PolicyBrief

April 2012 | Housing Edition

# Housing and Planning for a Healthy Public:

## Land Use, Design and Development to Promote Health Equity

CADH Connecticut Association of Directors of Health

Strengthening local public health

Connecticut has some of the nation's most compelling racial and ethnic inequities in health outcomes. Designing, planning, and developing healthy, affordable homes in neighborhoods of opportunity can dramatically improve health outcomes and promote health equity – all while boosting the local economy. But improving the built environment requires strategic collaborations between local public health departments, town planners, municipal leaders and other town officials, state policymakers and agencies, developers and builders, and citizens.

This policy brief makes the case for formalizing planning-public health partnerships at the municipal level in Connecticut and identifies potential policy strategies that such partnerships could advance to improve conditions to promote health and health equity – one Connecticut community at a time.

# The Case for a Planning-Public Health Partnership

According to an article in the Centers for Disease and Control and Prevention's *Morbidity and Mortality Weekly Report*, both public health professionals and land use planners "aim to improve human well-being, emphasize needs assessment and service delivery, manage complex social systems, focus at the population level, and rely on community-based participatory methods."[2] In fact, historically, the goals of public health and planning were so aligned that two of the seven founders of the American Public Health Association were land use planners.

Though the disciplines drifted apart, their historic alignment makes it unsurprising that they have begun to reintegrate, with tremendous potential to advance the goals of both disciplines. Connecticut local public health professionals are responsible for ensuring the health of Connecticut's residents, working to enforce the Public Health Code, assessing public health needs, and implementing public health initiatives. Those initiatives span a range of needs as diverse as the communities they serve, with programs working to address cardiovascular health, maternal and child health, asthma, and sexually transmitted diseases, just to name a few. Those efforts are bolstered when town planners promote development of a built environment that supports healthy choices, reduces disease-related risk factors, improves health outcomes, and promotes health equity.

Municipalities have been granted zoning power to regulate land use, above all else, to protect the public's health, safety, and welfare.[3] Planners can best achieve that aim with relevant and meaningful local, regional and statewide data and information from local health departments. Through the Health Equity Index (the Index), local health directors can provide planners with neighborhood-specific data on current community conditions and health outcomes and trends to inform project and plan development with respect to health impacts ***(See Box 1).*** Through collaboration, planners can continue to improve their communities' built environments through data-driven decision-making that also promotes healthier lifestyles.

> **"Solving America's health crisis is going to take more than improvement to our health care system. To achieve better health and reduce costs, we need new ways of preventing disease and health crises where they begin—in our communities. In particular, that includes more collaboration and cooperation across the range of sectors and fields that are critical to creating a healthier nation"[1]**
>
> *- Robert Wood Johnson Foundation, New Public Health: Community Health*

In other states, public health professionals are increasingly becoming an integral part of the planning process at the municipal and regional level. As one example, the Tennessee's Knox County Health Department provided recommendations to improve zoning code decisions related to placement and maintenance of community gardens.[4] Collaboration is also a financial win for local health departments, planners, and municipalities. Many funding opportunities require cross-sector collaborations that address community conditions to promote health ***(See Box 2).***

Finally, the same planning and design principles that promote health and health equity also support economic growth. There is growing demand for more compact, walkable, transit-served, mixed-use, mixed-income communities.[5] Such development makes public transit more viable and thus reduces gas consumption, pollution, and individual transportation costs; allows for more cost-effective distribution and delivery of public resources and infrastructure; attracts a younger, vital demographic to Connecticut; boosts the local economy by both creating jobs and having customers living hear businesses; and increases a given municipality's taxable base.

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Box 1

### Health Equity Index

In a 2003 survey, local public health directors in Connecticut reported a need to improve health outcomes by addressing inequities in their communities but lacked reliable local data to make well-informed public health decisions. Accordingly, the Connecticut Association of Directors of Health developed a Health Equity Index (Index) that provides data ranking of community conditions and health outcomes for every city and town in Connecticut. The Index displays a profile of measures related to housing, education, safety, employment, environmental quality, economic stability, and civic engagement, factors referred to as the social determinants of health within a community. The ultimate goal is to promote improved health outcomes, with specific data-driven action, especially for residents who experience avoidable and disproportionate rates of disease and disability.

