



Asian American, Native Hawaiian, and Pacific Islander Thought Leader Discussions and Policy Recommendations on Increasing Community Design Through Physical Activity

2024 Executive Report

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Acknowledgements

The Asian & Pacific Islander American Health Forum (APIAHF) is a health justice non-profit organization dedicated to improving the health and well-being of more than 17 million Asian Americans, Native Hawaiians, and Pacific Islanders (AA, NH, and PI) living in the United States and its jurisdictions. For the past 30 years, APIAHF has worked with community advocates, public health leaders, and policymakers to generate policies, programs, and systems changes to improve the health of AA, NH, PI communities. To learn more about APIAHF, please visit the website at: www.apiahf.org

APIAHF appreciates the opportunity to provide recommendations on improving mobility, walking, and community-based physical activity in AA, NH, PI communities. AA, NH, PIs are diverse communities with unique cultural, linguistic, and socioeconomic backgrounds. However, they share a common experience of marginalization, discrimination, and disparities in health outcomes.

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We want to thank all of our community partners and newly recruited thought leaders for their time, energy, and insightful discussions. Thank you for uplifting the voices of our diverse communities and supporting us in our shared efforts to bring positive policy changes for AA, NH, and PIs living across the mainland United States and U.S.-affiliated Pacific territories.

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Executive Summary

The goal of this project is to increase knowledge, awareness, and understanding of AA, NH, and PI transportation and land use experts' professional and lived experiences around barriers and facilitators to walking and other forms of community-based physical activity among AA, NH, and PI communities. This project examines the nature, pattern, and magnitude of commonalities and differences in access, opportunities, and behaviors to walking, mobility, physical activity, and transportation amongst AA, NH, and PI communities living in the United States and U.S-Affiliated Pacific Islands. The findings from the environmental scan and thought leader interviews were synthesized to identify potential policy, systems, and environmental (PSE) approaches for public health to promote walking and community-based physical activity among AA, NH, and PI communities.

The project's goals were to:

- (1) amplify the AA, NH, PI thought leaders' experience and expertise around barriers and facilitators in their communities to walking and community-based physical activity,
- (2) provide recommendations based on findings from the thought leaders to increase physical activity through community design; and
- (3) identify possible policy, systems, and environmental (PSE) approaches to promote walking and other forms of community-based physical activity.

This report summarizes some of the key issues facing the AA, NH, and PI community based on findings from interviews with people across the transportation and land use sectors. Native Hawaiians, Pacific Islanders, and Asian Americans who live in Hawaii and the Pacific Islands may face different obstacles to active transportation than their counterparts who live on the continental United States. Each group brings a different culture and history to form their daily transportation habits, which is also shaped by their current economic, geographic, and neighborhood environment. Culturally relevant strategies that may uniquely work for Native Hawaiians, Pacific Islanders, or Asian Americans to promote community-based physical activity may differ due to historical, societal, and cultural context. For example, some Asian American communities have experienced gentrification of Chinese and Korean neighborhoods in New York City or public transportation challenges created by Minnesota's freezing winters.

This report includes recommendations for public health and transportation professionals to address the systemic inequalities affecting AA, NH, and PI communities' access with explanations of why these inequities affect AA, NH, and PI individuals' mobility and transportation decisions.

Method

This project occurred in two phases:

- Phase 1 consisted of an environmental scan of gray literature sources that focused on themes relating to active and public transportation systems connected to the built environment or urban land use mechanisms (see Appendix C).
- Phase 2 consisted of semi-structured interviews with 9 AA, NH, and PI transportation and land use thought leaders across the United States or its affiliated Pacific Islands (see Appendices A and B). The interviewees represented the disciplines of land use planning, transportation, public health, engineering, urban planning, and active transportation advocacy at the state, local, or academic level.
- Phase 3 consisted of taking results from the environmental scan and interviews, and synthesizing to develop policy, systems, and environmental recommendations.

