

## Local Adaptation of the National Physical Activity Plan: Creation of the *Active Living Plan* for a Healthier San Antonio

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**Background:** Physical inactivity and related health consequences are serious public health threats. Effective strategies to facilitate and support active-living opportunities must be implemented at national, state, and local levels. San Antonio, Texas, health department officials launched the Active Living Council of San Antonio (ALCSA) to engage the community in developing a 3- to 5-year plan to promote active living. **Methods:** A steering committee set preliminary ALCSA aims and established a multisector membership structure modeled after the US National Physical Activity Plan (NPAP). ALCSA adopted governance standards, increased knowledge of physical activity and health, and engaged in an 18-month collaborative master plan writing process. **Results:** ALCSA selected overarching strategies and evidence-based strategies for each societal sector and adapted strategies to the local context, including tactics, measures of success, and timelines. Community and expert engagement led to a localized plan reflecting national recommendations, the *Active Living Plan for a Healthier San Antonio*. **Conclusion:** Multisector collaborations among governmental agencies and community organizations, which were successfully developed in this case to produce the first-ever local adaptation of the NPAP, require clearly defined expectations. Lessons learned in ALCSA's organizational and plan development can serve as a model for future community-driven efforts to increase active living.

**Keywords:** guidelines and recommendations, health promotion, public health practice

The beneficial connection between physical activity (PA) and health is well established for both children and adults.<sup>1-3</sup> However, most Americans do not meet daily PA recommendations, and national surveys indicate the trend is not improving.<sup>4</sup> Less than 20% of high school youth meet PA guidelines.<sup>5</sup> Only 1 in 4 adults meets the recommended levels of PA and 1 in 4 do not engage in any PA.<sup>4,6</sup> Consistent with national trends, surveys indicate most youth and adults in San Antonio, Texas, do not engage in sufficient PA.<sup>7</sup>

Obesity and physical inactivity are critical public health threats. Associated health consequences and the economic burden increase health care costs and reduce productive years due to disability and illness.<sup>8-10</sup> Obesity increased dramatically across the population in a single generation.<sup>11</sup> Given that an inactive lifestyle is a key contributing factor to obesity, increasing PA has been identified as a high-priority national issue essential to improving the health of Americans at every age.<sup>12</sup> An urgent need exists to identify and implement effective strategies to facilitate and support opportunities for active

living. While strategies are being developed and implemented at the national level, communities must adopt PA-promoting strategies appropriate to the local population. This paper describes 1 community's PA-promoting efforts through the creation of the Active Living Council of San Antonio (ALCSA) and its adaptation of the US National Physical Activity Plan (NPAP)<sup>13</sup> to develop the *Active Living Plan for a Healthier San Antonio*. This 3- to 5-year master plan, a roadmap for transforming the San Antonio area into an active living community, represents the first local adaptation of the NPAP.

### Methods

#### Creation of the Active Living Council of San Antonio

The US Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) awarded Communities Putting Prevention to Work (CPPW) grants to 44 communities throughout the United States to support community-based chronic disease prevention projects. San Antonio's local health department (LHD), the City of San Antonio's Metropolitan Health District, received \$15.6 million to reduce and prevent obesity in children and adults by conducting activities in area school and community settings in partnership with

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local businesses and organizations, school districts, and other city departments. This 2-year (2010–2012) collaborative effort aimed to increase PA and improve nutrition among residents by implementing evidence-based policy, environmental, and systems changes (Appendix 1).

San Antonio's CPPW grant called for creating an active living council and a related objective: "Through the use of a sustainable Active Living Council, create a 3- to 5-year Active Living 'Master Plan' by February 2012 that includes 2 policy recommendations based on a comprehensive assessment of physical inactivity and available resources in the community."<sup>11</sup> LHD created an ALCSA Steering Committee (SC) composed of LHD staff and 4 community organization representatives. The SC was charged with setting preliminary ALCSA goals (Appendix 2) and establishing an ALCSA membership structure, requirements, and application process.

During 4 SC meetings, members increased knowledge about active living and awareness of local, state, and national PA-promoting initiatives. The SC reached early consensus on 2 principles: (1) ALCSA members will represent a variety of societal sectors and (2) ALCSA activities must reflect current scientific evidence and nationally recognized guidelines. The SC drew additional guidance from the recently published NPAP, which emerged as a key resource.

