

Resolution 06-01

ADDRESSING THE PUBLIC HEALTH IMPLICATIONS OF THE BUILT ENVIRONMENT

WHEREAS the built environment, defined as those aspects of our environment that are modified by humans including housing, schools, workplaces, recreation facilities, roads, sidewalks and public transportation infrastructure¹, has a significant influence on human health and environmental quality.

WHEREAS decisions about land use and transportation systems may contribute to:

1. Health inequities:

- Development that segregates land uses, income levels, and age groups may result in social and physical isolation of vulnerable populations, particularly low- income minorities and the elderly, which often leads to a reduced access to jobs, affordable healthy foods and other needed services; and
- Populations living in areas of concentrated poverty disproportionately suffer from a variety of health impacts including violence, HIV/AIDS, and other sexually transmitted diseases, weather related deaths, poor nutrition, and traffic fatalities.²

2. Physical inactivity:

- Studies indicate that people living in communities characterized by sprawling development engage in less physical activity and weigh more than people who live in more compact and walkable communities;^{3,4} and
- The Task Force on Community Preventive Services strongly recommends the following interventions as effective ways to increase physical activity:
 - Creating or improving access to places such as sidewalks, trails, and parks;⁵
 - Developing street-scale urban design and land use policies and practices including such as improving street lighting, infrastructure projects to increase safety of street crossing, use of traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.⁶
 - Developing community-scale urban design and land use policies such as encouraging close proximity of residential areas to stores, jobs, schools, and recreation areas; improved continuity and connectivity of sidewalks and streets; and improving the aesthetic quality and safety aspects of the physical environment.⁷

3. Unintentional injury:

- Motor vehicle accidents are the leading cause of death among people between the ages of one and twenty-four⁸ and increases in the number of vehicle miles traveled and vehicle hours traveled increase the risk of injury or death; and

- Roadways designed predominately for automobiles with multiple lanes, high speeds, lack of pedestrian and bicycle infrastructure, long distances between intersections or crosswalks, and many large commercial establishments, pose an increased risk of injury or death for pedestrians and cyclists⁹.

4. Decreased air quality:

- Motor vehicles are the largest source of manmade urban air pollution, and the EPA attributes 64,000 premature deaths annually to air pollution; and
- Air pollution is a major concern because it can affect large segments of our population, cause both acute and chronic health problems, increases trips to the hospital, and can worsen asthma, heart and lung disease,^{10,11,12} and
- Evidence suggests that efforts to improve air quality, such as increased use of mass transit and carpooling, can help improve the respiratory health of a community.

5. Decreased water quality:

- Runoff from point and non-point sources pollutes waterways, and is exacerbated when the amount of impervious surface, such as large parking lots, is increased.

6. Loss of social capital (defined as “social networks and the norms of reciprocity and trustworthiness that arrive from them”):

- Evidence suggests that less compact and auto-dependent communities may reduce social capital;¹³ and
- Low social capital has been associated with decreased life expectancy¹⁴, lower rates of leisure-time physical activity and higher rates of heart disease, violent crime, binge-drinking, teen pregnancy, and depression, and lower rates of leisure-time physical activity.¹⁵

7. Access to Healthy Foods:

- Uncontrolled development reduces the amount of land available for farming, limiting the availability of fresh, local and affordable food; and
- Land use and community design decisions can create “food deserts”, that is, populated areas where it is difficult for residents to obtain healthy foods because of limited access to grocery stores, farmers markets, produce stands and community gardens.¹⁶

WHEREAS public health and planning agencies are recognizing the need for early, sustained and effective collaboration in all stages of land use and transportation planning and decision-making to improve the health of communities; and

WHEREAS the American Public Health Association¹⁷, National Association of City and County Health Officials¹⁸, Association of State and Territorial Health Officials¹⁹, National Association of Local Boards of Health²⁰ and the Institute of Medicine²¹ have formally recognized linkages between the built environment and human health and call on public

health officials to engage in local and regional land use and transportation planning and policy making processes.

THEREFORE BE IT RESOLVED that the Washington State Public Health Association supports the comprehensive, formal, and systematic integration of public health considerations into land use and transportation planning and decision making processes to ensure the promotion of the health of our communities; and

BE IT FURTHER RESOLVED that WSPHA supports the dedication of increased resources to improve local public health agency capacity for participating in land use and transportation planning and decision making processes; and

BE IT FURTHER RESOLVED that WSPHA supports federal, state and local land use and transportation legislative and regulatory initiatives that promote public health, such as the Federal Healthy Places Act, and opposes those that potentially threaten public health, such as Washington State Initiative 933.

Signed by: Rick Porso, WSPHA President 2005-2006

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