

**Health and the Built Environment:
The Effects of Where We Live, Work and Play**

**The William T. Small, Jr. Keynote Address
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By

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Introduction

I am an urban planner. My presence at this conference is an acknowledgement of the importance of creating an interdisciplinary team to address the significant role played by the built environment in causing health problems among all Americans. Policy makers, health scientists, medical practitioners, public health experts, design professionals, transportation specialists, engineers, builders, elected officials, urban planners and others must come together to develop a positive nexus between health and the places where we live, work, and play.¹

Today, my presentation explores the built environment's contribution to the health problems of inner city residents, with emphasis on the African American community. The presentation is divided into three parts. The first part discusses the significance of the problem and outlines the theoretical and conceptual issues, including the intervention strategies of the Active Living, Smart Growth, and New Urbanism movements. The second part uses a case study of the Fruit Belt, an inner city neighborhood in Buffalo, New York, to explore the contribution of the built environment to the health problems of African Americans. In examining this nexus, the focus will be on sidewalks and streets, fear of crime, distrust of the police, visual image of the inner city built environment, the intersection of housing and health, and the

¹ This list should also include elected officials, government bureaucrats, neighborhood residents, community groups, and representatives from the private sector, especially builders and developers.

problem of food insecurity. The final part of the essay considers the question, *where do we go from here?*

Although this essay focuses on blacks, notwithstanding, the issues discussed impact *all racial* and socioeconomic groups living in distressed urban communities and this includes Latinos, Asians, Native Americans, and low-income working class whites.² Moreover, the built environment, albeit in different ways, also contributes to the health problems of middle-class central city and suburban residents.³ Nonetheless, given the staggering health disparities between blacks and whites, and the extent to which the literature on health and the built environment neglects issues pertaining to inner city communities, the emphasis on African Americans is more than warranted.

Significance of the Problem

Why is study of the relationship between the built environment and the health status of African Americans so important? A two-tiered system of health care exists in the United States, which is based on the interplay between race and class.⁴ Within this context, the health disparity between whites and people of color reflects a crisis situation in the African American community which is most dramatically seen in life expectancy differentials. How long a person lives is the most significant quality of life indicator in any society. More than any other measure, it exposes the intersection of racial and socioeconomic inequalities and speaks to the anguish that families endure when a member dies prematurely. Therefore, life expectancy is the most meaningful measure of health and quality of life for African Americans. In the United States, the life span of whites is much longer than that of blacks. Whites have a life expectancy of 76.5 years compared to 67.5 years for African Americans and thus live almost a decade longer. Each year the death of thousands of African Americans is both premature and preventable. This is why the former U.S. Surgeon General David Satcher, M.D. called the state of African American health “a matter of

² In this essay, the term blacks and African Americans are not only used interchangeably, but also include a range of black ethnic groups, including Jamaicans, Haitians, and black Latinos. While I recognize the important differences among these groups, the broad goals of this project are not compromised by using this term in such a general fashion.

³ I recognize the importance of the health concerns of rural communities and in the very broadest sense, the definition of built environment includes these communities. Nonetheless, my primary concern is the health issues of urbanites. Therefore, for the purposes of this investigation, this essay is concerned only with those communities that are clearly situated in an urban context that includes both central city and suburban communities.

⁴ Neil D. Rosenberg, *Separate and Unequal: U.S. Practices a System of Medicine that Shortchanges Minorities and Women*, **The Milwaukee Journal Sentinel**, April 16, 2001.

life and death.”⁵

Not only do blacks die younger than whites, but also their infant mortality rate is twice as high, their maternal mortality rate is four times as high, and they have a higher incidence of heart disease, cancer, cerebrovascular disease, diabetes, acquired immune deficiency syndrome (AIDS), hypertension, obesity, asthma, and tuberculosis. African Americans are more likely to die from chronic diseases, accidents, and homicides than whites, and they are more likely to be hospitalized, disabled, live in medically underserved areas, be dependent on Medicaid or have no health insurance, and overall live a more anxious and stressful life than their white counterparts.⁶

The health crisis is the most serious and challenging problem that faces the black population today. Why is this so? If African Americans are unhealthy, depressed, encounter crippling disabilities, and die prematurely, they cannot possibly meet the community development challenges of the 21st century. Therefore, the health crisis not only diminishes the quality of life among blacks, but also it erects barriers that keep them from successfully attacking other socioeconomic issues. For this reason, the NAACP said “today’s civil rights battle is the fight for quality health care.”⁷ Without health and social well-being, blacks will not succeed in their quest to remove these barriers to their advancement.

Theoretical and Conceptual Considerations

While the health disparity between blacks and whites has been well documented, much less is known about the contribution of the built environment to health problems. The *built environment* is one of those shadowy terms that need careful definition. This is particularly important since the professional and scholarly groups using the concept have not agreed upon a uniform definition.⁸ As defined in this essay, the built environment is a human settlement that consists of four interrelated components. First, it is a

⁵ *Special Report: The State of African American Health.*

⁶ *Special Report: The State of African American Health*; Neil D. Rosenberg, *Separate and Unequal: U.S. Practices a System of Medicine that Shortchanges Minorities and Women*, **Milwaukee Journal**, April 16, 2001; David Satcher, *Conference Keynote Address*, American College Health Association, 2000 Annual Meeting, Toronto, Ontario, Canada, May 31, 2000; AFSCME, *Racial Disparities in Health Care*, **Health Focus**, May 2000.

