WASHINGTON, DC (August 2011) — The way in which we construct our built environment—from a single building to a neighborhood to an entire region—affects the health of humans and the natural environment in myriad ways. Haphazard development patterns and unhealthy buildings have contributed to skyrocketing obesity rates, an increasing number of asthma cases, environmental degradation, eroding neighborhood relationships, and unpredictable and dangerous changes to our climate, among other consequences.

MAKING HEALTHY PLACES: DESIGNING AND BUILDING FOR HEALTH, WELL-BEING, AND SUSTAINABILITY (Publication date: August 11, 2011), edited by Andrew L. Dannenberg, Howard Frumkin, and Richard J. Jackson, draws on the expertise of top leaders in the health and urban planning fields to suggest action steps for improving human and environmental health by changing the way we design and plan our communities. The contributors to MAKING HEALTHY PLACES, including Jim Sallis, Karen Glanz, Jonathan Samet, Ichiro Kawachi, Reid Ewing, Bill Sullivan, Tim Beatley, analyze issues from food and water supply to mental health and social networks, exploring the many connections between design, human health, and environmental sustainability.

MAKING HEALTHY PLACES follows and expands upon the groundbreaking work Urban Sprawl and Public Health, published in 2004. Its chapters address the different approaches of the public health and planning and design fields and show the promise of taking a much-needed cross-disciplinary approach to creating livable, healthy communities. Special attention is given to considerations important to designing for the most vulnerable populations, such as persons with disabilities and persons with low incomes. Practical tools are offered for reconsidering policy, effectively engaging the community, and filling in the gaps in current research agendas.

The website www.makinghealthyplaces.org offers additional resources including key points and discussion questions for each chapter, the research agenda compiled by the book's
contributors, and feedback from professors and students using the text in courses and professionals using its ideas to inform their own plans and designs.

**MAKING HEALTHY PLACES** offers not only new analysis into how the built environment impacts human health, but also the tools needed to ensure that places and spaces created are livable, sustainable, and healthy.

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**Making Healthy Places: Designing and Building for Health, Well-being, and Sustainability**
Edited by Andrew L. Dannenberg, Howard Frumkin, and Richard J. Jackson
Island Press Hardcover / Paperback
448 pages Price: $80.00 / $40.00 ISBN: 978-1-59726-726-7 / 727-4
Publication Date: August 11, 2011
Website: [www.makinghealthyplaces.org](http://www.makinghealthyplaces.org)

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1. Since the publication of *Urban Sprawl and Public Health* in 2004, how have the urban design and planning fields changed?

Many things have changed. Market trends now suggest younger people want energy efficient housing in walkable neighborhoods near parks, commercial services, and public transit. During the recent recession, housing prices fell much more in low-density suburban communities than in urban walkable areas, especially as gas prices rose. Research and publications on healthy community design have grown substantially over the past decade. Language has appeared in numerous federal, state, and local bills, especially those addressing transportation, that reflects concerns for healthy community design. More universities are developing joint programs on public health and urban design. Finally, health care reform legislation includes a major focus on prevention, such as creating places where people can be physically active.

2. Why is it imperative to consider the natural environment, built environment, and human health as an integrated system when creating healthy places today?

It is critical for many reasons, but mainly because:

- How we design our communities affects health, including factors like physical activity and obesity, air pollution and asthma, injuries, mental health, family and social relationships, environmental justice, and social equity;
- Multiple trends are converging for which healthy community design can be a major solution, for example, obesity, an aging population, peak oil, population growth, increasing urbanization, and climate change; and
- Healthy community design embraces market forces, since demand is increasing for livable, walkable neighborhoods that are not automobile-dependent.

3. Don’t social and economic forces determine health?
Social, economic, and environmental factors are inextricably entwined to affect health. Like a computer, a community needs both software (social and economic factors) and hardware (physical environment) to function. For example, personal safety can be improved by hiring a larger police force or by creating spaces that invite people to spend more time at the street level (what Jane Jacobs describes as “eyes on the street”).

