

**HEALTHY CHILDREN, HEALTHY COMMUNITIES:
SCHOOLS, PARKS, RECREATION, AND SUSTAINABLE REGIONAL PLANNING**
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Center for Law in the Public Interest
Policy Brief



OVERVIEW. If current trends in obesity and inactivity continue, today's youth will be the first generation in this nation's history to face a shorter life expectancy than their parents.² This health crisis costs the United States over \$100 billion each year. The epidemic of obesity, inactivity, and related diseases like diabetes is shortening children's lives and destroying the quality of their lives. In California, only 27% of fifth, seventh, and ninth graders achieved minimum physical fitness standards in 2004. In the Los Angeles Unified School District (LAUSD), only 15% of students are physically fit.³ This crisis is not just the result of individual eating or exercise habits. Policy makers must work together to provide schools, parks, and green space for children to play to get physically fit and perform better academically. Urban areas like Los Angeles fail to provide enough open space for recreation in parks, schools, and other public lands.⁴ Los Angeles is park poor. School yards are devoured by portable classrooms. Physical education classes are bloated with up to 75 students. Physical education is not required after 10th grade. Without exercise at school, children are unlikely to get enough elsewhere. There are unfair disparities in access to parks and recreation space based on income, race, ethnicity, and access to cars.

The Center for Law in the Public Interest (the Center) advocates a comprehensive approach to improve human health and promote healthy communities that includes: (1) green space for recreation in parks, schools, beaches, forests, and other public lands while ensuring the fair treatment of people of all races, cultures, and incomes; (2) the joint use of parks and schools to make optimal use of scarce land and public resources; (3) physical education for every student every day in every school; (4) educational programs in parks and schools to instill the lifelong values of physical fitness and healthy nutrition; (5) public education campaigns to promote these goals as a matter of human health, educational reform, and sustainable regional planning; (6) healthier alternatives to junk foods in schools and parks, and easy access to drinking water; (7) diversifying access to and support for forests and wilderness areas; and (8) federal and state funding and programs for active recreation on public lands.⁵ The Center is implementing a collective vision for a comprehensive and coherent system of parks, schools, beaches, forests, and transit that promotes human health and economic vitality and reflects the diverse cultural landscape.⁶



INACTIVITY AND OBESITY. Obesity rates have doubled in children and tripled in adolescents in the past 20 years.⁷ Thirteen to 14% of children ages 6 to 19 are overweight nationwide.⁸ Overweight children face greater risks of lung disease, diabetes, asthma, and cancer.⁹ Adult-onset diabetes is now called Type II diabetes because of its growing

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² Eloisa Gonzalez, MD, MPH, L.A. County Dept. of Public Health, testimony Jan. 21, 2004, LAUSD Citizens' School Bond Oversight Committee. Robert García is chair of that Committee. See generally Editorial, *The Schools Go Flabby*, L.A. Times, May 22, 2004; Jennifer Radcliffe, *Going to War against the Epidemic of Childhood, Obesity*, Jan. 27, 2004; Cara Mia DiMassa, *Campus Crowding Can Make PE a Challenge*, L.A. Times, Nov. 19, 2003.

³ California Dep't of Education website, www.cde.ca.gov/ta/tg/pf/index.asp; Cara Mia DiMassa, *Here's the Skinny: Most Students Aren't*, L.A. Times, Nov. 25, 2004.

⁴ See Richard J. Jackson, MD, MPH and Chris Kochtitzky, MSP, *Sprawl Watch Clearinghouse Monograph Series, Public Health/Land Use Monograph, "Creating a Healthy Environment: The Impact of the Built Environment on Public Health"* 17 ("Jackson"), available at www.sprawlwatch.org.

⁵ On April 1, 2004, Rep. George Miller (D-CA) and Rep. Don Young (R-AK) unveiled the bipartisan Get Outdoors Act (GO) to address the national obesity crisis. The bill would provide \$3.125 billion per year to support recreation and conservation; maintain and enhance public lands; assist local governments to serve community needs near public lands; create urban parks and recreation programs; create access to hunting, angling, and wildlife viewing; protect imperiled wildlife and rare plants; and preserve historic places.