The maps and Index data contained in this policy brief were generated from the Index to highlight the robust impact of community conditions on health outcomes in Connecticut. Neighborhoods are ranked on a scale of 1 to 10 for each social determinant of health and specific measures within each determinant. A score of 1 is the least favorable measure (colored red) and a score of 10 is the most favorable measure (colored green).

As the Index has evolved, it is helping policymakers and planners understand connections between health trends and policy areas that have traditionally been viewed separately. Mapping seemingly disparate data sets can help policymakers across different fields work toward integrated solutions. And the Index can help policymakers focus efforts on the regions, cities, communities, and even specific neighborhoods where the need for actionable solutions is most dire.

# Advancing Policy Change

Planning for high-quality, reasonably-priced housing and other development in neighborhoods of opportunity is critical to promoting health and health equity. Providing specific model language on how best to create health-promoting and health-equalizing community conditions is beyond the scope of this policy brief. But general actions through which local health departments, planners, municipal leaders, and housing and community advocacy organizations can support meaningful policy change are outlined below.[7] In Connecticut, there are already several promising local and regional efforts underway to create healthy communities and promote equal opportunities for good health ***(See Box 3).***

### Local health departments should

use the Health Equity Index and other resources to ***routinely analyze and share data*** on the relationship between community conditions and health outcomes. That data could be used to ***assess health impacts of development.***

- A typical condition of planning and zoning commission approval is compliance with all applicable permits and requirements, which would include the Public Health Code. In municipalities where local public health departments routinely assess proposals for Public Health Code compliance, local public health officials could provide additional comments on the health impacts of the proposed project.
- For significant projects, local health departments could conduct full-scale, data-based health impact assessments.

### Municipal planners should

- ***Review data about the built environment*** relevant to health outcomes to inform plan and project development in the context of the community's health needs;
- ***Integrate explicit public health and health equity-related goals, objectives and policies into town plans of conservation and development,*** as have Mansfield, Old Saybrook, Thomaston, and Woodbury, Connecticut, and the Mashantucket-Pequot Tribal Nation, according to a 2010 survey conducted by the American Planning Association;[8]
- ***Update zoning language and adopt ordinances to promote health*** by, for example, allowing community gardens as-of-right in designated zones; prohibiting fast food restaurants from school zones; requiring pedestrian and bicycle infrastructure in development; or adopting form-based zoning, which focuses more on how buildings relate to each other in development, as opposed to traditional zoning, which primarily regulates separation of uses and establishes dimensional standards;
- ***Engage in transit-oriented development***, especially along the transportation corridors being created by construction of the New Haven-Hartford-Springfield Rail Project and the Hartford-New Britain Busway; and
- Using existing density and infrastructure, ***revitalize urban cores*** to attract middle-class households without gentrifying and pricing out existing residents, in collaboration with redevelopment authorities and committed developers to leverage existing state and local resources to improve neighborhoods.

### Municipal leaders should

***formalize public health-planning partnerships.*** Formalizing a planning-public health partnership establishes a consistent framework for collaboration, delineates relationships and responsibilities, and allows for accountability. Partnerships may be advanced by:

- ***Requiring and facilitating quarterly meetings*** between local public health officials, town planners, and other community partners to actualize the policy suggestions outlined above; and
- ***Appointing public health officials to planning and zoning commissions*** in Connecticut municipalities where planning and zoning commissions are appointed rather than elected.

