

THE BUILT ENVIRONMENT AND HEALTH

11 Profiles of Neighborhood Transformation

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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Foreword

In recent years the public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, one may expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh fruits and vegetables. On the other hand, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food.

In this monograph, the Prevention Institute has profiled eleven projects in predominantly low-income communities where local residents mobilized public and private resources to make changes in their physical environments to improve the health and quality of life for their citizens. Such changes included building a jogging path around a cemetery, transforming vacant lots into community gardens, reducing the prevalence of nuisance liquor stores, and creating attractive murals on walls where graffiti once reigned.

These case studies will help concerned citizens, urban planners, and public officials examine possibilities for local environmental changes that would improve the health of the residents of their communities.

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Introduction

*This is the last town in the world...
Before this came to be, there were
all the possibilities in the world.
There were all the opportunities for
starting with small things to create a
sweet new history and future.
If only we had seen them.*

BEN OKRI, A PRAYER FOR THE LIVING

There is growing recognition that the built environment—the physical structures and infrastructure of communities—plays a significant role in shaping our health. To a great extent, the connection between environment and health has centered on the results of human exposure to contaminated air, water, and soil. Decisions about land use, zoning, and community design influence the degree of human exposure to toxins, but also have implications for neighborhood access to healthy foods, and the level of safety and attractiveness of neighborhoods for activities such as walking and biking. The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

With support from the Centers for Disease Control and Prevention's National Center for Environmental Health, Prevention Institute crafted 11 profiles about communities across the country

The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health.

that reveal how the built environment can positively influence the health of community residents. These profiles were written to:

1. Describe the important connections between the built environment and health for practitioners in public health, city and regional planning, community economic development, and other related fields;
2. Support public health practitioners in looking beyond the traditional bounds of the healthcare system to address social and environmental determinants of health;
3. Suggest potential expanded roles for practitioners from diverse fields to promote health-enhancing improvements to the built environment;
4. Highlight a range of opportunities to create community-level change to the built environment through multi-sector partnerships with community residents, businesses, community organizations, and local government; and,
5. Provide concrete examples that demonstrate the importance of the built environment in promoting health.

Environmental factors contribute to disproportionately high incidences of negative health outcomes (cancer, asthma, injuries) in low-income communities which are often also beset with structural and institutional inequities. Disfranchised communities are more likely than wealthy communities to be the sites of hazards and,

BUILT ENVIRONMENT AND HEALTH: OVERVIEW OF PROFILES

The program profiles include: 1) a description of the geographic area and changes that were made; 2) the process required to implement the changes, including leadership and organizational collaboration; 3) any documented impacts, positive and negative; 4) lessons learned, framed as “wisdom from experience;” 5) supporting research that documents the connection between the built environment and health; and 6) next steps for action.

The program profiles tell the following stories:

1. Evergreen Cemetery Jogging Path: In the predominantly Latino, urban area of Boyle Heights, California in East Los Angeles, the Latino Urban Forum and neighborhood residents rally community-wide support to create a safe, 1.5 mile walking/jogging path. Community members previously had no access to parks or open space, but can now get physically active, in their own neighborhood.

2. Partners Through Food: In the Upper Falls community of Rochester, New York, a dynamic collaborative of community members increases access to healthy food by organizing for over five years to bring a full-service supermarket into a community which lacked a single grocery store.

3. Boston Lead-Safe Yard Project: An innovative partnership focusing on Roxbury and Dorchester in Boston, Massachusetts uses affordable techniques to minimize exposure to lead in inner-city yards—a contemporary environmental hazard linked to developmental disabilities and learning delays, particularly among children under six, living in older, urban homes.

4. Gardens for Growing Healthy Communities: A community/academic partnership transforms vacant lots into community gardens in urban neighborhoods throughout Denver, Colorado, creating and documenting new opportunities for physical activity, healthy eating and social connections among community residents, survivors of abuse and homeless people.

5. South Los Angeles Liquor Store Closures: Working to reduce violence and crime in South Los Angeles, California, this community-driven, grassroots effort organizes community residents to close neighborhood liquor stores that negatively impact community health and safety.

