Obesity, Asthma, and Public Health: What Can Planners Do?
by Tom Angotti
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In the news recently we have seen the controversial proposal by the City’s Health Department to address the epidemic of obesity by limiting the use of transfats by restaurants and fast food outlets. The city’s health professionals are also working in neighborhoods with high rates of obesity and diabetes to promote the sale of healthy foods. At the same time, city officials are moving to improve the quality of food in school cafeterias. Obesity has reached epidemic proportions in the city, with 43 percent of elementary school children found to be obese or overweight. Health specialists acknowledge that diet and exercise are two key factors related to this epidemic, and they are working seriously on diet.

But what about exercise? Can the city do anything more to increase physical activity? This is a more difficult issue, and not as simple to address. Physical activity is also related to another serious epidemic in the city --- asthma.

Researchers around the nation are beginning to explore ways in which the built environment of the city affects public health, particularly with respect to epidemics like obesity and asthma. They are raising the question of whether public policy can help create a healthier environment through better urban planning and better building and zoning codes. One of the main reasons for instituting building codes and zoning regulations a century ago was to control contagious epidemics like tuberculosis that bred in the dark apartments and alleys in working class neighborhoods. City planning’s mission was to improve public health by creating a set of clear rules for developers that would produce healthy environments.

What Can Zoning Do To Promote Health?

New York City’s planners oversee a zoning code that regulates what can be done on every piece of property in the city. They are also charged with assessing the environmental impacts of all major new development in the city, and any changes to the city’s zoning code. These are levers that could be used to influence the elements that contribute to epidemics even if they alone won’t cure them.

Eva Hanhardt, coordinator of the Environmental Planning Masters Program at Pratt Institute, is studying new mechanisms for reincorporating health into urban planning regulations. According to Hanhardt, the foundation for zoning and land use regulations is government’s power to act to promote the “general health, safety and welfare.” Why is it, she asks, that “health doesn’t get the same attention as safety and welfare? By neglecting to incorporate public health in the design of land use and zoning policies, these policies have been part of the problem, not part of the solution.”

While obesity isn’t a contagious epidemic (and the same can be said for asthma), it is strongly clustered geographically, which could lend itself to some kind of land use regulation. Obesity cases in New York are concentrated in low-income neighborhoods and in Staten Island. In low-income neighborhoods, they may be associated with high concentrations of fast-food restaurants, limited access to healthy food, and limited access to both public and private recreational opportunities. In Staten Island, they are most likely related to the high dependence on automobile use; Islanders are less likely to walk and use mass transit. Asthma is also concentrated in low-income neighborhoods and related to a host of environmental conditions, including ambient air quality, both indoors and outdoors, access to healthy food, and recreational opportunities.

Planning the Active City

At the national level, urban planners are applying techniques of “smart growth” --- concentrating new development --- and transit-oriented development to overcome the effects of environmentally damaging sprawl. These strategies are aimed in part at encouraging walkable communities and reducing reliance on the automobile. Public health benefits may include reduced risks of obesity (due to walkability) and asthma (due to cleaner air). New York City, however, is already one of the least auto-dependent cities in the nation, and faces high rates of both obesity and asthma, which are particularly acute among children. This suggests that limited, isolated
changes in the physical form of the city may not be enough to deal with these complex epidemics.

One of the arenas health-minded planners are exploring today is access to open space and recreation, especially for children. New York City’s shortcomings in this category make up for its advantages in density and walkability. New York has one of the lowest ratios of park acreage per person in the nation, new parks are rarely built while the population continues to grow, and the parks department budget is under perpetual siege. New York City schools also have chronically limited recreation space and programs, and it is not uncommon to see school playgrounds become parking lots for teachers. And even though large parts of the city are walkable, other parts, including those adjacent to expressways and major avenues, have hazardous walking environments that expose people to large doses of air-borne contaminants and risks to pedestrian safety. A recent study sponsored by Transportation Alternatives showed how residents on high-traffic streets tend to stay home more.

The city’s land use regulations already include minimum requirements for open space. These could be adjusted to encourage more active recreation. The Zoning Resolution restricts the location of sex shops in the city, so it could also limit the location of fast food outlets, keeping them away from schools, as one member of the City Council has already proposed. Zoning can limit large drive-to supermarkets and encourage local markets selling fresh produce. Parking regulations in the zoning code could reduce or eliminate requirements, thereby discouraging auto use. And the city’s zoning could address the existing wide disparities in exposure to environmental risks by restricting the concentration of hazards in neighborhoods where rates of asthma and obesity are highest. These are disproportionately low-income communities with non-white populations, so this is also a question of fairness and social justice. While the principle that no neighborhood should have more than its “fair share” of certain facilities, including polluting ones that have negative health effects, is enshrined in the New York City Charter, it has yet to be applied in land use decision making in a way that addresses current disparities.

According to Eva Hanhardt, however, land use policy “has to do with more than just controlling the physical location of facilities, but should also address the outcomes” by looking at the effect of these facilities on human health. Planners in some cities have suggested requiring “health impact statements” the way environmental impact statements are required for major land use changes. Other cities have established environmental quality goals and targets that individual departments, including transportation and planning, must address. A goal-oriented approach in New York might include targets for reducing traffic, improving access to active recreational facilities, and eliminating the disparate effects of environmental hazards. The first step, however, is for the city’s planners to reestablish a role for themselves in promoting public health.

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