⁶ See, e.g., Robert García et al., *Anatomy of the Urban Park Movement: Equal Justice, Democracy and Livability in Los Angeles* ("Urban Park Movement"), chapter in Robert Bullard, ed., *Wasting Away: Environmental Justice, Human Rights, and the Politics of Pollution*, Sierra Club (forthcoming 2005); Robert García et al., *Equal Access to California's Beaches*, Proceedings of the Second National People of Color Environmental Leadership Summit (Summit II) (2002), www.ejrc.cau.edu/summit2/Beach.pdf.

⁷ National Alliance for Nutrition and Activity (NANA), *Obesity and Other Diet- and Inactivity-Related Diseases: National Impact, Costs, and Solutions* 1-3 (2003) ("Obesity and Inactivity-Related Diseases"), available at <http://www.cspinet.org/nutritionpolicy/briefingbookfy04.ppt>.

⁸ U.S. Dept. of Health and Human Services, *The Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity* 12-14 (2001) ("Call to Action").

⁹ California Center for Public Health Advocacy, *An Epidemic: Overweight and Unfit Children in California Assembly Districts* 18 (Dec. 2002) ("An Epidemic").

prevalence among children.¹⁰ Mexican-American and African-American children are twice as likely as non-Hispanic white children to be overweight.¹¹

The Surgeon General promotes physical activity to prevent disease and premature death, and urges the country to “accord it the same level of attention that we give other important public health practices that affect the entire nation.”¹³ Nationwide, only 50% of young people (12-21) regularly participate in vigorous physical activity, while 25% report no vigorous physical activity.¹⁴

Low-income communities and communities of color suffer the greatest shortages of green space, which contributes to inactivity and obesity. Los Angeles has fewer acres of parks per person than any other major city nationwide, with less than one acre per thousand residents compared to the national standard of six to ten acres. Disproportionately wealthy and white communities have 1.7 acres of park space per thousand residents, while the inner city has only 0.3 acres.¹⁵ LAUSD provides 71% more play acres for non-Hispanic white students than for Latino students in elementary schools.¹⁶ Physical inactivity is more prevalent among women than men, among blacks and Hispanics than whites, among the less affluent than the more affluent, and among older than younger adults.¹⁷

Diabetes, one result of physical and obesity, is the seventh-leading cause of death in the U.S. The mortality rate increases when deaths caused by complications from diabetes, such as heart disease and stroke, are included.¹⁸ In California, African Americans, Native Americans, Latinos, and older Asians have higher rates of diabetes than do whites.¹⁹ During the past decade, hypertension increased the most among black women and the least among white men.²⁰

FINANCIAL COSTS. The Surgeon General estimated obesity cost the nation \$117 billion in 2000, with \$61 billion in direct costs (including preventive, diagnostic, and treatment services) and \$56 billion in indirect costs (wages lost due to illness, disability, and premature death).²¹ California’s childhood obesity costs more than tripled from \$35 million to \$127 million from 1979 to 1999.²² The USDA estimates that healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity, and lost lives. If physically inactive Americans became active, the U.S. would save \$77 billion in annual medical costs.²³

RECREATION AND HUMAN DEVELOPMENT. “[S]chools offer an almost population wide setting for promoting physical activities to young people, primarily through classroom curricula for physical education and health education,” according to the Surgeon General.²⁴ Physically fit students perform better academically.²⁵ Athletics build character, pride, self esteem, teamwork, leadership, concentration, dedication, fair play, mutual respect, social skills, and healthier bodies; help keep children in school; help develop academic skills to do better in school and in life; and increase access to higher education.²⁶ Male athletes are four times more likely to be admitted to Ivy League colleges than other males; for female athletes, the advantage is even greater.²⁷ Teenagers who participated in team sports are less likely to have unhealthy eating habits, smoke, have premarital sex, use drugs, or carry weapons.²⁸ The Los Angeles County District Attorney concluded that among the reasons young people join gangs is “[the exclusion] by distance and discrimination from adult-

¹⁰ Gold Coast Collaborative, *A Health Crisis in Paradise* 3 (Sept. 2003).