6. The Paterno Trivium: Community residents work collaboratively with city government to transform an unsafe traffic intersection into a neighborhood gathering spot and to improve the pedestrian environment on adjacent streets in Hudson Heights, New York City—an ethnically diverse, urban community.

7. The Fenway Alliance: A powerful coalition of 20 well-respected arts, culture and academic institutions revitalizes a cultural district by improving walkability through major infrastructure projects in Boston, Massachusetts. Although focused in a commercial district, their efforts demonstrate innovative roles for large-scale institutions in improving the built environment. Their work is focused on attracting African American and Latino pedestrians from nearby schools and communities.

8. Westside Project: With an eye toward improving the built environment, a collaborative of local government agencies, including the public health department, work to build community support and trust before building pedestrian amenities for residents in Stamford, Connecticut who had become wary after a history of displacement and gentrification.

9. The Seattle Department of Transportation: This citywide department pays special attention to achieving equity across geographic and economic boundaries while working to create an integrated network of pedestrian and bicycle infrastructure that promotes safe physical activity for residents throughout Seattle, Washington.

10. The Wray Health Initiative: In the rural town of Wray, Colorado a coalition builds a neighborhood walking path, basketball court and other features to make fitness fun for people of all ages by soliciting community buy-in and creating social support for activity.

11. Philadelphia Mural Arts Program: Utilizing a grassroots model, this effort engages community members, including ex-gang members, in the creation and painting of murals that improve aesthetics and transform neighborhoods in urban, economically disenfranchised communities throughout Philadelphia, Pennsylvania.

at the same time, often lack the infrastructure to support physical activity and healthy eating. Too many residents live in community environments that promote disease and injury and do not support healthy behaviors that can help them avoid major chronic diseases that result from sedentary lifestyles and poor nutrition (e.g., heart disease and stroke). Many people live in neighborhoods that are over-saturated with alcohol outlets and advertisements, lack grocery stores, have sidewalks in disrepair, have little access to open space, and have dangerously high traffic speeds.

Further, compared to residents of middle-class communities, residents of low-income neighborhoods—struggling with the presence of environmental hazards, crumbling infrastructure, and a lack of economic resources—face even more barriers to overcoming them. They often need to implement change in the face of inadequate transportation, fewer businesses in the neighborhood to support them, institutional barriers to neighborhood investment, and lack of influence within the local government. In addition, people's previous experiences of housing cost increases and gentrification may create a realistic concern that enhancing the neighborhood could result in unintended strain and disruption to the community.

However, the physical environment can promote health directly through access to clean air and water and can influence people's behavior by facilitating health-promoting activities, such as walking, biking, and healthy eating. Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions. To date, most published examples of improvements to the built environment have occurred in middle- and upper-class communities of predominantly White residents.

A good solution solves multiple problems: Changes to the built environment can have a positive impact on many health-related issues, from diabetes and asthma, to traffic safety and community violence. In many cases, a change to the built environment will simultaneously impact multiple health conditions.

In choosing these 11 profiles, we focus primarily on improvements in communities where the mean resident income is low and where concentrations of African American and Latino residents are high. We highlight how improvements to the built environment can enhance the health and well-being of members of these communities. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically

lacked important features such as well-maintained pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

In compiling these profiles, several themes emerged about how communities are able to overcome challenges and succeed.

- Broad, diverse participation is necessary to mobilize the resources and build the will to make community improvements.
- Efforts to create health-promoting environments provide opportunities to build community resilience and marshal community assets, rather than the more typical focus on risk factors.
- Persistence and innovation are common qualities of the organizers and organizing efforts that successfully brought about improvements to the built environment.
- Engaging communities to focus on changing the policies and practices of local organizations and institutions is part of an effective strategy for improving health and leaving behind lasting changes in neighborhoods.
- Focusing on the built environment fits well with other public health approaches that a) recognize that changing individual behavior involves changing social norms and environmental determinants of health and b) concentrate on the community as the unit of analysis and action.