### Housing and community advocacy organizations should

engage local health departments, municipal planners, and elected officials to support them in advancing policy solutions that create more affordable housing in neighborhoods of opportunity, including

- ***Participation in the HOMEConnecticut Program,*** which helps and encourages municipalities to zone for higher-density, mixed-income housing in smart growth locations;
- ***Use of governmental housing subsidies,*** such as the Low-Income Housing Tax Credit program, to place new subsidized housing in healthy neighborhoods;
- ***Conversion of foreclosed properties to affordable housing,*** particularly where there is community oppostition to the construction of new mixed income developments;
- ***Support of mobility counseling,*** which, using government housing subsidies, educates families about the potential opportunity benefits found in neighborhoods that may be unfamiliar to them;
- ***Support of the creation of health housing vouncher*** for use by qualified families who face adverse health outcomes due to neighborhood conditions; and
- ***Adoption of robust affirmative marketing plans*** to ensure racial diversity in government subsidized housing.

### Transportation officials should

***engage in development-oriented transit*** to ensure not only that development occurs along transportation lines, but conversely, that transportation lines are created, expanded, or rerouted to provide public transit options where development in health-promoting communities already exists.

– Town hall meeting

> **" [The] modern America of obesity, inactivity, depression, and loss of community has not 'happened' to us. We legislated, subsidized, and planned it this way." [6]**

– Richard Jackson

# Health and the Built Environment

Health outcomes are profoundly influenced by the built environment and community design. The groupings of buildings, quality and placement of public spaces, character of neighborhoods, design of streetscapes, and access to public transportation all impact a community's ability to achieve optimum health. Among other factors, community conditions can impact physical activity levels, community safety, food access, air quality, social cohesion, and even economic and educational opportunities, especially for racial and ethnic minorities.

In Connecticut, 56.2% of its adult population is either overweight (36.5%) or obese (19.7%),[10] and 25.9% of its high school students are either overweight (14.7%) or obese (11.2%). Obesity rates are higher among Hispanic and Latino teenagers (17.9%) and Black and African American teenagers (15.4%) than among White (9.2%) teenagers.[11] Obesity is a risk factor for a host of chronic diseases, including diabetes, coronary heart disease, and asthma. But many Connecticut residents live in environments hostile to physical activity and unsupportive of a healthy diet.

In urban settings, community conditions that can impede healthy choices include unsafe neighborhoods, limited access to healthy foods, and poor environmental quality. Unsafe neighborhoods may keep adults and children from biking, running, walking, or playing outdoors. Certain aspects of the physical environment can, however, promote community safety. For example, building patterns that provide an area that residents feel they control, the ability to see what's happening around an area, and lack of visible signs of deterioration can reduce street crime. Residents living

in environments with more vegetation also report less uncivil, aggressive and violent behavior and lower levels of fear among residents.[12]

Inability to access fresh fruits and vegetables and other healthy foods can make it difficult or impossible for residents to make healthy food choices. Convenience stores, gas stations, and fast food outlets may provide the only food available in neighborhoods of concentrated poverty. Not surprisingly, residents in communities with a greater prevalence of unhealthy food retailers have more health problems and higher mortality rates than residents of areas with a higher proportion of grocery stores.[13]

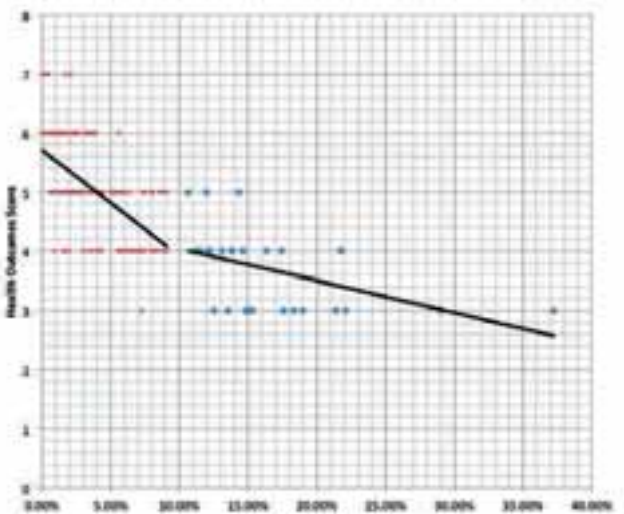
Poor outdoor air quality can also adversely impact health status. In Connecticut, prevalence of asthma among adults is 9.3%, slightly higher than the national prevalence of 8.5%.[14] Racial and ethnic minorities disproportionately bear the burdens of asthma and other respiratory ailments.[15] Living in proximity to heavily trafficked areas and other mobile pollution sources, as well as living near non-mobile pollution sources, such as factories, greatly increases the risk of developing or exacerbating asthma and other respiratory ailments. Accordingly, land use decisions and transportation investments that decrease car-dependent designs and development near other pollution sources can also improve respiratory health outcomes for some of Connecticut's most vulnerable populations.

