The built environment can have a significant impact on public health. Compact development patterns promote healthy living by encouraging walking, bicycling and other physical activity. This, in turn, can improve the quality of life for residents and can drive down healthcare costs.

On the other hand, the physical design of many communities creates barriers to a healthy lifestyle. When adults are forced to commute long distances by car and children find it difficult to walk or bicycle, obesity, diabetes and other health problems tend to rise. Our dependence on automobiles also harms air quality, which can lead to more cases of asthma, especially in children.

In this section, we discuss ways to build awareness about the impact of development patterns on community health; to increase the capacity of public health officials to support development patterns that promote healthy lifestyles; and to integrate public health considerations into land-use decisions. Some of the policies discussed in this section are also featured in other sections of this primer, because they could be undertaken by any of several state agencies. The policies therefore provide an ideal opportunity for multi-agency collaboration.

POLICIES

1. Educate state and local public health officials on the relationship between public health and the built environment
2. Build a coalition to foster healthy communities
3. Support local health impact assessments
4. Promote community walking and bicycling audits
5. Establish a “Safe Routes to School” program
6. Start a Walk to School Day
Educate state and local public health officials on the relationship between public health and the built environment

ACTION

Until recently, few public officials gave much thought to the ways that a place’s design might affect a person’s health. Now, civic and public health leaders may be aware of those impacts, but they still face political and regulatory barriers to change. Therefore, states should train state and local public health workers to raise awareness of the relationship between the built environment and public health, and should help them build the capacity to educate officials in other agencies about potential solutions.

States can take several steps to ensure that local public health officials raise awareness by becoming engaged in the land-use decision-making process. Increasing the involvement of state and local public health officials in development decisions leads to more support for development patterns that benefit public health, such as neighborhoods that are friendly to bicyclists and pedestrians. Another approach would be to convene multi-agency state government task forces where these issues could be discussed and where cross-departmental solutions could be considered.

PROCESS

The State can take several steps to increase awareness of the impact of development patterns on community health. First, it should develop a communications strategy that includes outreach to the public health community and state, local, and county officials. Such a strategy could involve hosting speakers, distributing written materials in hardcopy and online, holding regular conference calls on the built environment and public health, and establishing a listserv.

Second, state agencies should consider hiring planners and other professionals who are versed in the development process, and should encourage both state and local public health officials to become more involved in development decisions as members of local planning boards, development review commissions and regional planning councils. Increasing the involvement of state and local public health officials in development decisions by providing relevant training and convening cross-agency meetings can lead to more support for development patterns that benefit public health.

Third, state health departments can compile a list of assistance programs and financing sources, such as federal transportation enhancement and Congestion Mitigation and Air Quality (CMAQ) funds, that can be used to make communities and neighborhoods pedestrian and bicycle friendly. In addition, the agency can collect and disseminate data that can be used by local health officials to make the case for compact, pedestrian-friendly neighborhoods. If possible, such data should address not only the health impacts of development features, but also relevant economic impacts, such as savings in health costs associated with the addition of sidewalks.

EXAMPLES

Florida’s Division of Environmental Health

The Florida Division of Environmental Health has used many of the approaches discussed above to build its capacity on development and public health issues. It operates with the understanding that urban planning and land-use patterns have a direct impact on public health and neighborhood prosperity. The Division of Environmental Health, a division of the Department of Health (and the first public health agency to become a partner in the national Smart Growth Network), was instrumental in the signing of a Memorandum of Agreement on Smart Growth among four state departments: Community Affairs, Environmental Protection, Health, and Transportation.

Florida’s Division of Environmental Health: http://www.doh.state.fl.us/environment

California’s Healthy Transportation Network

California’s Healthy Transportation Network is a state initiative coordinated by the California Center for Physical Activity, which was established by the California Department of Health Services. The Healthy Transportation Network provides technical assistance to local officials with planning walkable and bike-able communities by drawing upon relevant case studies and a comprehensive database. The network receives funding from the Department of Transportation’s Enhancement Funds and from the California Department of Transportation.

California’s Healthy Transportation Network: http://www.healthytransportation.net/
2 Build a coalition to foster healthy communities

**ACTION**

Creating healthy communities requires coordinated action at all levels of government, as well as the involvement of stakeholders outside government. The State can promote collaboration and coordination by establishing a “healthy community” or “active living” task force made up of health agencies, local and state land-use planners, bicycle and pedestrian advocates, health advocacy groups, smart growth organizations, the building industry, environmental groups, health promotion professionals, nutritionists, public safety officials and other interested parties.

The task force should explore ways to promote healthier communities through changes in programs and policies. States may also prefer to strengthen the role of existing intergovernmental coordinators by mandating that they perform specific tasks and goals related to creating healthy communities.

**PROCESS**

The first step in building a coalition focused on community health is to convene leaders who are interested in promoting healthy lifestyles. It’s important to include stakeholders outside the public health realm whose actions can have a direct impact on health and safety.