¹¹ *An Epidemic* at 17-18.

¹² *An Epidemic* at 7.

¹³ *Call to Action*, Preface.

¹⁴ U.S. Dept. of Health and Human Services, *Physical Activity and Health: A Report of the Surgeon General* [“Surgeon General”] 200 (1996).

¹⁵ See, e.g., *Urban Park Movement*.

¹⁶ Michael Strumwasser, testimony and report, Nov. 21, 2004, submitted to the LAUSD Citizens’ School Bond Oversight Committee.

¹⁷ *Surgeon General* at 200; Patricia Barnes, *Physical Activity Among Adults: United States, 2000*, Advance Data, No. 333, U.S. Dept. Health and Human Services (May 14, 2003); Policy Link, *Regional Development and Physical Activity: Issues and Strategies for Promoting Health Equity* 9-12 (Nov. 2002) (“Policy Link”).

¹⁸ *Surgeon General* at 125.

¹⁹ UCLA Center for Health and Policy Research, *Diabetes in California: Findings from the 2001 Health Interview Survey*.

²⁰ Ihab Hajjar, “Trends in Prevalence, Awareness, Treatment, and Control of Hypertension in the United States, 1988-2000,” *Journal of the American Medical Association* 199-201 (July 9, 2003).

²¹ *Call to Action* at 9-10.

²² *An Epidemic* at 3.

²³ *Obesity and Inactivity-Related Diseases* at 2.

²⁴ *Surgeon General* at 235-36.

²⁵ Ca. Dep’t of Education, Press Release, Dec. 10, 2002.

²⁶ See Anastasia Loukaitou-Sederis and Orit Stieglitz, *Children in Los Angeles Parks: A Study of Equity, Quality, and Children Satisfaction with Neighborhood Parks* 1-6 (2002).

²⁷ William G. Bowen and Sarah A. Levin, et al., *Reclaiming the Game: College Sports and Educational Values* (2003).

²⁸ Russell R. Pate et al., “Sports Participation and Health-Related Behaviors Among US Youth,” *Archives of Pediatrics and Adolescent Medicine* (Sept. 2000); see also U.S. Dept. of Health and Human Services, *Physical Activity Fundamental to Preventing Disease* 9 (June 20, 2002).

supervised park programs” and recommended that “alternative activities like recreation” form part of every gang prevention strategy.²⁹

Regular physical activity is associated with enhanced health and reduced risk for all-cause mortality, heart disease, diabetes, hypertension, and cancer.³⁰ Physical activity for children and adolescents helps to build and maintain healthy bones, muscles, and joints, and helps prevent or delay the development of high blood pressure.³¹ Inactivity doubles a person’s likelihood of experiencing symptoms of depression that can lead to suicide, the ninth-leading cause of death in America.³² Physical activity relieves depression and anxiety by providing opportunities for social interaction, increased feelings of self-mastery and self-efficacy, and stress relief. Green spaces are also linked to improved mental health. For example, symptoms of ADD are relieved after contact with nature.³³

Parks and schools can offer services for older adults including exercise, art, and meals to encourage older residents to be active and socialize. The strength of social ties are important predictors of well-being and longevity.³⁴

ACTIVE RECREATION AND HEALTHY COMMUNITIES. A healthy community requires safe schools, playgrounds, roads, forests and wilderness areas, transit, and other services for recreation and healthy lifestyles.³⁵ Promoting healthy lifestyles requires a comprehensive approach that includes systemic policy changes to create environments conducive to physical activity.³⁶ Time spent outdoors is the most powerful correlate of physical activity.³⁷ Creating or enhancing places for physical activity led to a 26% increase in the number of people exercising three or more days per week.³⁸ Information outreach together with creating or enhancing places for physical activities resulted in a 48% increase in physical activity.³⁹ Urban sprawl’s health costs should inform land use and planning to create and preserve green space, walkable neighborhoods with mixed land uses, and limited road construction balanced by transit alternatives.⁴⁰ “[A]pplying public health criteria to land-use and urban design decisions could substantially improve the health and quality of life of the American people.”⁴¹