Community conditions can present barriers to healthy decision-making in suburban and rural settings as well. Low-density zoning and the overall pattern of segregating land uses have contributed to sprawling, car-dependent land use patterns. Between 1966 and 2009, bicycling and walking levels fell 66%, and the number of children who bicycled or walked to school fell 75%. During that same period, obesity levels increased by 156% among the entire population and by 276% percent among children specifically. Furthermore, states with the highest levels of bicycling and walking generally have the lowest levels of obesity, hypertension, and blood pressure.[16] Walkable neighborhoods are also critical to serving the third of the population that does not drive, including children, seniors, and those who cannot afford a vehicle.[17]

The built environment is strongly predictive of a community's social cohesion. Of greatest relevance to suburban and rural communities, for every 1% increase in the proportion of neighbors who drive to work, there

**Figure 1: Connecticut Affordable Housing Concentrated in Unhealthy Environments**

The Health Equity Index *(See Box 1)* provides an overall health outcome score for every municipality in Connecticut. There are 31 municipalities in Connecticut where at least 10 percent of housing stock is considered affordable (plotted in red). The other 138 municipalities have less than 10% affordable housing stock (plotted in blue). The graph above shows a correlation between high percentage of affordable housing and low health outcome scores. Affordable housing is least available in the state's most health-promoting areas.



**Box 2**

## Selected Initiatives Requiring Cross-Sector Collaboration

Many funding opportunities require cross-sector collaborations.

- The **Health Impact Project** is a national initiative designed to promote the use of health impact assessments (HIAs)—evidence-based processes that determine the potential health effects of a project or policy on a given population—as a decision-making tool for policymakers. Applicants who were funded to conduct a series of HIA demonstration projects were selected in part on the basis of cross-sector collaborations with non-traditional partners, such as those in housing and transportation.
- **Community transformation grants** (CTG) awarded by the Centers for Disease Control and Prevention (CDC) require grantees to effectuate policy and other changes to reduce risk factors responsible for the leading causes of death and disability and to prevent and control chronic diseases. The five CTG-outlined strategic directions are (1) tobacco free living, (2) active living and healthy eating, (3) high impact quality clinical and other preventive services, (4) social and emotional wellness and (5) healthy and safe physical environment.
- **CDC's ACHIEVE** (Action Communities for Health, Innovation, and EnVironmental ChangeE) communities are funded to build healthy communities and eliminate health disparities by developing and disseminating tools, models, activities, and strategies for collaborating with a broad cross-section of community partners to, among other activities, promote physical activity and healthy eating.

is a 73% decrease in the chance that any individual neighbor will report having a social tie to a neighbor.[18] In urban centers, an unsafe community can also significantly decrease social cohesion by discouraging neighborhood foot traffic and thereby decreasing the chance of spontaneous social opportunities. Lack of social cohesion can lead to stress, increased vulnerability to natural disasters and epidemics, mental illness, substance abuse, and reduced life expectancy.[19]

Finally, racial residential segregation and concentrated poverty themselves are tied in direct and indirect ways to adverse health outcomes.[20]

# Health Inequity in Connecticut

Health equity is the fair and equal opportunity for every person to attain his or her full health potential. Although Connecticut is one of the wealthiest states in the country, it has some of the nation's most disturbing inequities in health status. It is well-documented that racial and ethnic subgroups in Connecticut suffer disproportionately from major chronic diseases and other causes of death. For example, Black or African American Connecticut residents had a hospitalization rate for asthma about *3.7 times greater* than that of White residents; and Hispanics and Latinos had a hospitalization rate *3.9 times* that of Whites.[24]