Results

Analysis of the environmental scan and interviews revealed several barriers and facilitators to physical activity and active transportation in AA, NH, and PI communities. Listed in order of most to least frequently mentioned, the primary barriers and facilitators are:

- Among Pacific Islanders and Native Hawaiians, the legacy of indigenous displacement and racism has created a sense of disconnection to the environment and a feeling of unwelcomeness in public spaces that undermines social cohesion and prevents practices of physical activity.
- Transit agencies frequently lack knowledge about the causes and consequences of transportation inequities that affect AA, NH, and PI communities. By collecting more data about inequities through surveys and community input, transportation experts and researchers should solicit and validate oral and cultural traditions to overcome the lack of literature and data about these communities, land use experts, and legislative advocates.
- Anti-Asian physical and verbal assaults, which increased during the COVID-19 pandemic, have instilled fear and anxiety that has chilled AA, NH, and PI outdoor movement and use of active transportation.
- Urban decay, gentrification, and tourism in AA, NH, and PI communities, as well as diverted resources prioritizing wealthier residents, businesses, or tourists, have jeopardized AA, NH, PIs access to active transportation and other social services, leading to systemic inequities and challenges to obtaining safe and affordable housing, healthy food options, and adequate sidewalks and pedestrian infrastructure.
- The overrepresentation of AA, NH, and PIs in service industry and blue-collar jobs, such as food service, hospitality, and personal care—and their greater likelihood to work multiple jobs—creates greater economic instability and limits opportunities for recreational physical fitness activities.

- Car-Centric infrastructure and corporate interests in large-scale developments limit activity-friendly transportation options for AA, NH, and PIs, who face challenges in accessing private vehicles. Decades-long infrastructure decisions prioritize large highways, parking spaces and wide driving lanes that limit safe walking paths, pedestrian-friendly streetscapes, and recreational spaces that promote physical activity and community engagement.
- Western-based physical activity practices often do not align with AA, NH, and PI community practices or their cultural and spiritual values, which can create barriers for engagement by over-relying on competitive, individualistic practices that stigmatize or exclude culturally relevant physical activities.

Recommendations and Policy, Systems, and Environmental Approaches

Public health professionals promoting physical activity in AA, NH, and PI communities can incorporate the following recommendations in their work:

1. Address systemic inequities in traffic safety transportation policies by (1) prioritizing communities who experience disproportionately higher rates of traffic-related injuries and fatalities, (2) reviewing laws that create inequitable enforcement practices and do not contribute to overall safety, and (3) address the increase in anti-Asian hate crimes in public spaces through data collection and engagement with community groups.
2. Implement research and data collection that captures disaggregated information on physical activity patterns and transportation behaviors specific to AA, NH, and PI communities.
3. Track the outcomes of transportation, land use, and public health initiatives in AA, NH, and PI communities with traditional and participatory data collection methods and community engagement.
4. Increase the representation of AA, NH, and PI urban planners, transportation officials, and community developers.
5. Prioritize AA, NH, and PI community participation and representation in transportation and land use policies and decision-making processes.
6. Build inclusive spaces for historical healing and community-based health promotion that honor the heritage and cultural foundations of AA, NH, and PI.

Conclusion

The perspectives of the AA, NH, and PI thought leaders and our review of gray literature reveal that the obstacles and facilitators facing these communities' access and adoption of active lifestyles are not solely an issue of transportation, public health, or economics. Instead, we see that generations of systemic racism have contributed to neighborhood disparities that reflect and perpetuate broader forms of economic inequality.

For Native Hawaiian and Pacific Islander communities, centuries of displacement of indigenous communities have created a sense of disconnection from their environment. This history influences their present-day choices to engage in physical activity and participate in activity-friendly transportation options including safe walking and biking routes. For Asian Americans and some Native Hawaiians and Pacific Islanders, the recent rise in anti-Asian racism and physical and verbal assaults against Asian Americans across generations has instilled fear and anxiety among community members, making them more unwilling to use public spaces or public transportation. And for many AA, NH, and PI individuals working low-wage service industry jobs, the economic reality of working and commuting to multiple jobs makes it challenging to prioritize physical fitness and health.

Promoting transportation equity alongside initiatives aimed at improving street design, enhancing pedestrian safety, and fostering a sense of security will empower AA, NH, and PI individuals to engage in walking and physical activity. However, more comprehensive strategies must be prioritized to promote the health and well-being for AA, NH, and PI communities. By addressing the lack of AA, NH, and PI representation among facilitators such as transportation planners, local community leaders who incorporate cultural practices into physical fitness programs, and researchers and experts investing in collecting more data about how policies affect each ethnic group of the AA, NH, and PI community, public health, transportation, and land use, communities can improve the health and well-being of AA, NH, and PI individuals.