thurston Arthritis Research Center (TARC) at the University of North Carolina at Chapel Hill have worked together to encourage walking among people with arthritis, faculty researchers and doctors, staff, students, and alumni, as well as all of their followers on social media. The *Call to Action* brought additional excitement and validation to several of the group’s efforts, both new and ongoing.

Examples of these efforts include the OAAA Lunch and Learn webinar series, which included presentations on walking, with topics such as how to track personal physical activity and the benefits of mall walking programs. The national Walk with a Doc program was also highlighted



during one presentation. Dr. Amanda Nelson, a local rheumatologist, launched a chapter of the program in October 2015. The chapter was sponsored jointly by OAAA and TARC. Although the walks were open to anyone in the community, people with arthritis were specifically encouraged to join.

OAAA is also conducting a survey among adults with arthritis and local health professionals to find out what environmental features they think would make a particular environment or location “walkable” for people with arthritis.

For more information, visit the [Osteoarthritis Action Alliance website](#).

Source: Osteoarthritis Action Alliance.

Conclusion

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities was released on September 9, 2015, with the goal of increasing walking among people across the United States. It calls for improved access to safe and convenient places to walk and wheelchair roll and for a culture that supports these activities for people of all ages and abilities.⁵

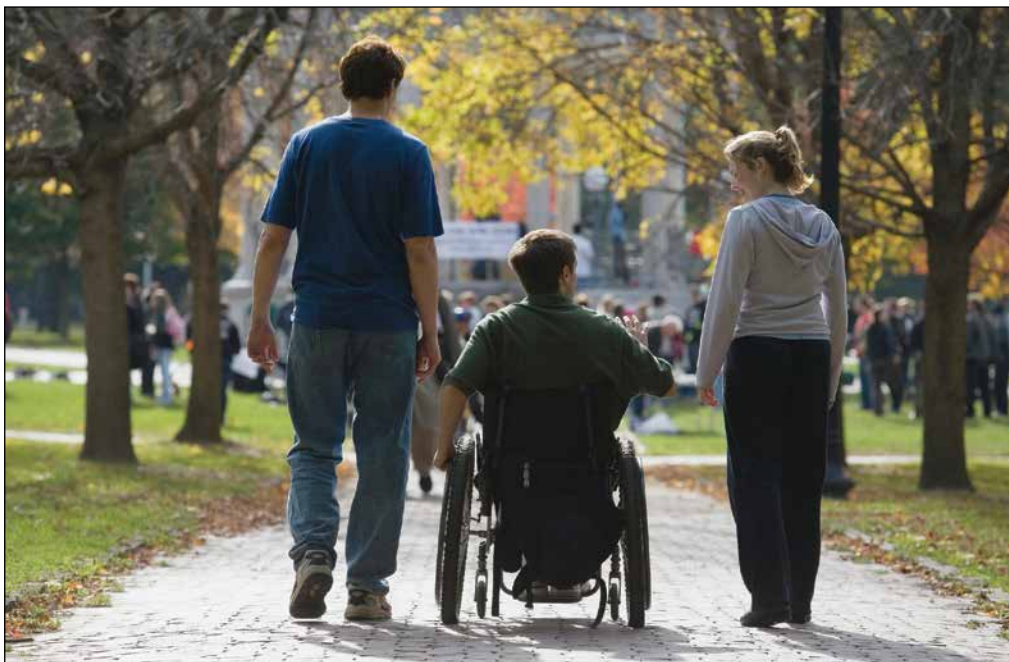
This status report highlights the state of walking and walkability at the time of the release and how groups across the United States have advanced the goals of the report since that time. Information collected since the release shows increases in activity in the months immediately after the release. Although interest has continued, it has decreased over time. Maintaining visibility for the *Call to Action* through presentations, products, publications, and trainings will help sustain interest in and use of the *Call to Action*.

This report does not capture all of the activities currently happening across the United States. However, the findings that are highlighted are encouraging and positive. Partners and programs across the country have initiated new

activities, amplified their walking or walkability initiatives, or received more visibility for their activities. More engagement is needed to increase the reach, breadth, and impact of these efforts.

