

FOSTERING HEALTHY COMMUNITIES

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A. Introduction

The purpose of *Fostering Healthier Communities* is to facilitate and encourage municipalities to plan for and create vibrant, active places through their built environments that encourage healthy lifestyles.

How a community is designed has a direct effect on the health of its citizens. Land development patterns, zoning ordinances, and land use classifications impact walkability, access to services, and transportation options.

In many respects, the concepts for healthier communities are already prevalent in Vermont's land-use planning and; therefore, are already included throughout the TRO Regional Plan. Many town plans in the Region already include goals, policies, and recommendations that support healthy places as well. For example, Woodstock's town plan includes a suggested action to reduce greenhouse gases by implementing an anti-idling policy for all vehicles.

The American Planning Association has determined; however, that including a specific chapter explicitly focused on public health ensures that a greater emphasis is placed on health throughout other plan elements.¹

Communities where residents feel connected to neighbors, have a sense of belonging, have safe options for walking and being active, and have easy access to services, healthy foods, the natural environment, and affordable housing are communities where people enjoy greater health and well-being.

B. Overall Chapter Goals

1. The impact of our built environment on health is understood.
2. Communities are intentionally designed to promote physical and mental health.

Community design can and should accommodate a range of lifestyles, age groups, and working conditions.

VISION: Communities where healthy living is an easy part of everyday life for all.



Healthy Living | Sources left to right: ©Denise E Photography; ©Julia Pivovarova; ©TRORC

C. Community Design, the Built Environment, and Land Use

What does it all have to do with public health?

Community design can and should accommodate a range of lifestyles, age groups, and working conditions. Land use choices influence the underlying determinants of community and environmental health, such as obesity, heart disease, mental health, social isolation, nutrition, and air quality. Developing coherent strategies that integrate health considerations is critical.

The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). For example, the built environment influences a person's level of physical activity: Inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits.²

A community's capacity to provide affordable and appropriate housing, supportive community features and services, and adequate mobility options for people of all ages and abilities is rooted in its local zoning codes and related land use policies.

~American Association of Retired Persons

Healthy land use patterns can be achieved by encouraging infill; focusing mixed-use developments in established downtowns

and village centers; avoiding sprawl and encouraging land use patterns that promote walking, bicycling, and transit use.

Note: This chapter does not include an inventory of health care facilities and services; however, some discussion of “Services for Vulnerable Populations” and area health care entities and availability of services can be found in Appendix A.

Population Shifts

The proportion of Vermont's population that is 60 and older is growing more rapidly than other components of the population. The U.S. Census Bureau estimates that more than 29% of Vermont's population will be 60 and older by the year 2030, an increase of 40% from 2012.³

Orange and Windsor Counties are home to almost 85,000 people. Of these people, almost 36,000 (42%) are over age 50; more than 21,000 (24%) are over 60; almost 7,800 (9%) are over 70; and nearly 2,700 (3%) are over 80.⁴

Healthy lifestyles have a greater influence than genetic factors on avoiding age-related decline in physical and mental health and on the well-being of persons over 65. In addition, well-being can be promoted through sustainable ageing in place, which involves helping older residents remain in their community while also addressing the long-term economic, social, and health needs of both current and future generations at every age.⁵

On the flip-side, a closer look at age cohorts does reveal that our Region is

gaining residents, particularly in the 30-34 range. Since some of our schools are losing students at a fairly rapid rate, and employers are struggling to fill jobs, this is most certainly the age group we need to attract. While we continue to support our long time Vermonters who wish to stay here, we must also put those things in place that attract more families with young children: Great town centers, affordable housing, a great place to raise children, and a place that makes families feel welcome and safe.⁶

Great news! We're gaining in a much-needed age cohort, now let's give them healthy, happy, and affordable places to stay and raise their children.