- While making built environment changes may be necessary, they are not sufficient. As the profiles of the Wray Health Initiative in Wray, Colorado and the Westside Project in Stamford, Connecticut illustrate, improvements to the physical environment are significant components of a multifaceted strategy for promoting health that includes community education, increasing social capital and enhancing social support.

Over the past decade, more and more communities have emphasized the importance of making design decisions in the context of the overall community. The term “smart growth” refers to a land development strategy aimed at managing the growth of a community, minimizing automobile transportation dependence, and improving the efficiency of infrastructure investments. While “smart growth” initiatives have brought attention to the need to manage new growth and development effectively, *Built Environment and Health: 11 Profiles*, calls attention to the value of neighborhood-level changes within existing structures. Many low-income urban environments suffering from disinvestments and decay already have the skeleton of a walkable community and possess great potential. Practices as simple and routine as road repavement are opportunities for neighborhood enhancement. One road at a time, more space can be created for bicycles and pedestrians, and routes can be narrowed and altered to promote “traffic calming,” (i.e., decreasing vehicular speed, and increasing safety). These profiles demonstrate that small and incremental changes are opportunities to design solutions that suit unique neighborhood environments and are significant contributions toward improving health and quality of life locally. These changes offer substantial enhancements for the affected residents, and build momentum for further improvements.

In identifying profiles, a key goal was to highlight initiatives that clearly demonstrate linkages between environmental changes and changes in health behaviors

and outcomes. However, such projects are few and our selected efforts are not thoroughly evaluated. Documenting the health impact of environmental change efforts remains a challenge for a host of reasons. Communities generally are not collecting the quality and quantity of data needed to demonstrate impact. Some built environment initiatives are not explicitly designed with health outcomes in mind, and therefore health-related information may not be collected. Furthermore, multi-year surveillance of changes in population health status is often beyond the scale or resource capacity of localities. Therefore, to improve the evaluation of future initiatives it may be appropriate for local evaluation to focus on documenting changes in behavior. For example, a community can assess changes in rates of walking among residents in a manner that can be coordinated with national efforts examining changes in the rate of health conditions such as obesity and heart disease.

In cases where documenting behavior change is beyond an initiative’s scope or capacity, evaluation can focus on documenting the environmental change that occurred. With nationally supported evidence demonstrating that a specific environmental change at the community level yields a positive health outcome, communities can focus on implementing and documenting the particular environmental change, rather than attempt to document the expected behavior change. Toward this end, further investment in thorough case studies to evaluate the impact of some interventions, like those profiled in this report, may be warranted.

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design. Health practitioners can serve an essential role in collaborating with other professionals and working alongside neighborhood residents to create and promote healthy communities. Their participation becomes imperative as the conviction grows that addressing the social and

The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design.

physical environment is an essential element of a strategy to encourage healthy behaviors. Thus, a new role for public health leadership is emerging. In this emerging role, practitioners need to engage in three principal areas of action. The first is to assess the health impact of land use and community design options before decisions are made as well as after improvements are implemented. The second is to catalyze and facilitate inclusive partnerships with membership that stretches far beyond traditional health fields to plan new structures and redesign existing ones. Third, public health practitioners need to participate in policy-making on issues related to the built environment to ensure protection from toxins, access to healthy food outlets, places to walk and recreate, and other health-promoting environments.

While Prevention Institute was successful at documenting compelling profiles, we also found critical needs and unfulfilled opportunities in communities throughout the country where health and quality of life could be improved through changes to the built environment. Our hope is that the profiles that follow will stimulate and inspire practitioners from multiple fields and sectors to partner with community residents, design solutions, and take action to improve the built environment for the health and well-being of all.

SEATTLE, WASHINGTON

The Seattle Department of Transportation works citywide to create pedestrian and bicycle infrastructures that promote safe physical activity

Maintaining a commitment to bicyclists and pedestrians is a challenge that faces transportation and planning professionals who must keep pace with increased demand for automobile travel in rapidly growing cities throughout the US. Despite these pressures, the Seattle Department of Transportation (SDOT) continues to establish safe, interconnected bicycle and pedestrian pathways to encourage walking and bicycling for both transportation and recreation, making Seattle a model for the nation. Through partnerships with local advocacy groups, the SDOT's bicycle and pedestrian programs sponsor both community and staff initiated projects and work to ensure equitable distribution of limited resources across the region. By building safe, pedestrian friendly walkways and converting abandoned rails into a comprehensive urban trail system, SDOT is helping to create a city that encourages physical activity and promotes safe, reasonable alternatives to automobile travel.