The group should develop suggestions for policy changes and set a course for implementation. When considering policies, the group should be focused on measurable results that can be achieved and replicated in a range of communities. Regular group contact and dialogue are essential to ensure that goals are established and commitments are fulfilled. Information exchange tools, such as Web sites and listservs, handy ways for participants to share of best practices.

**EXAMPLE**

**Colorado’s Active Community Environments**

Colorado’s Active Community Environments task force is a product of the Colorado Physical Activity and Nutrition Program, the Colorado Department of Public Health and Environment’s statewide initiative to promote healthy, active lifestyles. The Active Community Environments Task Force includes representatives with knowledge of public health, transportation, planning and design issues.

The task force has developed programs that have helped to create better walking and biking environments for communities across the state, has sponsored annual statewide workshops, and has delivered assistance and training to communities and local health departments. In fiscal year 2007-8, five communities received Active Community Environments’ grants for policy and infrastructure improvements that can contribute to achieving active communities.


3 Support local health impact assessments

**ACTION**

States should encourage communities to assess the health impact of comprehensive land-use plans, zoning proposals, planned investments in transportation and other proposed infrastructure changes. Such assessments also can be applied to specific developments, including subdivisions, shopping centers, and streetscape or sidewalk redesigns.

Health impact assessments are similar to environmental impact assessments. While environmental impact assessments focus on such environmental outcomes as air and water quality, health impact assessments focus on health outcomes, such as obesity, physical inactivity, asthma and injuries. They also may address equity and other social issues tied to the impact of land-use changes. A major benefit of the process is that it brings public health issues to the attention of policy-makers outside the traditional public health realm, including transportation and land-use officials.

**PROCESS**

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encourage local health impact assessments by providing financial and technical support to communities that choose to conduct them.

**EXAMPLE**

**Michigan’s Promoting Active Communities Program**

As part of a state initiative to encourage residents to be physically active, the Michigan Department of Community Health, the Michigan Governor’s Council on Physical Fitness, Health and Sports, the Prevention Research Center of Michigan, and Michigan State University created the Promoting Active Communities Self-Assessment Program. The online tool allows communities to evaluate their policies and transportation networks. It is meant to facilitate cooperation between community leaders and residents so that they can identify ways to improve policies and designs. The State provides awards to communities each year based on their success in changing policies to encourage active living.

Michgan’s Promoting Active Communities Program:  
http://www.mihealthtools.org/

### 4

**Promote community walking and bicycling audits**

**ACTION**

State health departments can improve access to walking and bicycling by helping local jurisdictions conduct walking and cycling audits. The audits survey the physical design of communities to determine the barriers that may inhibit walking and biking, and to identify opportunities to encourage such activities by increasing connectivity, installing sidewalks and designing streets to adequately accommodate pedestrians and cyclists.

The audits can then be used to suggest or justify land-use changes that will make walking or bicycling more viable. States can employ the audits in conjunction with development of their own statewide bicycle and pedestrian plans. This requires coordination among various agencies, including transportation, planning, and health departments.

**PROCESS**

Walking and bicycling audits can be joint efforts of various state agencies. States also can provide grants directly to jurisdictions to fund audits of their own communities.

With limited resources, prioritizing funding is crucial. Audits can be connected to performance measures so that communities can work with planning departments and other land-use agencies to identify opportunities for improving their conditions for pedestrians and bicycles, and to ensure that those projects will be given funding priority.

**EXAMPLE**

**California Center for Physical Activity’s Walk Kit**

The California Center for Physical Activity, in partnership with the University of California-San Francisco’s Institute for Health and Aging, created a Walk Kit. The Walk Kit is designed to give local residents and health officials the tools they need to create successful walking groups and advocate for safe and accessible walking routes in their communities. The kit suggests that community members perform a walking audit to survey their community’s existing road networks and cultural and historical features as a first step in the process of achieving improved walkability. The kit includes a link to the Centers for Disease Control and Prevention’s walkability audit tool and an attached walkability checklist that can help residents identify walkable areas in their communities.

California Center for Physical Activity’s Walk Kit:  
http://www.caphysicalactivity.org/resources/walkkit.html

### 5

**Establish a “Safe Routes to School” program**

**ACTION**

According to the Centers for Disease Control and Prevention, the number of schoolchildren who walked or bicycled to school declined nationally from 48 percent in 1969 to just 16 percent in 2001. The decline in walking and bicycling contributes to traffic congestion and poor air quality around schools. A growing body of evidence shows that children who lead sedentary lifestyles are at risk for a variety of health problems, including obesity, diabetes and cardiovascular disease. Enabling children to safely walk and bike to school promotes a more active lifestyle, contributes to lower childhood obesity rates,
and can reduce transportation costs for both households and the public sector.