THE CENTER PRESENTS THE FOLLOWING RECOMMENDATIONS TO LOCAL, STATE, AND FEDERAL POLICYMAKERS:

(1) Maximizing Access to Public Lands while Ensuring the Fair Treatment of People of All Races, Cultures, and Incomes. Communities must fund the development and operation of parks, green school yards, forests, and public lands for all, along with transit to provide choices for those who have none.⁴² Officials must ensure “equitable distribution of facilities” and give “higher priority to providing programs and facilities that are accessible to all citizens.”⁴³ California’s children remain physically unfit despite the passage of billions of dollars for park bonds and \$25 billion for school

²⁹ *Gangs, Crime and Violence in Los Angeles: Findings and Proposals from the District Attorney’s Office* (1992).

³⁰ *Surgeon General* at 7, 85-87, 90-91, 102-03, 110-12, 127-30, 135.

³¹ U.S. Dept. of Health and Human Services and U.S. Department of Education, *Promoting Better Health for Young People Through Physical Activity and Sports 7* (Fall 2001), available at <http://www.cdc.gov/nccdphp/dash/presphysactrpt>.

³² *Surgeon General* at 135-36, 141.

³³ A. Faber Taylor, et al., “Coping with ADD: The surprising connection to green play settings,” *Environment & Behavior* 33, 54-77 (2001); A. Faber Taylor, et al., “Views of Nature and Self-Discipline: Evidence from Inner City Children,” *Journal of Environmental Psychology* (2001).

³⁴ See generally B. Kweon et al., Green Common Spaces and the Social Integration of Inner-City Older Adults, 30 *Environment and Behavior* 832, 832 (1998); K. Fitzpatrick and M. LaGory, *Unhealthy Places: The Ecology of Risk in the Urban Landscape* (2000); J. Coughlin & A. Lacombe, *Ten Myths about Transportation for the Elderly*, 51 *Transportation Quarterly* 91-100 (1997).

³⁵ See U.S. Dept. Health and Human Services, *Healthy People in Healthy Communities* 1-2 (Feb. 2001); Ross C. Brownson et al., “Environmental and Policy Determinants of Physical Activity in the United States,” 91 *Am. J. Pub. Health*, 1995 (2001). See also James F. Sallis, Ph.D., et al., “Environmental and Policy Interventions to Promote Physical Activity,” 15 *Am. J. Preventive Med.* 379, 389 (1998) (“Sallis”).

³⁶ Gretchen Williams Torres & Mary Pittman, *Active Living Through Community Design: A White Paper Prepared for the Robert Wood Johnson Foundation* 9-10 (2001), available at http://www.rwjf.org/publications/publicationspdfs/healthy_places.pdf. Call to Action. See also Report of an Experts’ Meeting, Nov. 27-28, 2000, sponsored by the Robert Wood Johnson Foundation, *Healthy Places, Healthy People: Promoting Public Health & Physical Activity Through Community Design*, available at www.robertwoodjohnsonfoundation.net/publicationspdfs/healthy_places.pdf; Strategic Alliance for Healthy Food and Activity Environments, available at <http://www.preventioninstitute.org/nutrition.html>.

³⁷ Sallis at 383.

³⁸ Paul M. Sherer, *Why America Needs More City Parks and Open Space*, Trust for Public Land 13 (2003), available at www.tpl.org.

³⁹ Emily B. Kahn et al. and the Task Force on Community Preventive Services, “The Effectiveness of Interventions to Increase Physical Activity,” 22 (4S) *Am. J. Preventive Med.* 87-88 (2002).