THE PLACE

Surrounded by water on three sides, built on six hills of lush greenery, and set against a backdrop of mountains, Seattle is deemed one of the most beautiful urban areas in the country. The city boasts over 28 miles of shared use paths, 22 miles of on-street, striped bike lanes, and about 90 miles of signed bike routes. Seattle's population of about 563,374 is predominantly White, 13% Asian, 8% African American and 5% Latino, according to the 2000 US Census. The SDOT

estimates that about 36% of Seattle residents bicycle for recreation, and anywhere from 4,000 to 8,000 people use their bikes to commute to work daily, depending on weather and time of year.

THE PROJECT

Seattle has long demonstrated its commitment to improve streets and sidewalks, reduce congestion, and facilitate walking and bicycling by creating a safe, interconnected system that links neighborhoods with key destinations. The primary means for this work are the city's pedestrian and bicycle programs managed by the SDOT. Program coordinator, Pete Lagerwey is proud of what they've been able to accomplish so far: "Among the big cities, we do really great things."



SEATTLE DEPARTMENT OF TRANSPORTATION IS WORKING TO COMPLETE A CITYWIDE BICYCLE NETWORK.



SEATTLE LAW REQUIRES THAT AN ARTS COMMISSION PROVIDE INPUT ON AESTHETICS, LANDSCAPING AND ART FOR ALL PEDESTRIAN PROJECTS.

The pedestrian program promotes walkability by building accessible sidewalk ramps; installing and maintaining school-crossing signs, marked crosswalks, and sidewalks; constructing features that increase pedestrian safety and visibility at curbs and crossing islands; providing walking maps for Seattle's 60 public elementary schools; and identifying and responding to pedestrian safety concerns. The program has a broad purview that includes assessing and maintaining over 700 intersections, implementing both small- and large-scale pedestrian projects, making more than 300 improvements at spot locations throughout the city, and overseeing the gradual implementation of neighborhood plans developed by community residents in the late 1990's. Among the 37 neighborhood plans that were introduced by residents between 1996 and 1998 and adopted through City Council resolution from 1998 to 2000, 35 identified pedestrian issues of paramount importance, sending a strong, clear message to the SDOT that pedestrian safety is a top priority for neighborhood residents.

The scope of the bicycle program is equally broad. Its mission is to implement a comprehensive urban trail system that connects

"We'll bring testimonials from other people who've had trails built near them, we'll show real-estate advertisements which routinely boast 'proximity to trail' and try to give presentations that will help people overcome their fears."

the corners of the city with downtown. By converting abandoned rails into trails the city provides access to recreational activities, promotes bicycling as a viable transportation option, and links neighborhoods, parks, and open spaces throughout Seattle. This rails-to-trails system represents a longstanding goal to transform the city into a bike-friendly environment. In 1989, Lagerwey was involved in the negotiation process with the transcontinental rail system, Burlington Northern, that made it possible for SDOT to gain control of rail corridors as the company shut down rail lines.

The citywide bus system helps further these goals by offering free rides throughout downtown. This system provides a valuable service to the significant portion of downtown residents who commute to work on foot or by bike.

Despite Seattle's major infrastructure, policy, and programmatic strides toward a more pedestrian- and bike-friendly environment, this progress has been hard-won. "Nothing's easy; it's all difficult," said Lagerwey, who offered up one example. "In making transitions from rail corridors to trails, we have NIMBYs (Not In My Back Yard residents) that don't like the bike paths because they fear change, that they will hurt property values or result in crime. So, for every project, we'll bring testimonials from other people who've had trails built near them, we'll show real-estate advertisements which routinely boast 'proximity to trail' and try to give presentations that will help people overcome their fears. These presentations work well for people who are on the fence but don't change the adamant opposers. Still, we've never lost a trail because of NIMBYism. In the 1980's we did a phone survey interviewing residents adjacent to trails, tracked real estate values, monitored crime rates, and found that the trails have been overwhelmingly positive in terms of these factors as well as community building."