⁷ *Special Report: The State of African American Health*, **The Crisis**, November/December, 2004.

⁸ Charles B. Corbin and Robert P. Pangrazi, *Toward a Uniform Definition of Wellness: A Commentary*, **Research Digest**, 3/15, December 2001.

material artifact that consists of interactive spatial and physical facets.⁹ Spatially, the built environment is a geography that embraces the entire urban metropolis, which includes the inner city, central city, the inner suburbs, and the outer suburban communities, including the ex-urbs.¹⁰ Physically, it encompasses people; and all the buildings, spaces, pathways, arteries, corridors, and places they create and modify, and this includes dwelling units, grocery stores, schools, workplaces, parks/recreation areas, greenways, businesses, and transportation systems. The built environment extends overhead to include electric transmission lines and underground to include sewer and water lines, subway trains and the like. The built environment, then, embraces people and the places where they live, work, and play.¹¹

Second, this essay conceptualizes the built environment as a product of the development priorities of elites, who control the metropolitan building process.¹² This manner of building the urban region leads to *uneven development* and stratification of the metropolis on the basis of race and class residential segregation.¹³ Consequently, housing and neighborhood conditions vary significantly, depending on their location within the metropolis.¹⁴ The third element relates to culture and institutional development. A dynamic, interactive relationship exists between people and place. People act on the built environment and the built environment acts on them.¹⁵ This *interaction* spawns a cultural relationship that influences the behavior of urbanites in their continuing quest to shape and reshape the built environment and to utilize social space.¹⁶

Human behavior is not only influenced by neighborhood conditions, but also by the institutions

⁹ Transportation Research Board and the Institute of Medicine of the National Academies, **Special Report 282: Does the Built Environment Influence Physical Activity** (Washington: National Academies Press, 2005), p. ES-1.

¹⁰ Ben Brown, *Exurbs Flourish, But Is This What We Really Want?* **USAToday**, December 1, 2004.

¹¹ Department of Health and Human Services, RFP: Obesity and the Built Environment, National Institutes of Health, August 2004.

¹² M. Gottdiener, **The Social Production of Space** (Austin: University of Texas Press, 1994, 2nd edition):1-24.

¹³ David C. Perry, ed., **Building the Public City: The Politics, Governance, and Finance of Public Infrastructure** (Sage Publications: Thousand Oaks, 1995); Steven G. Koven, **Public Budgeting in the United States: The Cultural and Ideological Setting** (Georgetown University Press: Washington, D.C., 1999), Pierre Clavel, **The Progressive City: Planning and Participation, 1969-1984** (Rutgers University Press: New Brunswick, 1986)

¹⁴ Gregory D. Squires and Charis E. Kubrin, Privilege Places: Race, Uneven Development, and the Geography of Opportunity in Urban America, **Urban Studies**, 42/1, January 2005, 47-68.

¹⁵ In this essay, place is simply another way of thinking about the built environment and its relationship to people.

¹⁶ Lynda H. Schneekloth and Robert G. Shibley, **Placemaking: The Art and Practice of Building Communities** (New York: John Wiley & Sons, Inc., 1995) Randolph T. Hester, Jr., **Neighborhood Space** (Stroudsburg, Penn.: Dowden, Hutchinson & Ross, Inc., 1975).

found in a particular community. Institutional development, then, is part of neighborhood culture.¹⁷ Organizations and institutions are mediating forces within neighborhoods, and their organization, structure, and function plays an important role in determining the ways that people interact with place. Lastly, the built environment also includes service delivery and decisions about land-use, property development, economic development, urban design, planning and other policies that produce and reproduce the urban metropolis.¹⁸ This broad definition stresses the interaction among people, the material environment, urban culture, and the metropolitan building process. Such a holistic scheme of conceptualization is needed to grasp the complex nexus between health and the built environment.¹⁹ The term *health*, as it is used here, means a state of wellness, or a condition of physical, intellectual, mental, spiritual, and social well-being, rather than simply the absence of disease.²⁰

The Nexus between Health and the Built Environment

In the late 1990s, health professionals became increasingly concerned by the rise of physical inactivity and sedentary culture in the United States.²¹ In 1995, the Center for Disease Control (CDC) and the American College of Sports Medicine (ACSM) stated “Epidemiologic research has demonstrated protective effects of varying strength between physical activity and the risk for several chronic

¹⁷ Earl Lewis, **In Their Own Interests: Race, Class, and Power in Twentieth-Century Norfolk, Virginia** (University of California Press: Berkeley, 1991); Andrew Wiese, **Places of their Own: African American Suburbanization in the Twentieth Century** (Chicago: University of Chicago Press, 2004); Quintard Taylor, **The Forging of a Black Community: Seattle’s Central District from 1870 through the Civil Rights Era** (Seattle: University of Washington Press, 1994)

¹⁸ William Lucy, **Close to Power: Setting Priorities with Elected Officials** (Chicago: American Planning Association, 1988); Thomas Frank, **What’s the Matter with Kansas?** (New York: Metropolitan Books, 2004); Raymond S. Franklin and Solomon, **The Political Economy of Racism** (New York: Holt, Rinehart and Winston, 1973)

¹⁹ Charles B. Corbin and Robert P. Pangrazi, *Toward a Uniform Definition of Wellness: A Commentary*, 3/15, December 2001, p.1-3.