The SC defined "active living" as a way of life that integrates PA into daily routines, such as biking to work and walking to the grocery store. After brainstorming about the ALCSA organizational structure, the SC adopted the NPAP's sectors as ALCSA membership categories. The SC created 2 additional categories, "Community" and "Other," to ensure broad community representation (Appendix 3). The 20-member ALCSA includes 2 volunteer members from each category appointed to 2-year terms.<sup>11</sup>

The SC developed the ALCSA membership application with the intent of attracting members who demonstrate passion, knowledge, and vision to promote active living, as well as a commitment to working collaboratively in a participatory process (Appendices 4 and 5). The SC and LHD staff disseminated membership applications through multiple channels, including press releases, the local Mayor's Fitness Council (MFC), and professional and community organizations. The SC reviewed applications, assigned a numeric rating to each application question, and selected the 2 applicants from each membership category with the highest aggregate scores. The SC recruited and selected members based on sector knowledge and experience rather than a specific organization for which they worked. At the direction of the SC, the LHD hired an outside consultant to facilitate the ALCSA launch and lead its initial activities. Following member selection, the SC drafted a confirmation letter sent by the LHD director, reiterating the purpose and importance of ALCSA and inviting members to attend its inaugural meeting. The final SC responsibility was to schedule and set the agenda for the inaugural ALCSA meeting.

The ALCSA's inaugural meeting included welcome remarks from the LHD director, an overview of the CPPW project and the role of the ALCSA, member introductions, and an outline of subsequent steps, including facilitation, council structure and governance, and a timeline to accomplish ALCSA goals. ALCSA members attended a half-day skills-based teambuilding retreat the following month. Led by the consultant, members engaged in ice-breaker and teambuilding activities, gained background information about the PA profile of San Antonio residents, wrote vision and mission statements (Appendix 6), and established a monthly meeting date and time.

### ALCSA Formation Phase

Much capacity-building took place within the council regarding PA and health. Drawing from expertise among members in their respective fields, members learned about important resources to guide decision making toward PA-promoting strategies, including the *2008 PA Guidelines for Americans*<sup>3</sup>; the NPAP<sup>13</sup> and its *Make the Move* implementation guide<sup>14</sup>; the *Guide to Community Preventive Services*<sup>15</sup>; the 2011 *National Prevention Strategy: America's Plan for Better Health and Wellness*<sup>16</sup>; the draft of Texas's physical activity plan, *Active Texas 2020*<sup>17</sup>; the *Franklin County Physical Activity Plan*<sup>18</sup>; the Austin, Texas, Mayor's Fitness Council<sup>19</sup>; and the Robert Wood Johnson Foundation.<sup>20</sup>

ALCSA members engaged in a variety of education and networking opportunities to position themselves as well-informed advocates for local initiatives promoting active living. National activities included teleconferences and Webinars, such as the *National and State Policy Strategies to Increase Physical Activity* teleconference hosted by the National Society for Physical Activity and Public Health Practitioners.<sup>21</sup> Members also attended local events, such as a health policy development workshop presented by ChangeLab Solutions (formerly Public Health Law & Policy) to members of San Antonio's CPPW-funded coalitions (ie, ALCSA, Food Policy Council, and the Mayor's Fitness Council). The workshop educated participants about components of strong obesity prevention policies and prepared participants to launch policy development efforts for San Antonio. Recognizing the value of aligning with and supporting local initiatives, ALCSA members routinely conduct outreach to local coalitions and organizations<sup>11</sup> to identify potential synergies across sectors.

Development of ALCSA operations occurred in multiple stages (Appendix 1). Following the team building retreat, LHD staff and the consultant developed meeting agendas and directed ALCSA tasks contributing to operations development and capacity building. ALCSA created a membership committee to oversee ongoing membership selection. It also created a governance committee to outline a governance framework, define the role of officers, and establish rules of order for meetings. ALCSA members elected a chair, vice-chair, and secretary, which represented an important step to the transfer

of leadership, ownership, and direction of ALCSA from the consultant to council members. Robert's Rules of Order were adopted to conduct fair and orderly meetings.