The Department of Health should work together with the state transportation and education departments to develop a “Safe Routes to School” program. Safe Routes to School programs provide funding to help states and communities assess bike and pedestrian conditions around local schools, and then to facilitate the infrastructure and program changes needed to make it possible for children to safely walk and bike to school.

Sprawling land-use patterns can make it difficult to implement Safe Routes to School in many communities (see Policy #3, Revise School Construction Funding Formulas in the Department of Education section). In 2008, however, 29 states did already have Safe Routes programs.

**PROCESS**

Most Safe Routes to School programs are funded through a combination of federal, state and local sources. Funding is typically necessary for the assessment, planning and construction of infrastructure along the route, as well as for programming, including awareness-raising events and pilot walks.

Government funding, mostly through TEA-21 and SAFETEA-LU transportation appropriations, can help pay for the infrastructure. Some governmental funds can be used to cover the programmatic costs as well. State health agencies are skilled and experienced in health promotion and education and can be a valuable partner to education and transportation agencies.

According to the Federal Highway Administration, funding levels for Safe Routes to School Programs began at $54 million in FY 2005 and could increase to $183 million in FY 2009. Each state is eligible to receive a minimum of $1 million. To receive federal funding, states are required to have a Safe Routes to School coordinator to manage the state’s program.

**EXAMPLE**

**Colorado’s Safe Routes to School Program**

The Colorado Department of Transportation administers the state’s Safe Routes to School program. Federal funds are awarded through a statewide competitive process. Awarded funds are then distributed according to the geographic distribution of the K-8 student population. Between 10 and 30 percent of the funds ($1.6 million in 2008) are spent on programming. The remaining funds support infrastructure projects as well as a full-time Safe Routes Coordinator at the Colorado Department of Transportation.

Colorado’s Safe Routes to School Program: [http://www.dot.state.co.us/BikePed/SafeRoutesToSchool.htm](http://www.dot.state.co.us/BikePed/SafeRoutesToSchool.htm)

6

**Start a Walk to School Day**

**ACTION**

State departments of health should work together with departments of transportation and education to establish a Walk to School Day. Childhood obesity is an epidemic, and evidence has shown that sedentary lifestyles are a major cause. Walking is the easiest form of exercise for children and adults alike. Yet, most students do not walk to school because barriers that make walking unsafe, or because their homes are too far from their schools. Establishing a Walk to School Day can encourage communities to increase opportunities for students to walk to school and make them more aware of the barriers to such activity.

Walk to School Day originated in 1997 in Chicago. In 2006, schools in all 50 states and the District of Columbia held Walk to School events to promote physical activity, safety and concern for the environment. Many communities and states use Walk to School events to kick-off “Safe Routes to School” programs or to build more interest and support for walking and bicycling (see Policy #5, “Establish a ‘Safe Routes to School’ Program, in this section).

**PROCESS**

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EXAMPLES

California’s Walk to School Day
Five California schools participated in Walk to School Day in 1998, and the state Department of Public Health has funded Walk to School programs since 1999. California’s Walk to School headquarters provides resources such as letters and fact sheets to schools and organizations looking to implement Walk to School activities. Taking into account California’s diverse population, many of these resources are available in multiple languages. The Walk to School headquarters estimates that 1,800 schools in California will participate in this year’s activities.

California’s Walk to School Day:
http://www.cawalktoschool.com

Washington’s “Walk to School Day”
In collaboration with Safe Kids Washington, the Washington Department of Health has sponsored a Walk to School Day for schools across the state for many years. The program raises awareness about how walkable the community is (or is not), promotes pedestrian safety, and allows community leaders, parents and children to share time together.

The event is timed each October to coincide with International Walk Your Child to School Day. Safe Kids Coalition volunteers, healthcare workers, police, firefighters and other safety advocates come together to raise awareness of and provide support for safe walking and biking programs. Many schools hold Walk to School assemblies, where children are given reflective zipper pulls and T-shirts to reinforce their awareness of the rules for safe walking. And parents and grandparents are encouraged to join the students on their walks.

Washington Department of Health:
http://ww2.doh.wa.gov

Help Desk
The following resources are available on our Web site at http://www.govinstitute.org/policyguide/Health/helpdesk.html

Reports
Healthy Food, Healthy Communities: Improving Access and Opportunities Through Food Retailing, PolicyLink; Translation Paper #11: Health and Smart Growth, Funders’ Network For Smart Growth and Livable Communities

Organizations
Association of State and Territorial Health Officials, National Association of City and County Health Officials; National Center for Safe Routes to School

Websites
Centers for Disease Control and Prevention’s Health Impact Assessment; Active Living by Design; North Carolina Division of Bicycle and Pedestrian Transportation; Pedestrian and Bicycle Information Center; Leadership for Healthy Communities; US DOT Federal Highway Administration; International Walk to School Day and Month