Funding can also be an issue, especially in a tight economy, Lagerwey explained. Working with the Fire Marshall is an on-going challenge because the fire department

frowns on traffic calming devices and anything that might narrow the streets. Staffing and time are often short; with just five people on staff, the bike and pedestrian programs at SDOT can't touch everything in a city as big as Seattle.

Despite these challenges, these programs stand out for their integrated approach to making healthy changes to urban environments. By partnering with local advocacy groups, responding to citizen groups and neighborhood plans, seeking review and comment from pedestrian and bicycle advisory boards, and conducting systematic inventories of neighborhoods, SDOT has worked to ensure equal distribution of limited resources for the greatest overall good.

Lagerwey notes that his programs are always “very concerned about social equity, so they have to balance being responsive while distributing resources fairly. If we based our decision-making entirely on an ‘inbox approach’ we’d be missing part of the picture, so we also have to use a systems approach.” For example, some residents may not feel comfortable calling authorities, so SDOT is careful to look closely at neighborhoods with the following characteristics to assess crash probability and to ensure equity across SDOT projects:

- high concentrations of immigrant populations
- walking seniors
- neighborhoods that are poor
- communities with the most kids
- intersections with high pedestrian usage or crash rates

THE PEOPLE

Diverse Partners Collaborate to Build Healthy Environments

Community input and citizen participation in SDOT programming, planning and implementation of walking and biking projects occurs through several different mechanisms. Institutionally, SDOT utilizes two mayor-appointed boards, a pedestrian advisory board,

By converting abandoned rails into trails the city provides access to recreational activities, promotes bicycling as a viable transportation option, and links neighborhoods, parks, and open spaces throughout Seattle.

and a bicycle advisory board, which meet once a month to review and comment on all major projects. These boards “look like the community, represented by men, women, people of color, young and old,” explained Lagerwey. “Every single month a speaker presents a project before the boards for review and commen-

tary. The boards have been very successful.” Through partnerships with Feet First, a pedestrian advocacy group, and Bicycle Alliance of Washington, SDOT also gets input from special interest groups and activists. In accordance with Seattle law, a design commission made up of community members and a full-time artist also provide input on aesthetic enhancements such as trees, landscaping, and public art installations for almost all large projects. The Arts Commission provides a “huge value in terms of safety, accessibility and aesthetics by integrating art into all capital improvement projects,” said Lagerwey.

SDOT also seeks resident input through official neighborhood groups and responds to individual calls from residents about neighborhood plans or specific locations of concern. In cases where members of SDOT staff identify safety-related issues, community members are informed of a proposed change through mailings or community meetings.



SAFE ROUTES TO SCHOOL ARE A PRIORITY FOR SEATTLE'S PEDESTRIAN PROGRAM.

THE RESULTS

Healthy Change in Local Environments

Walking and biking are known to be two important and popular forms of physical activity that are linked to improved cardiovascular health and reduced risks of diabetes and obesity. However, Lagerwey does not jump to quick conclusions about whether or not SDOT's bicycle and pedestrian work is correlated with increased physical activity or reduced injuries. He is clear that "in a macro sense we know what causes crashes and what prevents them, and we believe that by replicating these things throughout the city—like good walking routes and improvements at spot locations—that we've begun to have an overall impact." In 2003, the American Podiatric Medical Association (APMA) rated Seattle among the nation's top ten walking cities. The association's criteria included the number of people walking to work daily, air quality, number of parks, crime rates, dangers to pedestrians, and the availability of products, services, and amenities to serve pedestrians. While it is difficult to show causality and what came first, Seattle does have high "journey-to-work" rates via bike and foot, while maintaining low pedestrian fatalities (about one every ten years). Clearly this is indicative of an effective design that encourages and enables people to walk safely.

After nearly 15 years of negotiations, SDOT has now acquired 100% of the rail corridors needed to complete the bike trail system which is now two-thirds complete, with about \$12 million worth of projects in the pipeline and another \$25 to \$30 million needed to complete the citywide system.