ALCSA leaders, LHD staff, and consultant held monthly conference calls to establish meeting agendas and plan activities to advance progress toward ALCSA goals. A private website using Google Sites served as an important tool for making large amounts of information accessible to members, including organizational documents (meeting agendas, minutes) and active living resources (links to NPAP and other key reports). ALCSA also adopted bylaws to clearly define the rules by which ALCSA is governed; the bylaws development process included utilization of Community Toolbox templates,<sup>22</sup> consultation with MFC and LHD leaders and/or staff with relevant expertise, and discussions at ALCSA meetings. Once ALCSA adopted policies and practices to guide its operations, it focused on development of grant deliverables.

## Results

### Development of a Master Plan

Development of the master plan was a multistep, collaborative process. Because a thorough search for model plans did not yield relevant local, evidence-based plans focused specifically on PA, ALCSA used the NPAP as the principle resource guide for creating its master plan. The advantages of using the NPAP included its PA focus, multisector approach, and use of evidence-based strategies to advance active living. The ALCSA adopted the general format of the NPAP and began adapting its content to a local context and prioritizing strategies to reflect San Antonio's needs. The ALCSA decided each sector in its plan would include strategies, tactics, measures of success, and timelines. A writing team, a subcommittee of the ALCSA, convened to lead the effort. Given the comprehensiveness of the NPAP and the target period (3–5 years) for the ALCSA master plan, both members of each ALCSA membership category ("sector partners") collaborated to identify 2–3 priority strategies from the NPAP that make a significant local impact in a 3- to 5-year period. Members attended small group writing sessions, offering dedicated time to collaboratively develop each sector's master plan components: priority strategies and corresponding tactics to produce a manageable master plan. Members determined that the plan would articulate priorities, guide allocation of resources, establish measures of success, and create a sense of urgency about the importance of PA to the overall health of the community.

The ALCSA created an online survey to elicit community input on active living priorities, increase awareness of ALCSA activities, incorporate additional local expertise and knowledge into the process, and lay the foundation for gaining future community support for master plan implementation. Members distributed the survey link to individuals and community groups in their respective sectors and incorporated survey feedback. Sector partners identified individuals or groups within the

community to whom they could present a draft plan for additional feedback. The writing team posted plan drafts on the website for review and feedback from members. The ALCSA submitted the final draft of the plan for review by the CPPW Leadership Team, LHD staff, and the MFC Executive Committee. ALCSA also engaged national experts in reviewing the plan, including Alliance for a Healthier Generation, Prevention Research Center in St. Louis, and ChangeLab Solutions. The plan underwent reviews and revisions in pursuit of a final product that reflects national recommendations and fits San Antonio's local context.

The process of developing the plan was collaborative, involving multiple communication channels to share content to obtain and incorporate feedback. The writing team developed the plan's framework and overall content, but it deferred sector-specific content to ALCSA members, giving value to sector partners' ownership of their respective sections in the plan. This consensus-building approach fed into the final stages of plan development, at which point LHD assumed authority over the final plan.

ALCSA received limited guidance from LHD along the course of the project. LHD appointed CPPW staff to participate in ALCSA meetings and report activities to LHD. LHD leadership did not attend ALCSA meetings or otherwise engage with members about ALCSA activities until the final drafts of the master plan were circulated for input. LHD leadership suggested edits to the plan, all of which were acceptable to the writing team with the exception of 1 major point: removal of all instances of the words "advocate" and "advocacy." Given that these terms and associated activities were a central component of the NPAP, ALCSA leaders arranged a meeting between the entire ALCSA and LHD leaders to discuss the inclusion or removal of advocacy terminology from the master plan. At this meeting, LHD leadership expressed the need to present the master plan to the CDC as a deliverable outcome of the CPPW grant, but that use of the words "advocate" or "advocacy" could be associated with the term "lobbying" and might endanger a grant stipulation that federal funds not be used for lobbying activities. If the advocacy terminology remained in the final version of the master plan, the LHD indicated it would have to withdraw support of the plan. Although the ALCSA indicated a desire to retain the terminology and disagreed with LHD's requested change in this community-driven plan, the members also agreed on the greater benefit to the community and others to deliver the plan with LHD support rather than reject the LHD request and see the work of the plan negated. ALCSA reached consensus to accept the requested revisions into the final plan, and end its ties to LHD after release of the plan. ALCSA voted to adopt the final *Active Living Plan for a Healthier San Antonio*<sup>23</sup> (the plan). The plan's overarching strategies and measures of success are included in Appendix 7, but an evaluation plan has not yet been developed. Following submission to the CDC of the master plan and 2 accompanying policy recommendations, LHD provided a letter of formal separation from ALCSA.