²⁰ Community wellness is not only reflected in the individual, but also in the neighborhood place. It embraces the individual and the neighborhood and is also part of the relationship that exists between people and place. Thus, for community wellness to flourish, people not only must be physically fit and have a wholesome diet, but they also should have a positive attraction to their neighborhood. And the neighborhood environment must support, facilitate, and reinforce the physical, mental, spiritual, and social well being of residents in terms of urban design, landscaping and streetscaping and in the presence of shops, stores, and facilities that promote exercise, good dietary habits, communal fellowship, safety and security, and access to health care services and institutions. This view of community wellness serves as a benchmark and reference point in this study.

²¹ Frank W. Booth, *Cost and Consequences of Sedentary Living: New Battleground for an Old Enemy*, **Research Digest**, 3/16, March 2002, p. 1.

diseases.”²² In 1996, on the eve of the Centennial Olympic Games held in Atlanta, Georgia, the U.S. Surgeon General released a landmark report on physical activity and health. The Surgeon General reported that 60% of American adults did not meet the recommended levels of physical activity, 25% were completely sedentary, and sedentary lifestyles contributed to about 255,000 preventable deaths each year.²³

The report concluded that the evidence is sufficiently robust to draw a causal relation between physical activity and health outcomes which could result in reducing the risk of mortality from all causes, including cardiovascular disease (e.g. heart attacks, strokes), colon cancer, and non-insulin-dependent diabetes. Subsequent research has confirmed that walking, cycling and other endurance types of physical activity also reduce the risk of developing obesity, hypertension, osteoporosis, anxiety and depression, while improving the likelihood of psychological well-being and quality of life.²⁴ By 2000, a clear consensus existed among health professionals that sedentary lifestyles increased the risk of chronic health conditions and in 2002 Frank Booth, a professor of Biomedical Sciences at the University of Missouri, used the term Sedentary Death Syndrome (SeDS) to categorize sedentary lifestyle-mediated disorders that ultimately result in increased mortality rates.²⁵

Efforts to explain why physical inactivity and sedentary culture were increasing caused the built environment to come under close scrutiny. Although still in its infancy, the research to date suggests that an association exists between the built environment and physical activity levels.²⁶ For example, studies demonstrate that the built environment can facilitate or constrain physical activity. It can be constructed in ways that give people *more* or *fewer* choices and opportunities to be physically active. At the same time, the characteristics of the built environment most closely associated with provoking physical activity remain to be determined.²⁷ Within this context, the Active Living, Smart Growth, and New Urbanism Movements emerged to develop urban plans, projects and programs to make the built environment more

²² U.S. Department of Health and Human Services, **Physical Activity and Health: A Report of the Surgeon General** (Atlanta: National Center for Chronic Disease Prevention and Health Promotion, 1996).

²³ **Special Report 282: Does the Built Environment Influence Physical Activity**, p.I-2.

²⁴ **Special Report 282: Does the Built Environment Influence Physical Activity**, p. I-3.

²⁵ Booth, *Cost and Consequences of Sedentary Living*, p. 2.

²⁶ Many journals and publications have presented special issues dedicated to physical activity and the built environment, including the **American Journal of Health Promotion**, **American Journal of Preventive Medicine**, **Landscape and Urban Planning**, **Journal of Urban Health**, and the **Institute of Transportation Engineers Journal**

supportive of an active living lifestyle.

Founded by the Robert Wood Johnson Foundation, the Active Living Movement seeks to develop lifestyles that integrate physical activity into daily routines through research and programs, development of a network of government and civic leaders devoted to building and promoting active living communities, provision of technical assistance to communities, and the creation of neighborhood designs and cultures that support active living. The overarching goal of the Active Living Movement is to develop communities where people accumulate at least 30 minutes of activity each day by integrating physical activity into their daily routines. Toward this end, in 2004, Active Living by Design funded 25 community partnerships across the country to develop, implement, and sustain collaborations that bolster physical activity through community design, public policies, and communication strategies.²⁸

The Active Living Movement also supports the Smart Growth and New Urbanism approaches to urban planning and metropolitan building. Smart Growth and New Urbanism are concerned about the impact that sprawl is having on health and the built environment. The belief here is that suburbanization led to the creation of communities that fostered automobile dependency, environmental pollution, physical inactivity and a sedentary culture. To address these problems, Smart Growth and New Urbanism call for approaches to urban planning and neighborhood design based on attacking sprawl by redirecting growth back toward the urban core, intensifying efforts to revitalize distressed inner city communities, building affordable housing, creating diverse, racially mixed, cross-class neighborhoods, and reducing reliance on the automobile.

Within this framework, smart growth and the new urbanism stress the formulation of transportation schemes, land use policies, and neighborhood designs that promote pedestrian-orientated, compact, high density communities characterized by mixed land-use development and other methods designed to wean people away from cars by bringing residential, commercial, and retail activities closer together. Such traditional neighborhoods reduce and calm traffic, build social capital and place greater emphasis on the development of parks, recreational centers, gardens, bikeways, walkways, and other

²⁷ Special Report 282: Does the Built Environment Influence Physical Activity, p. Es-4.

