

Professors Sallis and Sloane

The Case For Assessing the Impacts of Development

TPR is pleased to present this interview with Professors **Jim Sallis** and **David Sloane**, regarding the connection between the built environment and community health. **Jim Sallis**, a professor of Psychology at San Diego State University, has conducted research on the interrelationships of the built environment, physical activity and youth health. **David Sloane** is a professor in the School of Policy, Planning and Development at the University of Southern California. His research has focused on the social and cultural determinants of health disparities and the changing landscape of health care provision.

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This interview is being conducted at the conclusion of a Congress for New Urbanism panel discussion on "Designing Healthy Cities." Could you share, Professor Sallis, what you offered based on your research about the connection between the built environment and public health?



Jim Sallis

Sallis: We are learning that there is a consistent relation between how we build our communities and people's ability to be physically active. There are two general components to this relationship. The first is that building single, separate-use, low-density neighborhoods basically eliminates an entire category of physical activity from people's lives. If you don't live near stores, schools and work, then it's impossible for you to walk there. Walking to and from school and work has historically been a key element of physical activity that we're working hard to eliminate in the modern age. The second component is that people do physical activity for recreation and so they need recreation facilities that accommodate the different activities preferred by adults and children. Without these facilities it is very hard for people to stay active. The studies are quite clear and consistent in showing these connections between how we build our neighborhoods and our ability to be active.

Professor Sloan, with an epidemic of obesity and diabetes affecting large numbers of hispanic youth in Los Angeles, let's turn to your research on the built environment. What is your

research telling us about how to have healthy communities?

The epidemic of obesity transcends social characteristics, but has taken hold particularly in underserved, vulnerable populations. Community health, then, is affected by gender and race. While research has shown repeatedly that the built environment is crucial to understanding variations in community health, it alone is not sufficient to explain the variation.

We have to recognize that the social

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and institutional characteristics of neighborhoods play an important role.

Some neighborhoods struggle to develop because they do not have the institutions within the neighborhood and are underserved by external institutions. This, then, becomes part of the epidemic because residents of those neighborhoods tend to export their money to wealthier communities that have better food choices, better grocery stores, better places to recreate, etc., and their own

neighborhoods do not develop. This situation leaves the people who cannot afford to export their activities caught in a place that often does not have high quality healthy foods, recreational or other daily activities.

There is also a set of neighborhood characteristics related to municipal investment in the built environment that are important determinants of public health. These include the ability to monitor and address the way that absentee landlords maintain their buildings, and the degree to which city resources are equitably distributed for the public safety, maintenance of roads, sidewalks, street lighting, etc., in otherwise underserved communities.

It is not enough to have a dense neighborhood that is built in such a way as to encourage walking. The infrastructure supporting the walkability of the neighborhood has to be maintained, including effective animal control, adequate street lighting and safe sidewalks.

Jim, an interview with Randall Lewis will appear in The Planning Report along with this interview. In that interview, he elaborates on his projects and on his plans to build social infrastructure in his residential developments. His ideas closely parallel yours in terms of creating walking neighborhoods and investing in social infrastructure, such as schools. In that context, nearly \$60 billion have been appropriated to build new schools in the state of California, particularly needed in San Diego and Los Angeles. How might such

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David Sloane

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capital investments best be made to contribute to the social infrastructure and health of neighborhoods?

To make appropriate investments, health impacts should be considered in the planning and design of schools. The concern is—and we are trying to fund studies to evaluate this—that if schools are built on the periphery of communities where land is cheap and where they can have as many ball fields as they need, they become magnets for sprawl. This is because they are sited on major thoroughfares and it is assumed that everybody will drive their kids to school. As a result, there is little provision made for walking to school. We are starting to find just what you would expect, that kids who live in walkable neighborhoods walk to school more than kids who live in suburbs. We are starting to make the specific connection between the built environment and walking and biking to school.

I hope that we can get our results out to the public quickly enough to have an impact on the decision making about where to build schools. We think that proper school placement is important, not only for the childrens' ability to walk and bike, which is part of their daily physical activity, but also to stop the creation of more unwalkable neighborhoods that are the infrastructure for inactivity and obesity.

Professor Sloan, your most recent publication tracts how medicine is moving to the mall. What about medicine in the school?

The notion of schools as community institutions is very powerful. A school can be an island with few connections to its surrounding neighborhood or it can be a magnet for activities within the community, such as recreation, health care and health screenings, and all the other activities that encourage improved individual health and community social cohesion. Neighborhood schools should help to build trust, association and collective efficacy among community members.

This cohesiveness will have a positive impact on that community's ability to do other things for their health.

The school has to be viewed as a community institution. There are some issues that have to be dealt with in order to do this, such as addressing the maintenance needs of facilities that will be used more extensively, and ensuring the safety of school children. These problems have to be addressed. Once they are addressed the results can be significant.

Here at the conference, placing

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schools at the center of communities has been emphasized. This philosophy goes back 100 years to the conceptualization of the neighborhood unit. We lost that for a little bit and we need to get back to it.

Jim, you mentioned in your comments at the Congress for New Urbanism conference that there was some pioneering work going on in LA regarding health impact analysis. Could you elaborate on that work and its significance?

The idea is to create a mechanism for making sure that public and private projects of various kinds consider their health impacts. What we are finding is that transportation decisions have health impacts, that decisions about building and development have health

impacts and that decisions about how to design buildings have health impacts. An example of a building decision with health impacts is whether you enclose the stairs and hide them away or make them more attractive than the elevators. Any of these decisions might chip away at the ease with which people can be active and their likelihood of being active. The right decisions might contribute to physical activity and potentially other health outcomes, benefit society, collectively reduce health care costs, and help people be happier. Right now, important decisions are made without consideration of their health impact so we have got to find a mechanism for making sure that health is considered. The health impact assessment is the best tool we have right now; it is commonly used in Europe, but is just now being implemented in the US. The Centers for Disease Control and Prevention are working with Brian Cole and Jonathon Fielding at UCLA to develop methods for health impact assessment that can be used as models in the US.

Lastly, David, you are well aware of the silo-like nature of academic research. Researchers concentrate on housing, on transportation, on schools, on health, but integrating this research into a thoughtful, holistic approach to rebuilding our neighborhoods has been uncommon. Is this changing?

I think it is. Research sponsored by the Robert Wood Johnson Foundation, the Kellogg Foundation and others has pushed academics to be more interdisciplinary in the way that they approach building communities. They seek to create ties across psychology, planning, geography, environmental planning and other disciplines, in order to move beyond the silos and to think about how those connections are made. Further, they are now partnering with communities rather than simply studying them. **TPR**

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