The root causes of Connecticut's disparate health outcomes are complex. They are determined not just by individual-level factors, such as genetics, individual behaviors and access to medical services. In fact, *at least half of all health outcomes* may be driven by community conditions – social, political, economic, environmental – such as access to quality, affordable housing in walkable neighborhoods.[25] Accordingly, to meaningfully promote health equity, municipalities statewide must create access to high-quality, reasonably-priced housing and other community development in neighborhoods with meaningful opportunities to support health. The planning for such housing opportunities ought to consider the housing needs of the entire region – not just those of the individual town. The Health Equity Index provides relevant local data to promote health equity by targeting the community conditions that impact health ***(See Box 1 and Figure 2).***

It is also well-documented that residential racial segregation persists in Connecticut. A recent report commissioned by the Connecticut Fair Housing Center found that rates of residential segregation are high for both African American and Latino populations in Connecticut.[26] On a report card for racial and ethnic equity for the top 100 metropolitan areas in the U.S., one of whose measures in residential segregation, one Connecticut metropolitan area (Bridgeport-Stamford-Norwalk) ranked in the worst bottom ten for black-white equity, and three Connecticut metropolitan areas (Bridgeport-Stamford-Norwalk, New Haven-Milford, and Hartford-West Hartford-East Hartford) ranked in the bottom ten for Latino-white equity.[27]

Because of a long history of segregation-promoting policies that have disproportionately concentrated people of color in unhealthy places, place is a strong predictor of health outcomes. Five of Connecticut's largest cities account for 42.1% of all asthma hospitalizations statewide. As a specific example, the asthma hospitalization rate for children in New Haven is about 5.6 times higher than that for the rest of the state.[28] Though socioeconomic status (SES) is an important determinant of racial and ethnic health inequities, most studies find that such differences persist, even after controlling for SES.[29]

**"Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." [23]**

*– Healthy People 2020*

According to the Health Equity Index ***(See Box 1),*** of the 15 Connecticut municipalities with the lowest health outcome scores, 14 of them are municipalities where at least 10 percent of housing stock is considered affordable. In other words, affordable housing is least available in the state's most health-promoting areas ***(See Figure 1).***

Opportunity mapping by the Connecticut Fair Housing Center shows that in Connecticut, 81% of Blacks and African Americans, 79% of Hispanics and Latinos, 44% of Asians and 26% of Whites live in neighborhoods of low and very low opportunity, where measures of opportunity include access to thriving schools, safe streets and employment. Conversely, only 10% of Blacks and African Americans, 11% of Hispanics and Latinos, 37% of Asians, and 51% of Whites live in areas of high and very high opportunity.[21] When jobs, good schools, and other resources migrate outwards from the core city, poverty is concentrated in neighborhoods that are left behind.[22]

**" Thirty years ago, our major emphasis was transferred from the physical environment to the individual. Today, we must shift our gaze from the individual back to the environment, but in a broader sense… to the whole social and economic environment in which the individual lives and moves and has his being." [9]**

*– Charles E.A. Winslow, President of the American Public Health Association, 1941*