This effort required a large commitment of time by volunteers, the apportionment of which depended on role and availability. On average during the 2-year project period, the 3 ALCSA leaders spent a combined 100 hours per month, and the other 17 ALCSA members spent a combined 80 hours per month on ALCSA business; this effort increased by approximately 25% during the 3 most intensive months of plan writing.

## Next Steps

After completing CPPW grant deliverables, ALCSA discussed sustainability beyond the scope of CPPW. This included the continuation of ALCSA and future implementation of the plan. ALCSA voted to continue as a volunteer organization after separating from LHD. Members participated in strategic planning sessions to develop short- and long-term goals to support ALCSA mission and vision and advance plan implementation.

ALCSA developed important relationships throughout the project, promoting its integration in the community and sustainability beyond development of the plan. ALCSA was integrated into local agencies, including MFC, and the plan's strategies were incorporated into LHD initiatives. MFC designated the ALCSA chair as a permanent member of its Executive Committee and also its Policy and Fitness committees. The plan received endorsements from San Antonio Mayor Julián Castro and MFC. The plan, its accompanying policy recommendations, and the mayor's letter of endorsement are available on MFC's webpage dedicated to ALCSA.<sup>24</sup>

ALCSA continues to collaborate with both MFC and LHD. In just 2 years, local leaders and agencies have come together to form relationships that are transforming San Antonio into a more active, healthier community. MFC and LHD recognize ALCSA's value in promoting PA and routinely request its input on other local initiatives, including legislative agendas, the county's Community Health Improvement Plan, and a built environment summit. Recognizing the value of the plan for San Antonio, MFC recently integrated ALCSA into its organizational structure as a permanent MFC committee to prioritize adoption and implementation of the plan.

## Conclusions

High levels of inactivity and associated increased rates of chronic disease and obesity are global problems demanding comprehensive solutions. Nations have approached this urgent health issue with varying degrees of resources, coordination, and success. Given that coordinated PA promotion initiatives are relatively new for many countries, information sharing about development and implementation of such initiatives is essential. Brazil's Agita Sao Paul Program represents a coordinated, multi-level approach to PA promotion in cities that inspired similar interventions across Latin America.<sup>25</sup> The World Health Organization (WHO) European Healthy Cities Network (WHO-EHCN) and the European Network for

the Promotion of Health-Enhancing Physical Activity provide examples of comprehensive physical activity promotion in European cities.<sup>26,27</sup> The WHO is uniquely positioned to disseminate successes and lessons learned to nations with less experience in PA promotion and promote world-wide adoption of effective strategies.

ALCSA represents an early attempt in San Antonio to promote active living and increase public participation in the planning processes affecting the health of residents. Although San Antonio does not yet have a strong tradition of participatory planning as in other parts of the world (eg, cities in WHO-EHCN), the strategies adopted early on by ALCSA mirror those of successful physical activity promotion initiatives in urban areas around the world. Common themes in ALCSA's efforts and global active living initiatives include multisector collaboration among governmental and nongovernmental entities, integration of evidence-based strategies and adaptation of the strategies to the local cultural context, inclusion of all populations (eg, income, gender, age, and ability), and evaluation of results. ALCSA plans to share the strategies and resources from WHO-EHCN and other global initiatives with local leaders to assist with implementation planning.

The 2-year CPPW grant created an opportunity to launch ALCSA, a multisector, volunteer-driven community coalition composed of members with diverse expertise. ALCSA consistently emphasized integration of scientific evidence and national recommendations in its deliberations about promoting PA in San Antonio. The NPAP emerged as a critical resource in this effort.