²⁸ Active Living by Design, <http://www.activelivingbydesign.org/>

places and spaces that encourage physical activity.²⁹

Active Living, Smart Growth, and the New Urbanism then, are articulating a new vision of the urban metropolis, and they are calling for the development of a paradigm of building metropolitan regions that stresses planning, designing, and constructing communities based on the principles of wellness and the philosophy that physical activities should be integrated into everyday life and culture.

Health and the Inner City Built Environment: The Case of the Fruit Belt Neighborhood in Buffalo, New York

The efforts of the Active Living, Smart Growth, and New Urbanism movements, along with the activities of others concerned about the nexus between health and the built environment, represent a giant step forward in the quest to develop a health model that connects wellness to the building of healthy communities. *This point notwithstanding, the emergent model is flawed and needs revision.* The reason is that presently accepted ideas about health and the built environment are primarily informed by neighborhood conditions found in predominantly white middle-class central city and suburban communities.

However, the barriers to wellness and active living in distressed communities are more complex and challenging than those found in just these types of neighborhoods. Active Living advocates, urban planners, and public health professionals misinterpret and misrepresent if they generalize from these populations and places. To avoid these misjudgments, greater insight is needed to understand the ways in which the inner city built environment contributes to the health problems of African Americans.³⁰ The following commentary will further explore this issue and is based primarily on fieldwork, site reconnaissance, and research completed in the Fruit Belt neighborhood, as well as in the Near East Side, the larger community which encompasses the Fruit Belt.³¹

The Fruit Belt is a small neighborhood strategically located near downtown Buffalo. It has a

²⁹ Gail Schickele, *Smart Growth and Social Equity*, **Bay Area Monitor**, April/May 2002.

³⁰ Kristin Day, *Urban Planning for Active Living: Who Benefits?* **Planners Network**, Fall, 2003, www.plannernetwork.org.

³¹ Fieldwork in other Buffalo neighborhoods and observations of communities of color across the country suggest that neighborhood characteristics in the Fruit Belt are common in most inner city neighborhoods, although much research is required to confirm this observation. Much of this research was carried out by Dr. Beverly McLean, who led the team charged with exploring this phase of our study on the health status of the Near East Side community.

population of 3,274 with about 45% of the residents living below the poverty line. At the same time, the Fruit Belt is home to the Buffalo/Niagara Medical Campus, which is the center of the region's health and bioinformatics industry. In 2004, the neighborhood was part of a broader locale selected as a community partner in the Active Living by Design project.

The Near East Side, which has a population of about 28,000, houses the Fruit Belt and several other distressed neighborhoods. Although this community has unique features, many of its characteristics are also found in other distressed neighborhoods. Therefore, a study of this locale can provide insight into the larger connection between the built environment and the health problems of African Americans.

The Built Environment and Health: Distressed Inner City Neighborhoods

The data suggests that the built environment is a major contributor to health problems. The irony is that black inner city residents live in traditional neighborhoods which were originally designed as high density, mixed-use, pedestrian friendly communities, where houses were located within an easy and safe walk to schools, grocery stores, retail outlets, workplaces, libraries, and transportation hubs. However, black in-migration, white out-migration, disinvestment, poor service delivery, lack of housing and infrastructure maintenance, joblessness, poverty, low-incomes, and public sector neglect have combined to transform these traditional urban places into distressed inner city neighborhoods.³² Thus, a variety of issues have come together to make the built environment a major contributor to the health problems of African Americans.

Sidewalks and Streets

The inner city built environment *provokes physical inactivity and exposes African Americans to health risks in ways that differ significantly from those in white middle-class neighborhoods*. For instance, inner city residents are dependent on public transportation. This dependency is caused by the low rate of car ownership and the large numbers of unreliable automobiles found in distressed communities. For example nationally, 24% of African American householders do not own an automobile, compared to 8%

³² In non-traditional or conventional communities, neighborhood design is often a central part of the equation. These places have often been designed as automobile dependent communities without sidewalks and located driving distances from retail outlets, parks, and the like.

of whites.³³ In the Fruit Belt, 52% of the households do not own automobiles and about 32% of workers use public transportation or walk to their jobs. Limited financial resources force many African Americans to become *walkers*, whose journeys are for utilitarian rather than recreational or health reasons.

What causes African Americans to avoid walking for enjoyment and pleasure? The inner city built environment is characterized by a pedestrian-unfriendly infrastructure that prevents the development of livable streets that support and promote active living. Inner city sidewalks are usually in deplorable condition. On many blocks in the Fruit Belt, sidewalk surfaces are uneven, have broken concrete, uplifted slabs over tree roots, missing sections, and lack accessibility for people with disabilities. Moreover, the sidewalks tend to be very narrow and they are sometimes blocked by parked cars.