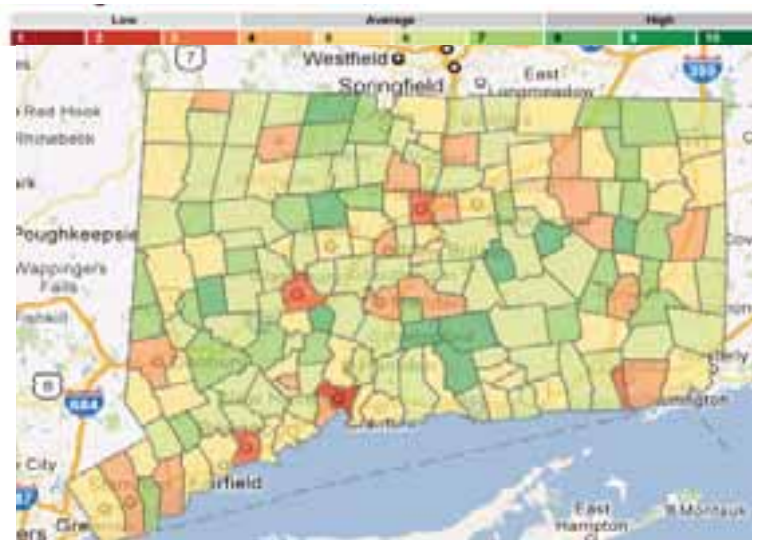



**Figure 2: Housing in Connecticut Towns.**

Health Equity Index housing scores are calculated for each of Connecticut's 169 municipalities from a variety of indicators, including the percent of households paying over 30% of income for rent, the number of subsidized housing units per 1000 local residents, and crowded housing as a percent of total households. Statewide, urban centers, where racial and ethinc minorites are most concentrated, fair most poorly on housing measures. For more information about the Health Equity Index and how to read this map, please see *Box 1*.

## Box 3 Connecticut Efforts to Create Healthy Communities

- **Hamden, Connecticut**, a suburb of New Haven, implemented the state's first "hybrid" zoning code. It mandates form-based regulations along the town's three main corridors but leaves traditional zoning intact in the other sections of town.
- **Capitol Region Council of Governments,** a voluntary association of municipal governments serving the City of Hartford and 28 surrounding communities sponsored drafting of *Smart Growth Guidelines for Sustainable Design and Development.* The Guidelines provide growth strategies that use less land and energy, provide safe, affordable housing options for people of all incomes and ages, and support transportation options such as walking, biking, and public transit.
- **Eastern Highlands Health District,** serving 10 predominantly rural Connecticut communities established a cross-sector regional coalition that includes area town planners. The coalition advocated successfully for Mansfield to revise its subdivision regulations to increase opportunities for active living by residents.

**Figure 3:**

**Crowded housing as a percent of total households** | **Infectious disease**

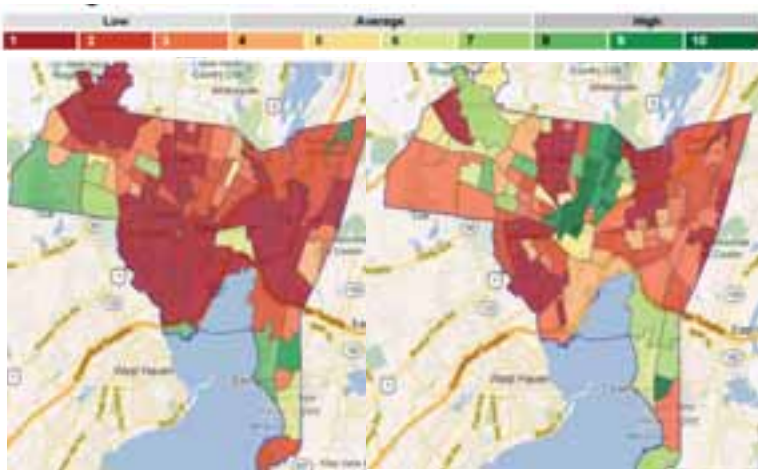


**Figure 4:**

**Percentage of household with income below the poverty line** | **Years potential life lost**

These side-by-side Health Equity Index maps illustrate the correlation between overcrowded housing conditions and rates of infectious disease in Hartford *(Figure 3)* and poverty and life expectancy in New Haven *(Figure 4)*. Community conditions—such as housing, environment quality, and economic security—correlate strongly with health outcomes in communities throughout the state—urban, suburban, and rural alike. For more information about the Health Equity Index and how to read this map, please see *Box 1*.

# Housing and Health

## Housing Conditions

It has been long-known that housing is a significant determinant of health. Lead exposure can lead to significant abnormalities in cognitive development; asbestos and radon exposure can increase the chance of developing lung cancer; uncontrolled moisture, mold, pests, and other triggers cause or exacerbate asthma and other respiratory dysfunction; inadequate heat can lead to use of inappropriate heating sources such as portable heaters, candles, and gas stoves, potentially resulting in fires or carbon monoxide poisoning; and poorly maintained stairwells and other structures can cause injuries.