Many policy, environmental, and systems changes recommended by NPAP must occur at the local level. The breadth of these changes demands collaboration across societal sectors, involving local leaders, government agencies, and community organizations. With limited direction and oversight, the ALCSA sought input from local, state, and national experts and other resources throughout the process of adapting the NPAP to the San Antonio area. The following challenges and experiences may be useful for other communities planning a local NPAP implementation.

From the project's origination, parties (eg, LHD and ALCSA) must carefully define and clearly communicate the roles and responsibilities of each regarding budget, action plan, and accountability.

- The lack of budget transparency of CPPW funds affected ALCSA decisions and activities due to the lack of awareness of available funds.
- A plan for council activity must be clearly defined and communicated in writing to council members. Because ALCSA activities were not well-defined by the CPPW grant and no model was available to follow, ALCSA members relied on members' personal and professional experience, outside consultations, and external resources to chart a course.
- LHD leadership's late assertion of authority over a plan developed by a volunteer-driven community

coalition threatened to undermine the entire effort. LHD's final authority over the product of a community coalition should have been clarified from the start.

The ALCSA-LHD issue over use of advocacy terminology in the master plan highlights unresolved apprehension about the appropriate role of LHDs in supporting community coalitions, which are natural advocates for an issue. ALCSA's attempts to differentiate advocacy from lobbying did not alleviate LHD's concerns. Despite broad conceptual support for multisector community initiatives to promote health, practices supportive of equitable partnership between LHDs and coalitions are challenging. LHDs must increase transparency and organizational capacity for engaging and supporting community-based initiatives in which decision making is shared, procedures are outlined, and expectations are communicated.

Overall, ALCSA adopted the NPAP's approach, tailoring it to address the needs and priorities of the San Antonio area. ALCSA's organizational experience and its primary product, a master plan called the *Active Living Plan for a Healthier San Antonio*, serve as a model for future community-driven efforts to improve PA levels of residents.

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### Notes

<sup>1</sup> Policy recommendations development will be addressed in a separate paper.

<sup>II</sup> For the initial appointment, half were appointed to 1-year terms and half to 2-year terms. At the end of the term, a member could apply for appointment to a new term.

<sup>III</sup> Local groups included the San Antonio Mayor's Fitness Council,<sup>22</sup> SA2020,<sup>23</sup> Food Policy Council, and The Health Collaborative of Bexar County.<sup>24</sup>

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## Appendix 1

### Timeline of Events in the Development of the Active Living Plan for a Healthier San Antonio

March 2010: Communities Putting Prevention to Work awards grant funding to San Antonio's local health department

May 2010: US National Physical Activity Plan launches

#### **Active Living Council Steering Committee**

August–November 2010: Steering Committee meets

#### **Active Living Council of San Antonio (ALCSA)**

December 2010: ALCSA holds inaugural meeting

January 2011: ALCSA attends skills-based teambuilding retreat

February 2011: Monthly ALCSA meetings commence

March–April 2011: ALCSA forms: adopts governance standards, elects officers

May–December 2011: ALCSA engages in education and networking

ALCSA sector partners identify priority strategies. Writing team drafts general plan content

January–March 2012: Local leaders and national experts review final drafts of plan

April 2012: ALCSA votes to approve final version of the Active Living Plan for a Healthier San Antonio

May–June 2012: ALCSA Chair presents plan to Mayor's Fitness Council Executive Committee

ALCSA secures official letter of endorsement of the plan from the Mayor of the City of San Antonio

ALCSA formally separates from LHD

ALCSA develops strategic plan

## Appendix 2

### Steering Committee's Goals for the Active Living Council of San Antonio

Develop and promote a 3- to 5-year master plan to promote active living, reduce sedentary behaviors and increase physical activity. In addition, the ALCSA will do the following:

Provide a forum to address active living issues

Promote coordination among the various sectors that impact active living

Foster local physical activity and active living projects

Promote improved access to places and programs for physical activity (such as parks and open spaces)

Promote policies related to increasing physical activity and active living (such as transportation, land use, community design, and safety).