These problems are compounded in northeastern and midwestern cities, where the conditions of sidewalks are worsened during the long winters when mounds of snow and ice make them impassable. Because of these conditions, the sidewalks cannot be used by rollerbladers or people in wheelchairs; and those residents that do use the sidewalks, especially joggers, elders, and those with limited mobility, run the risk of injury caused when people trip and fall.³⁴

In many metropolitan areas, including Buffalo, property owners are responsible for keeping their sidewalks in good repair and free of snow and other obstacles that deter pedestrian use. However, in inner city communities characterized by low incomes, poverty, and joblessness, residents and small property investors often lack the resources needed to keep their sidewalks in good repair. Moreover, omnipresent abandoned buildings, vacant lots, and absentee property owners pose a huge barrier to maintaining sidewalks and keeping them free of snow and ice. As a result, inner city neighborhood sidewalks are often dangerous to the users. So, many pedestrians, especially during the winter months, are forced to walk in the streets and risk a greater exposure to the dangers of vehicular traffic.

Walking in the street is a dangerous practice because inner city arteries are designed to accommodate traffic rather than provide neighborhoods with pathways for walking, biking, jogging, and playing. Consequently, neighborhood streets and thoroughfares are often transformed into speedways for vehicles entering and exiting the community. For example, the circulation system in the Fruit Belt was

³³ American FactFinder, *Detailed Tables, Census 2000 Summary File 3 (SF 3), Sample Data*, www.Factfinder.census.gov/

redesigned to efficiently move vehicular traffic to and from the Buffalo-Niagara Medical Center. This reorientation of traffic circulation was not designed with the daily life of community residents in mind. As a result, the Fruit Belt is crisscrossed with a series of one-way streets that allow cars, trucks, and buses to quickly move through the neighborhood.

This problem is aggravated by the poor condition of the streets, which are characterized by uneven surfaces and potholes. This makes navigating these routes difficult for pedestrians and drivers of motor vehicles alike, especially during the winter months. Thus, the condition of inner city sidewalks and streets not only discourages physical activity, but increases resident exposure to the dangers of accidental injury or death. In New York State, for example, 51% of all pedestrian deaths occur on neighborhood streets. Statewide, Buffalo ranks third in pedestrian fatalities and it ranks eighth nationally in the percent of traffic deaths to pedestrians. Traffic accidents, it should be stressed, are not indiscriminate killers.

While the data on race and ethnicity for pedestrian deaths is still incomplete, the available data does offer important insights. Blacks and Latinos are much more likely to be killed by a motor vehicle than whites. In 2001, African Americans made up nearly one out of every five pedestrian deaths, even though they represent approximately 12.7% of the total population. Likewise, Latino pedestrians comprised 16% of pedestrian deaths, but only 13.5 % of the U.S. population.

Scholars and policy makers speculate that the link between pedestrian death and race is ipso facto caused by the low rate of automobile ownership, which increases the exposure of blacks and Latinos to the dangers of the street. This fact notwithstanding, the Fruit Belt experience suggests that the design of neighborhood traffic circulation systems, along with poor sidewalk and street maintenance, are the real culprits. Lastly, heavy vehicular traffic in the inner city also increases African Americans risks to other health problems. Thoroughfares and expressways, for example, not only crisscross the inner city, but so too do many connectors to the inner-state highway system. The heavy car, bus, and truck traffic running through black communities significantly increase vehicular pollution in these places and are responsible for and help to explain the high rates of asthma and other respiratory problems found in these areas.

³⁴ About 13% of the residents in the Fruit Belt report having physical disabilities and about 9% are 70 years of age

Fear of Crime and the Visual Image of the Inner City

The Active Living by Design project has concluded that crime is an important social barrier to customary physical activity. Fear of crime, they argue, often keeps people from routinely walking and biking in their community and using parks, trails, or greenways.³⁵ I agree. Across the metropolitan region, people are concerned about crime as reflected in the popularity of gated communities, sales of alarm systems, and the political support for “get tough on crime” politicians. However, unlike middle-class whites, crime is not an abstraction to African Americans; in the inner city, it affects all aspects of everyday life and culture. As a consequence, the fear and reality of crime combine to trigger the withdrawal of blacks from public space, to discourage them from engaging in outdoor physical activities, and to limit their walking journeys to community facilities, such as shops, parks, and recreation centers.

Not all crimes, however, provoke fear among African Americans. Blacks are not intimidated by petty larceny, embezzlement, shoplifting, prostitution, vandalism, and nuisance crimes. These illegal activities rarely lead to bodily harm or death. Violent crimes, on the other hand, prompt a different response. Because assault, robbery, murder, rape, burglary, and home invasion carry the threat of injury or death, they strike fear in the hearts of all African Americans. Therefore, an understanding of the distribution of violent crime is crucial to understanding how the fear and reality of crime inhibits physical activity and the utilization of public space in distressed urban communities.

Violent crimes are scattered throughout the inner city black community. They occur on neighborhood streets, on commercial thoroughfares, close to the bus stops and subway stations, and near parks, playgrounds and recreational centers. In the inner city, streets can be dangerous places. Nationally, for example, homicide is the sixth leading cause of death among African Americans.³⁶ So, apprehension and dread of crime is based on the very *real* possibility of being attacked, robbed, raped, murdered, or witnessing some violent or criminal act. In distressed communities all groups are vulnerable to crime: young men between 17 and 40, who are the most likely victims of homicide, children, elders, the physically disabled, and women. Not surprisingly, in the quest to stay out of harm’s way, African

or older.