4. **Some people say that we have built this way because it is how we want things. What do you say to that?**

Many of the reasons people moved to the suburbs included a desire for parks and green space, good schools, and less crime, but all of these can now be found in rejuvenated cities. In addition, the fact that real estate values are rising in smart-growth urban redevelopment projects is a market signal that there is demand for such housing.

5. **Aren’t children better off growing up in the suburbs?**

At a very young age, children may benefit from playing in a low-traffic suburban neighborhood with a cul-de-sac design, but this type of environment forces them to spend large amounts of time in cars and discourages walking to destinations. In their late elementary school and young teenage years, they need to be physically active and establish their independence, ideally by being able to reach school, stores, friends’ houses, etc., by foot or bike rather than by car. Injury risk is a mixed picture—long hours spent in cars have an injury risk just like walking and biking do; but these injury risks can be reduced by improved community design.

6. **How did we allow our buildings, neighborhoods, cities, and regions to become so unhealthy?**

The post-WWII generation was drawn to the suburbs by space, greenery, schools, and perception of safety, and supported by readily available cars, cheap gasoline, road-building initiatives, and mortgage policies, all of which encouraged suburban development. The consequences of traffic congestion, motor vehicle injuries, physical inactivity, and social inequity were less obvious then. We know more about these issues now, so it is time to encourage better community design policies to improve health.

7. **Some people say that you are calling for gentrification, for driving poor and working people out of urban areas. How do you respond?**

Gentrification and affordable housing are important issues, and market forces need to be tempered by social policies to assure affordable housing and promote social equity. Various strategies are available to minimize the adverse effects of gentrification, such as creating affordable housing for all incomes by developing mixed-income communities, adopting inclusionary zoning policies that require inclusion of affordable units, and providing incentives to reduce displacement such as a density bonus that allows a developer to build extra units if some are affordable. Other strategies include approving policies to ensure continued affordability of housing units and the ability of residents to remain in their homes, increasing individuals’ assets to reduce dependence on subsidized housing, ensuring that new housing-related investments benefit current residents, and involving the community in development decisions. More details on such strategies are available at [http://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm](http://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm).
8. What is the biggest obstacle to making places healthy?

Policy — we need a culture change that recognizes the health implications of policy decisions, also known as “health in all policies” or “health at the table.” Policies in sectors such as transportation, housing, education, agriculture, and banking all affect health. Ideally public health professionals should routinely provide information about health impacts to decision makers in those fields. For example, a transportation policy that promotes transit, walking, and biking over road-building or a zoning ordinance that mandates maximum allowable parking spaces, rather than minimum parking requirements, favors health.

9. Are there manageable ways for individuals to improve the environments in which they live and work?

Absolutely. For example, individuals can work with local advocacy groups to improve transit and pedestrian and bicycling infrastructure, create community gardens, conserve energy and water in their daily lives, and choose to live in walkable mixed-use neighborhoods that enable sustainable lifestyle behaviors.

10. You end the book with a research agenda. What is needed to carry out some of these research priorities?

- Resources – Funding from governments and foundations for work in healthy community design has been limited to date compared to the potential of such work to promote health and yield enormous health care savings in the long term.
- Capacity – Ideally every student of public health or planning should learn about healthy community design as part of their professional training, and all existing practitioners in these fields should explore the topic during their continuing education.
- Leadership – Legislators, mayors, governors, and presidents, as well as the non-profit and private sectors, can all provide the leadership needed to move the field forward.
- New tools – Walkability scores, GIS systems, and social media all offer new opportunities to advance research and communication in this field. Further innovation will provide additional benefits.
BIOGRAPHY

Andrew Dannenberg

Andrew L. Dannenberg, MD, MPH, is a consultant to and former team leader of the Healthy Community Design Initiative at the Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health in Atlanta. For the past decade his research and teaching have focused on examining the health aspects of planning and designing our built environment. He has a particular interest in the use of a health impact assessment as a tool to inform community planners about the health consequences of their decisions. He previously served as director of the Division of Applied Public Health Training at CDC.