## Appendix 3

### Active Living Council of San Antonio Member Categories

ALCSA members include representation from all levels of influence and levels of physical activity knowledge and experience. The council has 20 members, each serving 2-year terms. The council has 2 members in each of the following sectors:

- Business and industry
- Education
- Healthcare
- Mass media
- Public health
- Volunteer and nonprofit
- Parks, recreation, fitness, and sports
- Transportation, land-use, and community design
- Community representatives
- Other.

## Appendix 4

### Active Living Council of San Antonio Membership Requirements

Live and/or work in Bexar County; in the case of regional/rural organizations, strong interest/investment in the health of the Bexar County population

Minimum attendance of 80% of the regularly scheduled full-council meetings each year

Commitment to transforming San Antonio and Bexar County into an environment that promotes active living

Representation of 1 of the membership categories

Respect for the complexity and sensitivity of the ALCSA's work with diverse partners; appreciation for the need for personal and group skills in diversity management, problem-solving, decision making, and consensus-building

Commitment to reaching out to a diversity of stakeholders within respective membership categories to serve as an effective liaison between stakeholders and the council

Commitment to working in the public interest; ALCSA members are expected to bring expertise to the table to benefit *all* of Bexar County, not specific organizations or geographic areas with which they may be affiliated.

## Appendix 5

### Active Living Council of San Antonio Membership Application

Open-ended questions on member application:

Why do you want to serve on the ALCSA?

Why do you believe you would make an effective member? Please describe the skills, experience, and other strengths you bring to the council.

How do your experiences and interests relate to the ALCSA's purpose and the membership category you represent?

What is your vision for the ALCSA? How might we achieve that vision? What are some of the potential opportunities and challenges?

ALCSA members must attend a minimum of 80% of the regularly scheduled full-council meetings each year. In addition, some committee work will be required. Presently, the monthly meetings are 11:30 AM to 1:00 PM the last Thursday of each month. Will you be able to make this time commitment? (Yes or No)

ALCSA members are selected based on their skills, experience, and commitment to transforming the Bexar County active living environment. The work of members will be expected to benefit *all* of Bexar County, not specific organizations or geographic areas with which members may be affiliated. If selected, will you be able to serve in the public interest and excuse yourself from discussion topics if you have a conflict of interest? (Yes or No)

## Appendix 6

### Active Living Council of San Antonio Vision and Mission Statements

Vision statement: *To transform Bexar County into a healthy community through active living*

Mission statement: *To improve quality of life by facilitating positive change in policy, infrastructure, and attitudes that result in a vibrant and healthy community for all Bexar County residents*

## Appendix 7

### Active Living Council of San Antonio Overarching Strategies and Measures of Success

In its master plan, the ALCSA recommends the following overall strategies and primary measures as a means of achieving the goals of SA2020 and national public health goals.

**Overarching Strategies**

Mobilize public support for strategies and tactics included in the *Active Living Plan for a Healthier San Antonio*

Recommend and disseminate best practice physical activity models, programs, and policies to ensure residents will meet physical activity guidelines

Create a local resource center to disseminate effective tools and coordinate active living policy development for promoting physical activity across all sectors of Bexar County

Identify gaps and mount a local physical activity education program to educate residents both about why they should and how they can increase physical activity; integrate the program with other local, state, and national health promotion and disease prevention education campaigns

Incorporate a “Health” component into the Comprehensive Plan for the City of San Antonio

Promote and publicly recognize local entities, such as developers, municipalities, neighborhoods, and school districts that significantly support the concepts and implementation of the *Active Living Plan for a Healthier San Antonio*.

**Measures of Success**

A positive change in the following measures will occur when physical activity is increased by the implementation of this plan:

Proportion of adults who meet the *2008 Physical Activity Guidelines for Americans* for moderate- and vigorous-intensity aerobic activity (<http://www.health.gov/paguidelines>)

Proportion of adolescents who meet *2008 Physical Activity Guidelines for Americans* for moderate- and vigorous-intensity aerobic activity (<http://www.health.gov/paguidelines>)

Proportion of public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours

Proportion of shared urban spaces, parks, and facilities accessible to all residents

Proportion of residents who use active transportation (ie, walk, bicycle, and public transit) to travel to work, school, and other destinations.

Note: While some measures are periodically tracked by a variety of local agencies, additional efforts are needed to coordinate surveillance of all measures.