

03-02

STATEMENT OF POLICY

Healthy Community Design

Policy

The National Association of County and City Health Officials (NACCHO) supports the following:

- Comprehensive, formal, and systemic integration of public health considerations into community design processes, including community planning, regulations, design of new development and redevelopment, and design of public areas to promote and protect the health of communities.
- Dedication of increased federal, state, and local resources to improve the capacity of local health departments to participate effectively in the community design process through training, development of tools, technical assistance, and other support.
- Dedication of federal, state, and local resources for identification, rehabbing, and retrofitting existing housing into healthier environments (e.g., mold, lead, tobacco-related issues) for geographically targeted economic areas.
- Federal and state transportation policy that supports local health department involvement in local transportation planning, design, and implementation.
- From the early stages of decision-making, using a Health in All Policies (HiAP) approach to community design projects, programs, and policies by increasing collaboration among local health, planning, transportation, parks and recreation, public works departments, and community developers.¹
- Early, sustained, and effective engagement of community members in all stages of community design related decision-making. Assessment tools such as the Protocol for Assessment in Community Excellence in Environmental Health (PACE EH) or Health Impact Assessment (HIA) can be used to enhance community engagement.²
- Community design processes and implementation that create an equitable (including economic) and healthy environment for those who work, live, learn, or play in the community and promote the fair distribution of benefits and burdens in community design process and implementation across all communities.
- Promotion of land use and community development strategies that encourage people to walk to nearby destinations.

Justification

A growing body of research reveals a strong relationship between the built environment³ and a wide spectrum of public and individual health issues including asthma, cancer, obesity, mental health, substance abuse, crime exposure, cardiovascular disease, and social and health inequity.



In recent decades, sprawling development has led to increased use of the automobile and less viability of other active transportation options such as public transit, bicycling, and walking.⁴ The resulting low level of physical activity contributes to the epidemic of obesity and other chronic diseases. Air pollution from motor vehicles contributes to the development of pulmonary diseases, such as chronic obstructive pulmonary disease (COPD).^{5,6} Changes in land-use regulations and incentives can ensure that communities contain the infrastructure needed to reduce single-occupant vehicle trips and overall vehicle miles traveled and increase opportunities for active modes of transportation such as walking, bicycling, and public transit. Policies and regulations that encourage connected mixed-use developments, robust pedestrian and bicycle infrastructure, canopy street trees, and shorter walk route distances to entrances of common destinations can make active transportation safer and easier.

Zoning barriers and other regulatory decisions can also make it difficult to open and operate grocery stores that offer a full range of food products, including fruits, vegetables, meats, and other perishable goods.⁷ The absence of these options creates “food deserts,” where fresh, affordable healthy produce is not available. These same communities often have a high concentration of fast food restaurants and advertisements for unhealthy foods, cigarettes, and alcohol. An increased availability and affordability of processed and fast foods, combined with the dearth of affordable, high-quality fruits and vegetables, means that families in these communities face significant barriers to eating a healthy diet composed of nutritious, affordable foods needed to maintain a healthy weight. Community health is affected by physical, nutritional, social, and behavioral factors, all of which can have positive or negative health outcomes for community residents.

Community design decisions can help achieve health equity, defined as the “attainment of the highest level of health for all people.”⁸ Community design decisions too often have a disproportionately negative impact on low income and minority communities.⁹ A growing body of evidence documents how psychosocial and built environments shaped by neighborhood deprivation and neglect can affect community health. According to this research, impoverished community environments are associated with chronic stress and mental fatigue that leads to the release of stress hormones (e.g., corticosteroids) that, over time, can have a deleterious effect on health through their effect on the cardiovascular, endocrine, and central nervous systems. For example, researchers discovered that residents of neighborhoods with many boarded up and abandoned buildings have higher rates of early death from cancer and diabetes compared to residents with similar rates of poverty and insurance coverage living in neighborhoods with intact housing.¹⁰

Adequate green space and greenery can reduce stress and support physical and mental health, but many low-income communities lack these areas. Research shows that playing in natural settings can reduce symptoms of attention deficit hyperactivity disorder in children who already have the disorder^{11,12} and generally improves cognitive functioning and coping ability in children.^{13,14} For example, children who move to homes with more surrounding green space have higher levels of cognitive functioning following the move after controlling for a wide variety of confounding variables.^{15, 16}

Environments with access to greenery, including trees and grass are important for adults, too. For example, living near green spaces can improve psychological functioning and coping in adults,¹⁷

and adults in greener neighborhoods have lower rates of obesity than adults in neighborhoods with less greenery.¹⁸ Researchers randomized female victims of domestic abuse into housing developments with and without greenery and found that women in the group without greenery were more likely to report domestic abuse during the follow-up period.¹⁹ This research demonstrates the importance of landscaping, gardening, park access, urban forestry, and nearby greenspace on a number of public health outcomes. Access to green space should be considered a public health and social equity issue.

