



## Healthy Neighborhoods

### Position Statement of the American Heart Association

#### Introduction

Where someone lives is a strong predictor of how long and how well they live.<sup>1,2,3,4,5</sup> Whether a home is considered “healthy” depends upon not only its structure but also the neighborhood in which it is located.

There is substantial evidence that neighborhoods’ socioeconomic environments have important impacts on health.<sup>6,7,8,9,10</sup> Healthy neighborhoods may be defined as safe and socially-supportive, as well as providing easy access to jobs and schools, healthy food, healthcare, social services and amenities, green open spaces, and public and active transportation options.<sup>11</sup> Living in a healthier neighborhood has been shown to help families build prosperity, pursue healthy lifestyles, and achieve greater overall wellbeing.<sup>12,13, 14,15,16,17</sup> Conversely, a less healthy neighborhood can create barriers to active lifestyles and create toxic stress.<sup>18</sup>

As housing becomes more expensive nationwide, lower-income residents are finding it increasingly difficult to access healthy neighborhoods and the benefits they convey. Where neighborhoods are supported with investments in social resources, health outcomes tend to be better—but because these neighborhoods are more desirable, the cost of housing tends to be higher. However, there is tremendous potential to improve population health outcomes by economically integrating, and equitably investing in, neighborhoods.

The American Heart Association (AHA) supports investment in healthy neighborhoods; reduction of exposures to environmental health hazards; the incorporation of equity into neighborhood development policies; and flexibility for localities to implement healthy neighborhood policies without undue constraints at the state or federal level.

#### Background

The negative effects of poverty on health are well understood; lower-income populations tend to experience higher rates of poor health outcomes. A robust body of evidence also demonstrates a relationship between the level of prosperity of one’s neighborhood and wellbeing—even independent of his or her own socioeconomic status.<sup>19,20,21,22</sup>

Living in a low-income neighborhood is associated with a higher risk of chronic disease, including cardiovascular disease (CVD), and disease-related mortality.<sup>23,24,25,26,27,28,29</sup> Whether racial segregation exacerbates or reflects existing racial cardiovascular health disparities is unclear, but many studies have found that racial minority neighborhoods have poorer social, built, natural, food, and active environments and are generally less supportive of health.<sup>30,31,32,33,34,35</sup>

#### Safe Neighborhoods and the Social Environment

Whether a neighborhood is safe and socially-supportive can have important health implications. Living in a violent neighborhood has profound health effects. Neighborhood violence can increase cardiometabolic risk, discourage physical activity, and even deter residents from seeking necessary medical care.<sup>36,37,38,39</sup> In contrast,

neighborhoods with supportive social environments can improve health, including cardiovascular health.<sup>40,41,42,43,44,45,46</sup>

Additionally, because social isolation is known to have many negative health and well-being outcomes—including increased risk of mortality and poorer quality of life—integrated neighborhoods can protect against poor health outcomes.<sup>47,48,49,50,51,52,53,54</sup> Social integration and strong social networks within neighborhoods can decrease the burden of vascular events, including coronary heart disease, and enhance chances of survival after heart transplantation.<sup>55,56,57</sup>

### Neighborhood Access to Healthcare Services, Healthy Food, and Spaces for Physical Activity

In neighborhoods that provide access to health-related services, amenities, and resources, people tend to be healthier and engage in healthier behaviors.<sup>58,59</sup> Access to healthcare providers, healthy food retailers, and spaces for physical activity make it easier for people to adopt and maintain healthy habits and lifestyles.

*Access to Healthcare Services* — While provider access is only one determinant of health status, it is essential that people are able to access care when they need it.<sup>60</sup> This is especially true of patients with or at risk of CVD, who may need relatively more screenings and consultations to help control the disease.<sup>61</sup> Neighborhoods with fewer primary and non-acute healthcare services can create barriers to accessing necessary healthcare, especially among people with limited mobility and access to transportation.<sup>62,63,64</sup>

*Access to Healthy Food Retailers* — Living in “food deserts,” in which healthy food is scarce, and/or “food swamps,” in which unhealthy food is abundant, can make it difficult to maintain a healthy diet. Lower-income people tend to be particularly susceptible to the food options in their area, and are more at risk of obesity if those options are unhealthy.<sup>65,66,67</sup> Healthy food retailers tend to be less common among lower-income and minority neighborhoods than higher-income and white neighborhoods.

*Spaces for physical activity* — Greater expanses of green and active spaces have been shown to improve physical and mental health, in part by increasing physical activity and facilitating connection to nature and other people.<sup>68,69,70,71,72</sup> Greener neighborhoods may protect against CVD and other chronic illnesses, even among relatively high-risk residents.<sup>73,74</sup> Improvements as simple as increasing tree cover and vegetation can significantly improve health, including cardiovascular health, and improve health-related quality of life.<sup>75</sup>

However, the benefits of parks may not be equitable or consistent. Poorly-kept parks may not be used, and people who live in unsafe neighborhoods may not utilize even well-maintained parks. Furthermore, green and active spaces that are over a half mile away may be too distant to benefit those who are older, less mobile, or whose neighborhoods feel unsafe.<sup>76,77</sup>

### Public and Active Transportation

Communities with public transportation options and/or which are designed to promote active transportation can increase daily exercise and promote other healthy behaviors. Transportation barriers can independently predict unmet need for medical care, and can also limit access to healthy food and spaces for physical activity.<sup>78</sup> In communities with fewer resources, residents without access to a car may rely on public transportation to see a doctor, buy groceries, or be active outside. Additionally, walkability—indicating the relative ease of walking—can increase residents’ physical activity and thereby help reduce health risk factors such as obesity.<sup>79,80</sup> Walkable communities may also provide better access to healthcare than less-walkable communities.<sup>81</sup> In general, policies that promote public and active transportation are likely to have significant beneficial impacts on cardiovascular health.<sup>82</sup>