³⁵ Active Living by Design: *Crime*, www.activelivingbydesign.org/

Americans limit their time on the streets and in public spaces.

Here, it should be stressed that most inner city residents have not been victims of violent crime. Nonetheless, it only takes a few criminal acts in a neighborhood to spawn fear. This is why understanding the distribution pattern of crime is so important in an inner city context. For example, in the years 1996 and 2001, crime data for Buffalo indicate that violent crime was omnipresent in the Fruit Belt and Near East Side black community. Crime hot spots (areas in which the concentration of crime in relation to population density is the highest) are scattered throughout neighborhood streets and along major thoroughfares. Not only this, but the data also show that violent crimes occur in the vicinity of parks, playgrounds, schools, recreational facilities, and corner stores. Simply put, criminal activity is found near those places where inner city blacks live, shop, play, and catch the bus or subway.

The real possibility of being the victim of a violent crime or the witness to criminal activities cause inner city residents to restrict their journeys in the community and to spend more time at home. It also makes parents fearful about allowing their children to play outside without close supervision. This viewpoint is reinforced by anecdotal information and random face to face interviews conducted with 900 residents of the Fruit Belt and Near East Side, who indicated that fear of crime influences the places they go and dictates their shopping and working schedules.

Inner City Residents and the Police

Combating crime in the black community is complicated by several interrelated factors. First, African Americans fear and distrust the police. Police brutality, including murder, has a long history in the inner city. Black distrust of the police is quite understandable when incidents of police brutality and high rates of arrest among African Americans, especially the youth, are combined. Second, many African Americans are not satisfied with police service. In Buffalo, for example, blacks complain about slow police response time and express grave concern about the large numbers of unsolved homicides. Third, many blacks consider the high crime rate in their community as reflective of a society that fails to provide them with sufficient jobs and opportunities. In neighborhoods characterized by deferred and shattered dreams, life in the underworld sometimes appears to be the only viable option for economic advancement,

³⁶ Center for Disease Control, **National Vital Statistics Report**, Vol. 48, No. 11, July 24, 2000

especially among young black men.³⁷

Fourth, in this context, the profiling of blacks increases their likelihood of being arrested, even for minor traffic infractions. In fact, many African Americans have been arrested, had a family member incarcerated, or know someone who has spent time in prison. African Americans, in a word, are highly suspicious about the U.S. criminal justice system, which imprisons more of its citizens than any other nation in the world. And most of those who end up in American jails are black and Latino. Blacks also resent a criminal justice system that maximizes punishment while minimizing rehabilitation. This is an important point because many African Americans believe that the high crime rate in their communities is often caused by the lack of hope and opportunity. Thus, fear of crime, fear and distrust of the police, and distrust of the criminal justice system combine to place blacks in a triple jeopardy situation and this greatly complicates their fight against criminal activity.

Visual Image of the Inner City

The visual image of the inner city reinforces the fear of crime by imbuing neighborhoods with a foreboding character that makes them both *look* and *feel* unsafe. Two factors combine with the high crime rate to generate this dangerous image. First, omnipresent vacant lots, abandoned structures, and poorly maintained houses, sidewalks and streets give inner city neighborhoods a deserted and neglected appearance.³⁸ In the Fruit Belt, for example, over the past 39 years, the city pursued an aggressive housing demolition campaign that destroyed hundreds of housing units, while simultaneously failing to develop a vacant lot management plan and constructing only a modicum of new houses. The result was disastrous. The population declined dramatically, the unattended vacant lots became dumping grounds for trash, old tires, abandoned cars, and rubbish, and new investments were discouraged. Second, the placement of bars on windows, steel cages around doors, and omnipresent “neighborhood watch” signs

(www.cdc.gov/nchs/data/nvsr/nvsr48/evs48_11.pdf)

³⁷ It should be stressed that crime and violence are the social outcomes of the economic marginalization of African Americans in a racist and class-stratified society. It is a reflection of limited opportunities in a society that glorifies excessive materialism, while simultaneously guns and other weapons are made available to the general population. The crime problem is intensified by public and private disinvestments, which contributes significantly to the creation of bad housing and a dilapidated physical environment. So, these problems can only be solved by the creation of neighborhood wealth, jobs, and opportunities for the residents.

unintentionally communicate to people that the Fruit Belt is a risky place to live. Neighborhood conditions, then, give the inner city a foreboding visual image which discourages the use of public space and reinforces a sedentary culture.

The Intersection of Housing and Health

When African Americans retreat from the streets to their homes, they enter refuges that often expose them to health and safety hazards, which are capable of producing serious diseases and injuries that are sometimes fatal. For example, lead poisoning, toxigenic mold, asthma and allergen sensitization, pulmonary hemorrhage, “bleeding lungs,” carbon monoxide, radon, and asbestos exposure, along with fire and safety hazards, combine to make many inner city homes not only unhealthy, but even dangerous. The U.S. Department of Housing and Urban Development recognized the growing seriousness of this problem in 1999, when they launched the Healthy Homes Initiative to “protect children from housing conditions that are responsible for multiple diseases and injuries.”³⁹ Although HUD stressed the dangers to children, the health and safety hazards found in inner city dwellings impact all household members.