Urban planning was once closely allied to the profession of public health in addressing concerns of public health, safety, and welfare. Over the course of the last century, planning and public health have become separate academic fields with separate administrative units in state and local government and exist with no formal institutional ties between them. Today, threats to public health arising from community design decisions are revitalizing the ties between public health and planning professionals. Likewise, planners are incorporating public health perspectives as they are aligned with good planning practice.²⁰

Local health departments, through their traditional role as brokers,²¹ are ideal institutions to support a reengagement between public health and planning. The services of assessment, assurance, and policy development provided by local health departments are effective at increasing the likelihood that public health considerations are addressed in community design decisions. Local health departments can assess data to map disease patterns associated with community design. They often work with a wide variety of institutional and community stakeholders to identify and support policies to address the problems associated with community design, including their public health implications. Finally, they can work with local communities to assure that their voice is heard in all arenas in which planning and zoning decisions are made. Including the community voice is one way of assuring that community improvements are culturally appropriate as well.

Local health departments can directly engage in the planning process by participating in comprehensive and general plan processes, and hiring public health staff with planning expertise. These staff could work in planning or health departments; they could participate in design review, sit in planning commission meetings, and bridge the gap between public health and planning. The involvement of health departments in these planning processes can provide a reputable, supportive voice for public infrastructure that supports healthy choices.

As local health departments across the country are re-establishing their role in community design, many of them face barriers to effective participation. For example, in a 2004 survey conducted by NACCHO and the American Planning Association, 78% of local health officials report that their agencies lacked staff resources to expand their focus to include planning, and 76% of them indicated that the lack of funding was a barrier.²² Recent evidence collected by NACCHO indicates an accelerated local health department staff decline and further funding cuts between 2008 to 2012.²³

Many free toolkits, online resources, case studies, and model practices are available to support integrating local health officials in the community planning process. However, the lack of local health department staff and systematic training for staff is a major barrier to local health department involvement in planning activities. The ability of local health departments to track

and map disease patterns, physical activity levels, travel behavior, and food consumption and overlay these items with aspects of the psychosocial and built environment is critical to improvement in community design and health. This requires sufficient staff trained to collect, process, and analyze the data, so that local health departments can work collaboratively with planning practitioners and the community around a full range of joint activities.

By focusing on healthy community design and working with community partners, local health departments are well-positioned to address health and social inequities. When local health departments have sufficient resources and trained staff, they can support efforts by grassroots community organizations to bring about a healthier living environment. For example, spatial data showing a concentration of bus depots and asthma attacks in low income neighborhoods can support policies to keep an additional bus depot from opening in the neighborhood or to locate all new bus depots in nonresidential neighborhoods. Mapping food deserts with obesity rates can support rezoning to help bring about a new grocery store within a walkable distance of neighborhood residents. Conducting an inventory and assessment of the quality of local playgrounds can be used to support funding for upkeep. Conducting an inventory and assessment of the quality of tree canopies can be used to support increased funding for public green spaces, especially in low-income neighborhoods. By addressing these issues, local health departments could create a noticeable impact on health and social inequities while strengthening their community ties.

Ongoing, proactive leadership by local health departments on community design issues — combined with a strong alliance with community stakeholders — is a powerful model for systems change. Local health departments can facilitate community involvement by convening community health coalitions and training community stakeholders in community design decision-making processes. Working in partnership with local health departments, communities can support policy, environmental, and systems changes that facilitate active living, healthy eating, and wholesome environments, thus improving health for everybody.

References

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2. NACCHO Policy Statement. (2015). Health Impact Statement. Accessed on October 10, 2016 from <http://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/06-01-Health-impact-assessment1.pdf>.
3. The built environment consists of the man-made components of an environmental space (in contrast to what nature places in the environment), i.e., streets, highways, houses, apartments, businesses, churches, parks, playgrounds, etc.
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21. Health departments' brokering role is a core function of public health. The three core functions of public health—assessment, policy development, and assurance— are articulated in the Institute of Medicine's seminal 1988 report, *The Future of Public Health*. Assurance refers to the responsibility of the public health system to ensure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care. Effective assurance requires local health departments to be an unbiased convener, or broker, of multiple stakeholders, including the community and a wide variety of government and private stakeholders.
22. American Planning Association (Editor Marya Morris) *Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places, Planning Advisory Service Report No. 539/540*, 2006.
23. The limited funds available for health departments to become involved in the community design process is best illustrated by the estimated 27 percent funding cut for chronic disease prevention programs in 2011 among the nation's local health departments. This figure is based on NACCHO's May 2012 Research Brief "Local Health Department Job Losses and Program Cuts: Findings from the January 2012 Survey.

Record of Action

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