## Environmental hazards

Less-healthy built environments expose residents to pollution and toxins or fail to provide sufficient protection against environmental health hazards like extreme weather. Living near a source of pollution, such as an industrial site or high-traffic roadway, or without access to temperature-controlled spaces, is associated with poor health outcomes.<sup>83,84,85,86,87,88</sup> Neighborhoods with less-healthy built environments also tend to contain higher concentrations of housing code violations and foreclosures, which may be independently associated with poorer cardiovascular health.<sup>89,90</sup>

## Equity and Displacement

Historically, local planning and development have both intentionally and unintentionally concentrated poverty and people of certain races—as well as unhealthy environmental conditions—in certain geographic areas and neighborhoods.<sup>91</sup> Although “redlining,” or the process of zoning cities to create racially-segregated communities, was banned under federal law in 1968, its legacy persists among neighborhoods which remain segregated and inequitably developed today. Alongside this segregation, health disparities have formed.<sup>92,93,94</sup> Investing in development that improves environmental health and is inviting to people of various backgrounds and abilities can both enhance neighborhood diversity and improve population health outcomes.

Although bringing supportive resources into a community can make it healthier, this development may also make the area more attractive to new, often wealthier, residents. An influx of inequitable development can increase the cost of living in an area and force long-time, lower-income residents to move out—a process known as gentrification.<sup>95,96</sup> In contrast, equitable development involves working with existing residents to ensure that new development aligns with their needs and desires. As development occurs, policies, programs and other strategies to make new services, amenities, and resources more affordable (e.g. SNAP, affordable housing requirements, etc.) can protect current residents from the ramifications of gentrification.

## Pre-emption of local policies

In a federal system, laws issued by higher levels of government may preempt those of lower-level governments. Unfortunately, in many states nationwide, legislatures are using their preemption powers to block specific local neighborhood development policies. For example, nine states have preempted cities from implementing inclusionary zoning, which would create more economically-integrated neighborhoods.<sup>97</sup> Similar laws have been passed in 31 states to prohibit rent control and affordable housing requirements.<sup>98,99,100</sup>

## **AHA Positions on Healthy Neighborhoods**

Living in a community that makes it easy to be active, eat well, access primary care, and minimize stress encourages a heart-healthy lifestyle. AHA has long supported efforts to empower people to adopt the healthy behaviors that help prevent and manage CVD. The AHA believes that policymakers across all levels of governments can work with communities to ensure that neighborhoods are safe and socially supportive, promote economic mobility, and connect residents to the resources they need to achieve and maintain good health. To this end, AHA supports policies that facilitate access to healthy communities.

- ***Local, state, and federal policies should incentivize healthcare services to locate near or within easy access of every neighborhood.*** To ensure that all people have easy access to high-quality healthcare, cities should work with providers to establish clinics, hospitals, and primary care offices in or within access

to public transportation of every neighborhood, leveraging supportive state and federal policies and resources.

- ***Local and state policies should incentivize healthy food retailers to accept SNAP and WIC, or otherwise provide healthy food at affordable prices among all neighborhoods.***

Local and state governments should incentivize healthy food retailers that accept SNAP and WIC to move into neighborhoods with poor healthy food access, and work with existing retailers to improve their healthy food selection by becoming SNAP- and WIC-certified. Additionally, these incentives should consider which healthy food options are culturally relevant to neighborhood residents, especially with regards to staple foods and cooking methods.

- ***Every level of government should work to promote public and active transportation.*** By encouraging more equitable development of bus lines, bike infrastructure, and walkways, government at every level can help create communities that better encourage people to be active. Such options should be mindful and as inclusive as possible of differently-abled people, especially as appropriate under the Americans with Disabilities Act, but also including features such as audio-visual walk signals, sidewalk cutouts for wheelchairs, and smooth surfaces for people with limited mobility. Health effects across ages and abilities should be considered indispensable in transportation planning.
- ***State and local governments should work to create and maintain public spaces that promote physical activity and provide access to nature in every community.*** To improve health and wellbeing, local governments should build at least one small green and active space per half-square mile across their communities.<sup>101</sup> Maintaining these spaces should also be a key priority, as park quality, safety, and upkeep are strongly correlated with their use and ability to improve health outcomes.<sup>102,103</sup>
- ***Governments at every level should ensure that no neighborhood exposes residents to unsafe levels of environmental health hazards.*** At its most basic, a healthy home should protect residents from environmental health hazards such as pollution, contaminated soil and/or water, and extreme weather. However, there remain measurable disparities in risks and outcomes between neighborhoods in close proximity to health hazards. Governments at every level should work to ensure that no residents are put at risk by their own neighborhood environment.
- ***Governments at every level should work to include consideration of health equity in neighborhood-development policies.*** Federal, state, and local governments should recognize the inequities that have previously resulted from policymaking. To identify instances in which a policy decision may create or worsen health and/or other inequities, government at every level should adopt policy analysis frameworks for their housing policies that include equity as a criterion.<sup>104</sup>
- ***City and local communities should not face legal barriers to implementing healthy changes for their residents.*** Regarding neighborhood development, preemption of equity-driven and health-informed policymaking flies in the face of public wellbeing. State and federal laws should not hinder the ability of localities from acting in the best interests of their residents.

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