A combination of old houses plus low-incomes and public neglect is what makes inner city housing units vulnerable to health and safety issues. These risks are often associated with deferred or inadequate maintenance that lead to poor ventilation, dust traps, moisture intrusion, broken windows, faulty early warning alarms or prevention devices, improper renovation, and other deficiencies. The problem is that many home owners in the inner city do not have the resources to adequately maintain or renovate their homes, while absentee landlords who do have resources, often refuse to do so—and the city is not using the tools it has to fix the problems. Consequently, houses in these areas often become unhealthy and dangerous. For example, according to HUD, asthma and other chronic lung diseases cause more than 4,500 deaths per year and 80% of all fire deaths occur in the home. Moreover, thousands of children and adults die each year from unintended home injuries. These health and safety dangers disproportionately impact African Americans. For example, while blacks represent about 12.7% of the population, they comprise 26% of all fire fatalities.

³⁸ Uzochukwu E. Ihenko, *Constructive Approaches with Contradictory Results: Community Development and the Dynamics of Housing Demolition in the Inner City of Buffalo, New York, 1960-1997*, Dissertation, March 10, 2003

The Fruit Belt is no exception. In this neighborhood, because of the intertwining of old houses and low-incomes, many of the homes are vulnerable to health and safety hazards. For example, the median year in which housing units were built is 1940, with a substantial number of units constructed around the turn of the century. At the same time, the median household income is \$13,000 with a neighborhood poverty rate of 45%. In the Fruit Belt, most property owners do not have the discretionary income to maintain their homes, while many of the absentee landlords cannot or refuse to keep up their rental units. Consequently, deferred or inadequate maintenance puts many of the dwellings units at-risk. The dangers of unhealthy homes are increased by the presence of numerous vacant lots and abandoned houses, which attract rodents and other pests.

The Food Security Problem

Conditions of obesity and excess weight gain are related not only to physical inactivity and a sedentary lifestyle, but also they are connected to dietary habits. Physical activity plays an important role in weight management and the reversal of obesity. However, physical inactivity alone does not predict obesity. Addressing the obesity problem requires examining habits related to both nutrition and physical activity.⁴⁰ This causes the question of food security to assume a greater importance in distressed communities where “obesity is now a greater threat to the health and well-being of America’s poor” than the actual lack of food.⁴¹ The term “food security”, according the United Nations Food and Agriculture Organization, is defined as *all people having at all times the food they need for an active and healthy life.*⁴²

In the inner city, many people do not get *the food they need to maintain an active and healthy lifestyle*. So, they have a problem of *food insecurity*. This problem exists because people of color and the poor do not have easy access to wholesome food and because they often have little or no understanding of what constitutes a healthy diet. For example, wealthier neighborhoods have two to three times as many supermarkets as lower-income areas, and white neighborhoods have up to four times

³⁹ Office of Lead Hazards, **The Healthy Homes Initiative: Preliminary Report**, The United States Department of Housing and Urban Development, April 1999.

⁴⁰ *Does the Built Environment Influence Physical Activity? Examining the Evidence*, Transportation Research Board and the Institute of Medicine of the National Academies, ES-2

⁴¹ Kelly Brownell and Katherine Battle Horgen, **Food Fight** (McGraw Hill, 2004), 207, cited in Christine Ahn, *Breaking Ground: The Community Food Security Movement*, **Background**, 10/1, Winter 2004, pg. 1.

⁴² Steve Waddell, *The Food Security Policy Domain*, **The Global Action Network Net**, February 2001, p. 1

more supermarkets than African-American neighborhoods. Without access to wholesome food and with limited knowledge of nutrition, poor communities will have unhealthy diets and grapple with the problems of obesity and being overweight.⁴³

In a *microwave/fast food/soft drink/eat-on-the-run* culture, maintaining a healthy diet is a challenge for all. So, when barriers to healthy foods are erected, it becomes extremely difficult for people to develop and sustain good eating habits. This is why the lack of easy access to supermarkets is such a problem in distressed communities. In most places, big supermarkets have left the inner city, and neighborhood residents must supplement their groceries with food purchased at the corner store, pharmacy, or at a fast food restaurant. The food sold at corner stores and pharmacies is not only more expensive, but often little fresh produce is available and most meals sold at fast food restaurants are both expensive and unhealthy.⁴⁴

The Fruit Belt is a quintessential example of this problem. There are no grocery stores in the neighborhood and only a couple of corner stores. Moreover, until very recently, no supermarkets were located in the Near East Side neighborhood, where the Fruit Belt is situated. Corporate disinvestment drove large food stores away from the inner city. Now most supermarkets are found in the suburbs and in middle-class central city neighborhoods. However, after many years of struggle, a small, 26,000 square foot, supermarket recently opened on the Near East Side. While this store improves the inner city food distribution system, it only partially meets the community's need. Consequently, most residents must still rely on corner stores, pharmacies, and fast food restaurants to supplement their food needs.

Although a number of corner stores and pharmacies are scattered throughout the Near East Side black community, almost none sell fresh meat, vegetables, fruits, or organic foods. Only a few even carry wheat bread. Most, including the pharmacies, primarily sell junk food, including candy, soft drinks, potato chips, and beer. The sad reality is that it is easier to buy hamburgers and French fries than it is to buy apples and oranges in the black community.