gaining **30-34**
year-olds
& more

Growth in Obesity Rates

Obesity has reached epidemic proportions in Vermont and across the United States. In 2015, a quarter of Vermont adults (20 and older) reported being obese, while an additional 35% were overweight. The rate of obesity in Vermont is significantly lower than the U.S. overall (29%), while the rate of overweight is similar (35% vs. 36% U.S.). Among adults 20 and older in Vermont, the rates of overweight and obesity remain statistically unchanged since 2011.⁷

In 2015, 12% of students were obese and 14% were overweight—a significant decrease from 16% in 2013. One in 8 Vermont youth in grades 9 to 12 are considered obese. Additionally, 1 in 7 Vermont youth in grades 9 to 12 are overweight and at risk of becoming obese.⁸ While obesity affects people from all backgrounds, lower income Vermonters are disproportionately affected.⁹

Obesity-related conditions cost billions of dollars each year and is the cause of an estimated 300,000 premature deaths in the United States. Some of the health effects associated with obesity include: high blood pressure, diabetes, heart disease and joint problems.¹⁰

D. What Makes a Healthy Community?

Healthy Food Access

Research shows that one of the most effective ways to prevent obesity and improve outcomes for those who are overweight is to create opportunities for healthy eating for everyone in the community.

Lack of transportation to a grocery store presents a serious problem for many people.¹¹ According to the U.S. Census, approximately 2% of households in Orange and Windsor Counties have no vehicle.



“Food access is not simply a health issue but also a community development and equity issue. For this reason, access to healthy, affordable, and culturally appropriate food is a key component not only in a healthy, sustainable local food system, but also in a healthy, sustainable community.”

~American Planning Association

While this percentage may seem low, when you look at the total population, one must consider that many households without cars are not necessarily close to needed services, including grocery stores. Public transit is also lacking in many of our towns.

In Vermont, one of the best ways to ensure young people have access to healthy food is for schools to participate in the Vermont Farm to School Network.

Relationship to the Built Environment:

- Access to transportation
- Location and type of food outlets

Positive Health Outcomes:

- Combats diseases
- Helps fight obesity
- Improves longevity
- Boosts energy
- Improves mood
- May reduce health care costs

Policies and Recommendations: Healthy Food Access

Policies

1. Increase access to healthy foods.
2. Support the Vermont Farm to School Network.

Recommendations

1. Municipalities should connect with the Vermont Farm to Plate and Farm to School networks to see how they can best promote the consumption of locally grown foods to their residents.
2. TRORC and/or State should create mapping resources:
 - > Locality of grocers, convenience stores, farmers’ markets, farms, agricultural institutions, processing facilities, distributors, community gardens, food banks, and food pantries.
 - > Identify transportation routes/types to food retail.
 - > Location of low-income census tracts.
3. Municipalities should develop incentives for small or convenience store owners to stock healthy and local options.
4. Municipalities should promote and expand farmers markets and community gardens.
5. TRORC and municipalities should educate state and local policymakers on connections between food access and nutrition.
6. Municipalities should support the preservation of large, contiguous blocks of productive agricultural land.
7. Municipalities should work jointly with other jurisdictions to preserve agriculture land.

Healthy Homes

Housing is the best known predictor of health.¹² Lead exposure can lead to significant abnormalities in cognitive development; asbestos and radon exposure can increase the chance of developing lung cancer; uncontrolled moisture, mold, pests, and other triggers cause or exacerbate asthma and other respiratory dysfunction; inadequate heat can lead to use of inappropriate heating sources potentially resulting in fires or carbon monoxide poisoning; and poorly maintained stairwells and other structures can cause injuries. Not surprisingly, many health-related hazards are disproportionately found in low-income housing.

On average we spend 90% of our time indoors;¹³ therefore, existing homes offer significant opportunity to protect public health and reduce health disparities especially for those who are particularly vulnerable and who spend more time in the home, such as children and the elderly.¹⁴

Health outcomes can be improved by making physical changes to a home. But creating a healthy home only goes so far to promote health and health equity. Homes must also be affordable.