Dr. Dannenberg is also an affiliate professor in the Department of Environmental and Occupational Health Sciences and in the Department of Urban Design and Planning at the University of Washington in Seattle, where he teaches courses on healthy community design and on health impact assessment.

In addition to his earlier CDC work, Dr. Dannenberg served as the preventive medicine residency director and as an injury prevention epidemiologist on the faculty at the Johns Hopkins University School of Public Health in Baltimore. He was also a cardiovascular epidemiologist at the National Institutes of Health in Bethesda.

Dr. Dannenberg received an MD from Stanford University and an MPH from Johns Hopkins University, and completed a family medicine residency at the Medical University of South Carolina.

He is co-editor of MAKING HEALTHY PLACES: DESIGNING AND BUILDING FOR HEALTH, WELL-BEING, AND SUSTAINABILITY with Howard Frumkin and Richard J. Jackson, published by Island Press in August 2011.
BIOGRAPHY

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Howard Frumkin, MD, DrPH, is dean of the School of Public Health and professor of Environmental and Occupational Health Sciences at the University of Washington. He previously served as director of the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry at the Centers for Disease Control and Prevention (CDC), where he established programs in climate change and in the built environment. He also served as special assistant to the CDC director for climate change and health.

Dr. Frumkin received an MD from the University of Pennsylvania, an MPH and a DrPH from Harvard University, and further internal and occupational medicine training from the University of Pennsylvania, Cambridge Hospital, and Harvard University.

He has co-authored two Island Press Books: Urban Sprawl and Public Health and most recently MAKING HEALTHY PLACES: DESIGNING AND BUILDING FOR HEALTH, WELL-BEING, AND SUSTAINABILITY with Andrew Dannenberg and Richard J. Jackson. His other books include Environmental Health: From Global to Local and Safe and Healthy School Environments.

He is also the author or co-author of over 180 scientific journal articles and chapters. He is a fellow of the American College of Physicians, the American College of Occupational and Environmental Medicine, Collegium Ramazzini, and the Royal College of Physicians of Ireland.
BIOGRAPHY
Richard Jackson

Richard J. Jackson, MD, MPH, is professor and chair of Environmental Health Sciences at the School of Public Health at the University of California, Los Angeles. He is also a faculty member in the departments of Pediatrics, Urban Planning, and the Institute of the Environment and Sustainability at UCLA. A pediatrician and public health leader, he has served as State Health Officer for California and in many other leadership positions in both the environmental health and infectious disease fields. For nine years he was director of the Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health in Atlanta, for which he received the Presidential Distinguished Service award.

While in California he helped establish the California Birth Defects Monitoring Program and state and national laws to reduce risks from dangerous pesticides, especially to farm workers and children. While at the CDC, he established the national asthma epidemiology and control program, oversaw the Childhood Lead Poisoning Prevention Program, and instituted the current federal effort to “biomonitor” chemical levels in the U.S. population. In the late 1990s he was the CDC leader in establishing the U.S. National Pharmaceutical Stockpile to prepare for terrorism and other disasters (the stockpile was activated on September 11, 2001). He has received the Breast Cancer Fund’s Hero Award, as well as Lifetime Achievement Awards from the Public Health Law Association and New Partners for Smart Growth. He received an MD from the University of California at San Francisco and an MPH from the University of California at Berkeley.

Dr. Jackson lectures and speaks on many issues, particularly those related to the built environment and health. He has co-authored two Island Press Books: Urban Sprawl and Public Health and, more recently, MAKING HEALTHY PLACES: DESIGNING AND BUILDING FOR HEALTH, WELL-BEING, AND SUSTAINABILITY with Andrew L. Dannenberg and Howard Frumkin. He is the narrator of a 2011 PBS special Designing Healthy Communities. He has served on many environmental and health boards, as well as the Board of Directors of the American Institute of Architects.