DESIGNING HEALTHY COMMUNITIES

More than a century ago came the recognition that the design and management of cities had a direct relationship with the public health concerns of American city-dwellers. While diseases such as tuberculosis, polio and dysentery have all but been eradicated there is now an epidemic of chronic "lifestyle" diseases. Obesity, heart disease and respiratory illness are afflicting nearly half of our regional population. Public health professionals have concluded that the growing epidemics are a direct result of sedentary lifestyles. How can public health and planning professionals collaborate to promote healthier lifestyles? How can we design communities that promote more physical activity? Can we increase the number of daily pedestrian trips to school and work in new and existing communities? Can state and local highway and subdivision designs incorporate sidewalks, greenways and other features that will promote walking? RPA's Robert Yaro and Tom Schmid from the Centers of Disease Control will present a brief overview of the situation, followed by a moderator-led response panel.

Overall Questions To Consider:

- Land use/real estate is typically not a public health issue. What are the fundamental connections?
- What are the environments that promote public health?
- What are the environments that "decrease" individual activity levels?
- What is the basis for good state planning and new partnerships?
- What are the challenges?
- Should there be a regulatory response?
- Is there a demand for "healthy communities" from residents?
- What could be the potential response to this issue from our states and locales?
- How can this region be a Northeast leader for healthy communities?

BACKGROUND BRIEF – APRIL 13, 2001

Inactivity Contributes to a Nationwide Epidemic

Obesity is epidemic in the United States. More than 50% of U.S. adults are now overweight, based on a body mass index (BMI) $\geq$ 25. Furthermore, 22% of the U.S. adult population is obese, based on a BMI $\geq$ 30—equivalent to approximately 30 pounds overweight. Obesity is not simply a cosmetic disorder. Approximately 60% of overweight 5 to 10 year old children already have one associated biochemical or clinical cardiovascular risk factor like hyperlipidemia, or elevated blood pressure or insulin levels. Approximately 25% have two.

The risk factors observed in children will become chronic diseases in adults. Almost 80% of obese adults have diabetes, high blood cholesterol, high blood pressure, coronary artery disease, gall bladder disease or osteoarthritis, and almost 40% have two or more. Only smoking exceeds obesity in its contribution to total mortality rates in the United States. A recent estimate that suggested that the direct and indirect costs of obesity in the United States approximated 10% of the national health care budget underscores why we can no longer afford to ignore obesity as a major medical problem in the United States.

Although behaviors related to food intake that contribute to the epidemic remain unclear, data from children have demonstrated an apparently causal relationship between sedentary behavior and the onset and persistence of obesity. Furthermore, although physical activity may not substantially improve rates of weight loss among the obese, activity appears to improve many of the diseases associated with obesity, such as diabetes, hypertension, and cardiovascular disease. *These observations suggest that the*

most effective approach to begin to control the obesity epidemic and its adverse effects is to promote physical activity.

Do We Want to Become More Physically Active?

"Two studies published recently in the Journal of the American Medical Association concluded that you can improve your health as effectively through small lifestyle changes and moderate physical activity as you can by following a vigorous exercise program. Such moderate activity can be as simple as walking around the block, working in the garden or taking the stairs instead of an elevator," from the Surgeon General to the People of Philadelphia. January 2000.

"Philadelphia's Mayor and Health Czar have teamed with the Philadelphia 76ers to create the latest opportunity for a citywide health revolution. Together, they challenge Philadelphia to lose 76 TONS in the year 2001!" from Mayor John Street's Fitness Program 2001.

Given the increased national concern over urban sprawl, opportunities abound to design and refine communities to promote physical activity. This approach would enhance the health of communities and also make them more livable and transit-friendly. National surveys support broad public support for additional investment in recreational and pedestrian amenities.

- 54% support use of federal funds for more bike paths.
- 62% support the use of state or local funds for more sidewalks.
- 74% felt that sidewalks should be mandatory in new communities.
- 40% would not vote for a politician who wanted to use tax funds for walking or bicycling.
- 60% would support a policy requiring sidewalks and paths between stores and shopping areas.

Our Regional Growth

The Census Bureau forecasts that the nation's population will grow by 60 million by 2020—which would be the equivalent of adding two states with the population and service demand of California. This growth will require the construction of approximately one million new housing units per year for the next two decades.