Several metrics in this report, including those for walking and physical activity behaviors, represent data collected before the release of the *Call to Action* because they are the most recent data available. Continued monitoring of these and other indicators in this report can be used to track progress toward meeting the goals of the *Call to Action* and increasing walking and physical activity over time. By updating this report periodically, successes can be celebrated and learned from, areas that need improvement can be recognized, and opportunities to work with partners across society can be identified.

The *Call to Action* provided a clear road map for partners across all sectors to improve walking and walkability for all Americans. This report demonstrates that groups are stepping up and taking action to promote walking and walkable communities.





Walking and Walkability Resources

American College of Sports Medicine

[*Starting a Walking Program*](#)

The American College of Sports Medicine is dedicated to advancing and integrating scientific research to provide educational and practical applications of exercise science and sports medicine. In response to the *Call to Action*, it developed a document with information on how to start a walking program.

American Council of Exercise

[*Walk This Way! A Guide for Developing Community and Individual Walking Programs*](#)

[*Walk the Talk! A Fitness Professional's Guide to Developing Walking Programs*](#)

In response to the *Call to Action*, the American Council of Exercise developed and released two documents with the goal of helping individuals and communities develop walking programs to encourage and support people to walk more and create walkable environments. One guide is for individuals and community organizations (e.g., faith-based groups, schools, employers) and the other is for fitness professionals.

American Heart Association

[*Walking: Take the First Step! website*](#)

The American Heart Association is committed to building healthier lives, free of cardiovascular diseases and stroke. It offers several walking resources for people wanting to live a healthier life on its website.

America Walks

[*America Walks*](#) is a national resource that fosters walkable communities by engaging, educating, and connecting walking advocates.

Every Body Walk! Collaborative

The [*Every Body Walk! Collaborative*](#) is a partnership of national, state, and local organizations; federal agencies; businesses; and professional associations committed to developing and implementing collective approaches that can return walking to a valued cultural norm for all Americans. It strives to create environments where more people are walking in more walkable places.

Go4Life

[*Go4Life*](#) is an exercise and physical activity campaign for older adults led by the National Institute on Aging at the National Institutes of Health. It is designed to help older adults fit exercise and physical activity, including aerobic or endurance activities like walking, into their daily lives and increase their strength, balance, and flexibility.

Mall Walking: A Program Resource Guide

[*This guide*](#) is designed to promote mall walking programs as a safe and comfortable opportunity that is free or low cost for people of all ages to walk. These programs are especially popular among mid-life and older adults.

National Physical Activity Plan

The [*2016 plan*](#) builds on the 2010 *National Physical Activity Plan*. It is a comprehensive set of policies, programs, and initiatives designed to increase physical activity in all segments of the US population. The plan focuses on nine sectors: Business and Industry; Community Recreation, Fitness, and Parks; Education; Faith-Based Settings; Healthcare; Mass Media; Public Health; Sport; and Transportation, Land Use, and Community Design.

Promoting Airport Walking: A Guide

[This guide](#) was developed as part of CDC's Walk to Fly project, which uses point-of-decision signs to encourage airport travelers to make active choices, such as walking instead of riding trains or using stairs instead of riding escalators or elevators. The recommendations in this guide may also be applicable to efforts in community settings to use signs and other wayfinding information to encourage walking.

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities

This publication can be downloaded from the Office of the Surgeon General [Call to Action website](#) and the CDC [Call to Action website](#). The goal of the *Call to Action* is to increase walking by encouraging partners across all sectors of society to work together to increase

access to safe and convenient places to walk and wheelchair roll and to create a culture that supports walking for all Americans. The websites also have related resources, including an executive summary, partner slides, consumer videos, and one-page fact sheets.

Walk With Ease Program

The [Walk With Ease program](#) is a walking program for people with arthritis that is led by a certified instructor. It includes 1-hour classes that meet 3 times a week for 6 weeks. In studies by the Thurston Arthritis Research Center and the Institute on Aging of the University of North Carolina, the program was shown to reduce pain, increase balance and strength, and improve overall health. A starter kit includes a guidebook, workbook, pedometer, shoe wallet, bookmark, and reflective armband or wristband.




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For more detailed information and resources on how to promote walking and walkable communities, visit www.cdc.gov/physicalactivity/walking