The SDOT is comparing 1990 and 2000 census data. Nevertheless, it will be "hard to draw direct correlations," said Lagerwey, because Seattle's population has boomed over the decade. As SDOT builds up the bike trail system and connects long stretches of trail from industrial parts of town to the trail network, bike traffic increases significantly. "We get thousands of bicyclists, and then we are faced

SDOT has now acquired 100% of the rail corridors needed to complete the bike trail system which is now two-thirds complete.



SEATTLE BOASTS OVER 28 MILES OF SHARED USE PATHS THAT FACILITATE WALKING AND BIKING THROUGHOUT THE CITY.

with the decision to not widen trails because we don't want to destroy the reasons why people enjoy riding on them, either," said Lagerwey.

Although Seattle-specific impact studies have yet to be done, research suggests that improvements can increase health-promoting physical activity. Studies show that rates of walking and cycling have been positively correlated with neighborhood and environmental factors such as availability of walking paths and bicycle paths, the presence of highly connected pathways, and proximity to trails.¹ In *Environmental Factors Associated with Adults' Participation in Physical Activity*, Humpel et al. review quantitative studies that examine the relationship between features of the physical environment and activity among adults. The researchers found evidence for an association between convenience of, and access to, local facilities and activity.² In a study of 3,392 adults by Ball et al., perceptions of neighborhood convenience and attractiveness were associated with walking.³ Booth et al. studied over 2,000 older adults and similarly found that when footpaths were perceived as safe and accessible, participants were more likely to be active.⁴

Data also suggest that neighborhood level changes to the environment that slow traffic can prevent injuries. A systematic review

and meta-analysis by Bunn et al. in 2003 provides evidence that traffic calming strategies can prevent traffic-related injuries.⁵ In their article, “Creating a Healthy Environment: The Impact of the Built Environment on Public Health,” Jackson and Kochtitzky explain, “People are more likely to use parks, paths and bikeways when they are easy to get to and are safe and well-maintained.” The authors also explain that there are “several regulatory and design strategies that can be applied to make communities safer for both child and adult pedestrians and bicyclists.”⁶ Existing evidence suggests that improving access to a highly interconnected system of bike and walking paths throughout the community is likely to promote physical activity and prevent injuries among residents.

WISDOM FROM EXPERIENCE

Lagerwey shared some of his secrets for success: “When you develop a successful program, use it as a model to avoid reinventing the wheel. Balance outcomes and products, select long-term, medium-term, and short-term projects and do some of each in parallel so that things get done within time cycles, like city council terms. Give attention to the 3 P’s—policies, programs, and projects.” And finally: “Work to benefit all the pedestrians and cyclists, don’t spend all the time on one location; focus on systems issues.”

LOOKING AHEAD

SDOT continually reviews neighborhood plans and prioritizes projects for each year, while identifying new small and large projects on an ongoing basis. SDOT will continue to transform the remaining third of the rail corridors to link with the bicycle trail network. Recently, SDOT along with Feet First and the King County Department of Public Health, were the recipients of a Robert Wood Johnson Foundation Leadership for Active Living Grant to improve infrastructure and implement a public education and health promotion project in several communities over the next four years. All signs point to continued success of SDOT’s programs that encourage residents and visitors

to take advantage of Seattle’s natural beauty through health-enhancing walking and biking paths that provide safe and pleasant routes to all corners of the city.

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This is one in a series of 11 profiles that reveal how improvements to the built environment can positively influence the health of community residents. The examples illustrate how changes to the built environment can be particularly meaningful in communities that have historically lacked important features such as pedestrian infrastructure, services and institutions, or public art. Taken more broadly, the profiles demonstrate how improvements to the built environment have the potential to reduce health disparities.

The profiles were written and produced by Prevention Institute. Funding and guidance were provided by the Centers for Disease Control and Prevention’s National Center for Environmental Health. It is our hope that these profiles will stimulate and inspire partnerships between community residents and practitioners from multiple fields and sectors to design solutions and take action to improve the built environment for the health and well-being of all.