⁴⁰ See Jackson; Policy Link at 15.

⁴¹ Jackson at 5.

⁴² See generally Robert García and Thomas A. Rubin, Cross Road Blues: Transportation Justice and the MTA Consent Decree, chapter in Karen Lucas, ed., *Running on Empty* (2004).

⁴³ Sallis at 389.

construction bonds statewide since 2000. School and park bonds should have stringent requirements for joint use of schools and parks to make optimal use of scarce land and public resources. With health impact assessments like those used in Europe, Australia and Canada, planners can guide development by analyzing the health effects of a policy or project.⁴⁴

(2) Schools and Healthy Communities. Schools should provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity. Schools should be built as centers of community, with joint use of parks and school yards open after school and on weekends.⁴⁵ Los Angeles, for example, is investing over \$14 billion for school construction and modernization. LAUSD has over 800 schools with about 2,000 acres of playgrounds and will add 80 new schools with 240 acres of additional playground space. Physical education and human health must be defined as part of the core educational mission along with academic achievement. It is necessary to set measurable goals and timeframes to build schools that promote physical and academic excellence. Standards should specify the acres of school yards and playing fields necessary (a) to provide physical education for every student every day in every school, and (b) for students to be physically fit under state “Fitnessgram” standards. Physical education classes should be limited to manageable size. Physical education for every student every day can instill life-long values of physical activity and healthy nutrition.⁴⁶



Los Angeles can use over \$14 billion to build schools that will improve health and the community.

(3) Public Education. Public organizing campaigns should articulate the different values at stake in human health and the built environment.⁴⁸ These are human health issues because parks, school yards, and other places for active recreation improve health. These are educational issues because schools must recognize physical education and student health as part of their core mission, and provide space for recreation. These are social justice issues because of the disparities in health, and in access to recreation space, based on income, race, ethnicity, and access to cars. These are environmental issues: urban parks and school yards are the only green space many children ever see; outlying parks, forests, and beaches must be accessible for all; and the air must be clean enough to play in.⁴⁹ These are economic issues because of the dollar costs of human health, and the need to make optimal use of land and public funds. These are transportation issues because the same people who lack access to parks and school yards lack access to cars to reach the neighborhoods with parks and school yards. These are sustainable planning or smart growth issues because agencies must work together to create healthy children and healthy communities for all.



Image courtesy of USDA Forest Service. The Center is diversifying access to and support for the National Forests, and building bridges between community activists and traditional environmentalists.⁴⁷

We are fighting for our children’s lives, and for the quality of life for our children and their families and friends.

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⁴⁴ Neal Kaufman, City Fixes: Good Design Keeps the Doctor Away, L.A. Times, Dec. 5, 2004.

⁴⁵ National Academy of Sciences, Committee on Prevention of Obesity in Children and Youth, *Preventing Childhood Obesity: Health in the Balance* 15-16 (2005), available at <http://www.nap.edu/openbook/0309091969/html/15/html>.

⁴⁶ Centers for Disease Control & Prevention, “Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People,” *Morbidity and Mortality Weekly Report*, 46 (RR-6), 6 (Mar. 7, 1997); UCLA Center for Health Policy Research, *Diabetes in California: Findings from the 2001 California Health Interview Survey* 54 (April 2003), available at <http://www.chis.ucla.edu/pubs/publications.asp?pubID=68>.

⁴⁷ See Robert Garcia et al., Policy Brief: Diversifying Access to and Support for the Forests (Center for Law in the Public Interest 2004).

⁴⁸ See generally Robert Garcia et al., We Shall Be Moved: Community Activism as a Tool for Reversing the Rollback, chapter in Denise C. Morgan, et al., eds., *Awakening from the Dream: Pursuing Civil Rights in a Conservative Era* (forthcoming 2005).

⁴⁹ Andrea M. Hricko, Road to an Unhealthy Future for Southern California’s Children, University of Southern California Urban Initiative Policy Brief (2004).