In many cases, health outcomes can be improved by making physical changes to a home. For example, standards for structural integrity, pest control, fire safety, thermal comfort, and other aspects of the home environment have been promulgated and in many states and municipalities have been codified. But many outmoded housing codes do not reflect current scientific understanding of the impact of housing on health outcomes. And when adequate codes are in place, they can be meaningless when budget-strained cities cannot afford to enforce them. Nonetheless, the emergence of housing codes was a policy revolution and a significant success in the history of public health.

Connecticut's embrace of a "healthy homes" approach has also vastly improved housing conditions. For example, by 2009, lead abatement programs virtually eliminated elevated blood lead levels (>10µg/dL) in children less than 6 years of age in Connecticut.[31] The Center for Disease Control and Prevention's (CDC's) Healthy Homes model is a "coordinated, comprehensive, and holistic approach to preventing diseases and injuries that result from housing-related hazards and deficiencies."[32] Selected interventions successfully implemented in Connecticut as part of a Healthy Homes approach are described in ***Box 4***. But creating a healthy home only goes so far to promote health and health equity. That home must also be affordable.

## Housing Affordability

Despite a growing need, Connecticut's affordable housing stock remains woefully inadequate. In only 31 of Connecticut's 169 municipalities is at least 10 percent of housing stock considered affordable.[33] The median value of a home in Connecticut is $288,800, the eighth highest nationally, and only 23% of homes are valued under $200,000. Among other factors, high housing costs are the result of urban divestment and restrictive zoning, which have together lead to a chronic undersupply of modest-sized, affordable homes.[34] Racial and ethnic minorities are disproportionately affected. The home ownership rate among White households is 76.5% in Connecticut, compared with 36.9% for households of color, which includes Black or African American, Hispanic or Latino, and other races. Among the 50 states and Washington D.C., Connecticut ranks the 3rd worst in the nation on racially based equity in home ownership.[35]

With home ownership becoming increasingly unaffordable, more residents are renting, and that increased demand for rental property is driving up rental prices as well. The average $23.58 per hour wage needed to affordably rent a typical 2-bedroom apartment in Connecticut—nearly $49,000 annually—is the 6th highest in the nation. The

**Box 4**

### Selected "Healthy Homes" Interventions

- **Connecticut LAMPP (Lead Action for Medicaid Primary Prevention),** an early intervention and prevention program to reduce lead hazards in home in fourteen cities and towns in Connecticut
- **Lead Poisoning Prevention and Control Program,** through which Connecticut's local health departments managing cases, conducting epidemiologic and environmental investigation, and ordering remediation or abatement of properties that can or have caused lead poisoning, especially in children
- **Putting on AIRS (Asthma Indoor Risk Strategies),** an evidenced-based home visitation program, focusing on indoor asthma triggers and education about asthma as a chronic illness
- **Easy Breathing,** an asthma management program based at Connecticut Children's Medical Center, which empowers the clinician to counsel patients on management of asthma triggers in the home environment

average wage levels of nearly half of Connecticut's occupations fail to meet that threshold.[36] Connecticut's racial and ethnic minorities are disproportionately affected with respect to rental affordability as well.

High housing costs leave families with insufficient income left for food, health care, prescriptions and other health essentials. Parents may find it necessary to work multiple jobs to pay rent, leaving less time to spend with children, potentially leading to poorer school performance, substance abuse, and early sexual activity. Families unable to afford housing also may move frequently—resulting from eviction, foreclosure, and temporary arrangements—and may live in overcrowded conditions, resulting in higher risk for communicable disease. The physical and emotional toll of these factors can cause significant adverse health outcomes ***(See Figures 3 and 4).*** At its worst, inability to afford housing leads to homelessness, which exacerbates any health problem, and makes medical treatment and follow-up nearly impossible.