The lack of food stores in the Fruit Belt and Near East Side means that most residents must go to the suburbs to grocery shop. This is no easy task. Several years ago, in a focus group, a Near East Side

⁴³ Christine Ahn, *Breaking Ground: The Community Food Security Movement*, **Backgrounder**, 10/1, Winter 2004.p. 1. I do not want to minimize the problem of hunger. About 35 million Americans do not know where their next meal is coming from.

resident said, “Dr. Taylor, bags, babies, and buses don’t mix.” In the Fruit Belt, you will recall, 52% of the households do not own cars. To grocery shop, these householders must ride the bus, take a taxi, or catch a ride with a friend. For most residents, given the problem of negotiating the bus with grocery bags, this means taking the taxi or getting a ride with a friend. When taxis are taken, a surcharge is placed on the grocery bill—*the grocery bill + cab fare = the total cost of foodstuffs*. Getting a ride from an acquaintance is cheaper, but it also means shopping at a time that is convenient for that friend. The lack of supermarkets, then, constructs a barrier to healthy eating habits and contributes to the problem of inner city food insecurity.

Lastly, simply putting supermarkets and grocery stores in distressed communities, I want to stress, will not automatically lead to healthy diets among African Americans. Nutritional education must also be part of the equation. African Americans must learn about the benefits of good nutrition and the eating habits that are required to sustain a healthy diet. Only by integrating easy access to wholesome food with nutritional education, can advances in the struggle against excess weight gain and obesity in the African American community be advanced.

Where Do We Go From Here?

Where do we go from here? A central goal of this essay was to demonstrate that the connection between health and the built environment differs in middle class white neighborhoods and in distressed inner city communities. Blacks and whites live and play in distinctive parts of the urban metropolis. Consequently, the built environment contributes to their health problems in related, but albeit in dissimilar ways. This means that the strategies and tactics used to address health and built environment issues in white middle class central city and suburban neighborhoods cannot be the same as those employed in the inner city. In this setting, a different approach is required.

This suggests that scholars, professionals, and practitioners must deepen their knowledge and understanding of the built environment/health nexus in distressed communities.⁴⁵ While a great deal is

⁴⁴ Ahn, *Breaking Ground: The Community Food Security Movement*, p. 1.

⁴⁵ I want to stress that we need to learn about the unique features of each major racial group, including Hispanics, Native Americans, and Asians. While certain features of the built environment will be characteristic of all distressed communities, the intersection of race, culture, and region makes it necessary to understand these groups within their specific contexts.

known about built environment issues in middle-class white neighborhoods, knowledge of these problems in the inner city is limited. For example, many of the issues that I have discussed today are rarely explored by scholars, while other questions, such as health care delivery, which is a huge problem in the black community, are not even considered built environment issue. However, I believe that questions such as black over reliance on emergency rooms and language and culture barriers to health care are as much a part of the built environment as sidewalks, streets, grocery stores, parks, and recreational facilities.

This perspective underscores the importance of developing a uniform definition of the built environment (1) because it is a widely used term by professional, practitioners, and policy makers, (2) because it is defined in different ways by many different people, and (3) because the lack of a clear definition makes it extremely difficult, if not impossible, to extend the frontiers of knowledge and formulate and implement sound policies.⁴⁶ Given the rapid growth of interest in health and built environment issues, the quest to formulate a uniform definition should a top priority.

Finally, I want to stress that the nexus between the inner city built environment and the health problems of African Americans is a reflection of structural racism. By structural racism I mean a system of political economy in which cultural representations, institutional practices, decisions, priorities, public policies, budgets, and approaches to building the urban metropolis operate in ways that *support, reinforce, and perpetuate* racial disparities in the United States.ⁱ

Because of this, creating health inner city communities that support wellness and active living will not be easy. This task requires the allocation of millions for inner city revitalization. However, the federal government and most urban regions are unwilling to reset their priorities, reallocate their resources, and make maximal use of available tools to create healthy, vibrant places for African Americans to live, work, and play. Within this context, I believe NAACP credo needs revision. I argue that “today’s civil rights battle is the fight to transform the inner city built environment into a healthy community that supports active living and wellness.”

To accomplish this task, policy makers, health scientists, medical practitioners, public health experts, design professionals, transportation specialists, engineers, builders, elected officials, urban

planners and others must *advocate* for the construction of healthy communities in inner cities and *argue* that the building of such places is a moral imperative; a clarion call for the 21st century. The idea that the inner city built environment kills is counter intuitive; however, only by grasping this troubling reality will the American people acquire the resolve needed to transform distressed communities into healthy places to live, work, and play.

⁴⁶ Charles B. Corbin and Robert PI Pangrazi, *Toward a Uniform Definition of Wellness: A Commentary*, **Research**

ⁱ In terms of geography this structural racism is reflected by blighted ghetto neighborhoods without retail and other support businesses. In terms of economic structure it is reflected on the production side by a vertical (and sometimes horizontal) division of labor and similar segmentation in demand. See e.g. Cole, S. 1994. A Community Accounting Matrix for Buffalo's East Side Neighborhood. **Economic Development Quarterly**. 8:2. 107-126.