While the New York metropolitan region is expected to grow at a slower rate it will add two million new residents by 2020, a 10% increase over current levels. During this same period, the region's economy could grow by as much as a third, creating greater buying power and a higher standard of living. However, growing highway congestion in New York and other metropolitan regions could severely constrain forecasted growth. For this reason, RPA's Third Regional Plan concluded that the region's capacity for growth and its quality of life will depend on the extent to which it can focus development in New York City and other transit- and pedestrian-oriented centers. This growth will require that the region's transit system, already the nation's largest—be modernized and expanded.

The extent of growth to be accommodated both in the Nation and in the New York region, combined with the strong groundswell of interest in smarter patterns of development would create a unique opportunity to plan, build and rebuild communities that are conducive to healthier, more active lifestyles. In short, *smart growth is healthier growth*. RPA has calculated that failure to promote these new patterns of growth and mobility could constrict expansion of the New York region's economy by hundreds of billions of dollars annually by 2020. It can be expected that similar outcomes would be experienced in other regions across the country.

Can Planners & Developers Help Fill a Prescription for Public Health?

Then…

The disciplines of urban planning and public health have common origins. More than a century ago came the recognition that the design and management of cities had a direct relationship with the public health concerns of American city-dwellers. At that time, widespread epidemics of dysentery were caused by sewage contamination of the water supply. In addition, poverty and close living quarters fostered tuberculosis. Coal smoke and particulates blocked the sunlight necessary for the synthesis of Vitamin-D in skin. As a result, over 20% of urban children had rickets.

As early as 1870, in his essay Public Parks and the Enlargement of Towns, pioneer urban and park planner Frederick Law Olmsted identified the strong link between good public health and community design, opportunities for exercise and access to fresh air and sunlight. Olmsted built these attributes into his plans for New York's Central Park, Atlanta's Piedmont Park and dozens of other urban park systems across the country. Later, the urban planning and public health professions developed around efforts to reduce the incidence of these diseases through the principles of improved planning, design and management of America's urban communities:

& Now

There is now little disagreement that fat-rich diets and the lack of physical activity are leading causes of obesity, related cardiovascular disease and other serious chronic health conditions in the United States. However, until now there has been little serious attention paid to the relationship between public health and the societal shift to suburban low density, automobile-oriented settlement patterns over the past fifty years.

Today, most people live in low-density environments and are largely reliant on automobiles for their mobility.

- The use of the automobile requires little physical activity and burns few calories.
- Transit, on the other hand, requires walking at both ends of a trip, and it often requires stair-climbing and additional walking to access goods and services.

Many suburban centers are reaching the carrying capacity limits of their highway systems, because they lack the concentration and mix of activities to support any mode of transportation other than single-occupant vehicles. At the same time, most suburban centers contain extensive but isolated abandoned, undeveloped or underutilized parcels of land.

- Promoting reuse of these areas with infill development is the key to achieving more compact pedestrian- and transit-oriented development patterns.

Only 30% of children who live within a mile of school walk to school. Although 25% of all trips are less than one mile, 75% of these trips are by car. To have a significant impact on public health, the goal must be to increase personal activity rates on a daily basis.

- Travel to school and work is a regular, daily activity.
- Travel to shopping and recreational features is a regular, weekly activity.

Many communities in our region do not have enough open space opportunities per capita. At the same time, heavily trafficked roadways and neighborhood land use patterns render some spaces underutilized.

- Parks, gardens and neighborhood greenways are an important part of connecting isolated communities and encouraging physical activity levels to rise.

In Our Region: New Jersey Takes the First Step

In order to effectively impact public policy, we need to research and document replicable experience that can inform the efforts of planners, developers, bankers and public health professionals in the redevelopment process.

The New Jersey State Development and Redevelopment Plan was adopted in March 2001 through a unique participatory process. The plan includes a strong vision for healthy communities that draws the connection between land use planning and increasing local activity levels in urban centers, regions, towns, villages and hamlets. This includes creating integrated commuter and light rail systems, designing communities to support pedestrian and bicyclists via a network of parks & greenways, and can be the pattern that links homes, schools and shopping—even job sites. New Jersey's commitment to mixed land use principles that retain the state's economic *and* public health makes this plan a leader in the nation.

- What did New Jersey learn from looking at this connection between land use and public health? What are the plans for implementation? How and why should other states adapt the New Jersey approach to planning & public health?