But even well-maintained, affordable housing does not go far enough to meaningfully promote health equity. That housing must be located in areas of opportunity that support healthy choices and promote healthy living. Coordinated efforts between local health departments, town planners, municipal leaders, and housing and community advocacy organizations can actualize that vision in every Connecticut municipality.

**"…the general welfare and the security of the Nation and the health and living standards of its people—require a decent home and a suitable living environment for every American family." [30]**

*– The Housing Act of 1949*

# Health Equity Index Model:
## Community Conditions Impact Health Status


Health equity is the fair and equal opportunity for every person to attain his or her full health potential. The Health Equity Index (Index) is a tool that provides data ranking of community conditions and health outcomes for every city and town in Connecticut. Health outcomes are not just determined by individual-level factors, such as genetics, behaviors, and access to medical services. This Index model shows community conditions that may influence at least half of all health outcomes.

# Conclusion

Public health has traditionally associated housing and the health of the built environment with issues such as lead abatement, reduction of home-related asthma triggers, and sanitation. But public health has begun to take a broader view, recognizing that affordability of housing and its place in a community are critical to addressing some of Connecticut's most significant racial and ethnic health inequities. Similarly, planners have begun to realize that the same tools that regulate how development is integrated into a community's context can also support development that provides every resident the equal opportunity to attain his or her full health potential. Through strategic partnerships and thoughtful local policymaking, local public health departments and municipal planners can create communities that grow the local economy, protect the environment, increase social cohesion, and above all, promote equal opportunities for good health for all Connecticut residents.

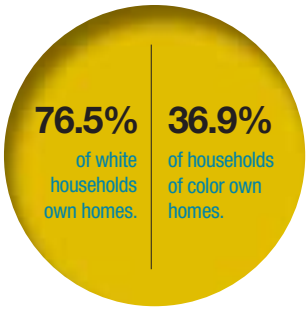


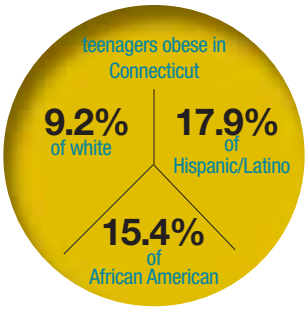

# Summary


Designing, planning, and developing healthy, affordable homes in neighborhoods of opportunity can dramatically improve health outcomes and promote health equity. Strategic collaborations between local public health departments, town planners, municipal leaders, housing and community advocacy organizations, and transportation officials can make it happen.

- **Local health departments** should use the Health Equity Index and other resources to routinely analyze and share data on the relationship between community conditions and health outcomes and assess health impacts of development.
- **Municipal planners** should review health data to inform development, integrate public health and health equity-related goals into town plans of conservation and development, update zoning language and adopt ordinances to promote health, engage in transit-oriented development, and revitalize urban cores.
- **Municipal leaders** should formalize public health-planning partnerships by requiring and facilitating quarterly meetings and, where possible, appointing public health officials to planning and zoning commissions.
- **Housing and community advocacy organizations** should engage local health departments, municipal planners, and elected officials to support them in advancing policy solutions that create more affordable housing in neighborhoods of opportunity.
- **Transportation officials** should engage in development–oriented transit.


# Connecticut Facts



**" Solving America's health crisis is going to take more than improvement to our health care system. To achieve better health and reduce costs, we need new ways of preventing disease and health crises where they begin—in our communities. In particular, that includes more collaboration and cooperation across the range of sectors and fields that are critical to creating a healthier nation"[1]**

- Robert Wood Johnson Foundation, New Public Health: Community Health

# Credits

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Alyssa Norwood, JD, MPH,
Health Program Associate of the Connecticut Association of Directors of Health, authored this policy brief.

Annamarie Beaulieu, Erin Boggs, Jennifer Kertanis, Elizabeth Krause, Moira Lawson, Shelby Mertes, Sharon Mierzwa, Emily Moos, Alexandrea Murphy, Michael Muszynski, and Robert Ogilvie provided valuable information and editorial comments.

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**241 Main Street, 2nd floor | Hartford, CT 06106**
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