Housing affordability is addressed in detail in the “Housing Resources” chapter; but it bears repeating here: for the health of our schools, towns, and our economy as a whole, we must put policies in place that encourage young families and the elderly to live and thrive here. Affordable housing provides low-income residents the opportunity to redirect some of their resources to healthy food and health care.¹⁵

The addition of housing units to existing neighborhoods—through attached housing, accessory units, or conversion to multifamily dwellings—creates opportunities for communities to slowly increase density on land served by existing infrastructure without radically changing the landscape, while providing needed housing for a variety of residents.¹⁶

Relationship to the Built Environment:

- Healthy construction practices
- Healthy building materials
- Good maintenance practices
- Sufficient air ventilation
- Quality affordable housing
- Quality public housing

Positive Health Outcomes:

- Better indoor air quality lessens the following:
 - > Communicable disease
 - > Lead poisoning
 - > Respiratory illness
 - > Skin disease
- Alleviates stress
- Positive health and emotional benefits¹⁷
- May reduce health care costs

“In every community, property owners, advocates, code officials, public health leaders, and others are positioned to recognize and coordinate their shared missions of keeping people safe and healthy in the places they live.”

~National Center for Healthy

Policy and Recommendations: **Healthy Homes**

Policy

1. Prioritize the development and maintenance of high-quality affordable housing.

Recommendations

1. The Vermont Department of health should provide community assessment, testing sites and remediation programs for housing-related illnesses (blood lead levels, respiratory health, and skin disease).
2. The Vermont State Housing Authority and other housing entities should educate policymakers on the relationship of poor housing conditions to health outcomes.
3. TRORC should advocate for project approval processes that reflect the Housing Resources chapter's housing-needs allocation for all income levels.
4. TRORC and municipalities should participate in health impact assessments of proposed housing developments.
5. Municipalities should support efforts to structure community design, housing and healthcare to meet the needs of seniors and those with disabilities.¹⁸
6. Municipalities should work with local housing authorities to create a variety of housing types and maintenance options.
7. The state and housing organizations should promote healthy home renovation and construction.

Environmental Quality

Safe air, land, and water are fundamental to a healthy community environment. An environment free of hazards, such as secondhand smoke, carbon monoxide, allergens, lead, and toxic chemicals, helps prevent disease and other health problems. Implementing and enforcing environmental standards and regulations, monitoring pollution levels and human exposures, building environments that support healthy lifestyles, and considering the risks of pollution in decision-making can improve health and quality of life.¹⁹

Relationship to the Built Environment:

- Public transportation
- Proximity of services to one another and housing
- Building construction methods
 - > Healthy homes
 - > Indoor air quality
- Potable water quality
- Brownfield restoration
- May reduce health care costs

Positive Health Outcomes:

- Lower incidence of chronic diseases
- Better quality of life
- Clean air
- Clean water
- May reduce health care costs

Policies and Recommendations: **Environmental Quality***

Policies

1. Minimize the risks to human health and the environment posed by hazardous sites.
2. Improve air and water quality and reduce air and water pollution.
3. Promote compact, mixed-use development.

Recommendations

1. TRORC should advocate for implementation of the state's greenhouse gas reduction plans.
2. TRORC and municipalities should participate in the review of environmental impact reports.
3. TRORC and municipalities should advocate for and participate in health impact assessments.
4. Municipalities should prioritize the reuse and remediation of brownfields.
5. Municipalities should require new development and significant additions to existing development to provide adequate tree canopy to improve or maintain environmental health.
6. TRORC and municipalities should continue to advocate for plentiful, high-quality drinking water.
7. The State and municipalities should protect water quality of rivers, streams, lakes, and wetlands.

**While this section offers specific recommendations to improve environmental quality, many recommendations throughout this chapter have the ability to improve our overall environmental quality.*

Active Living & Active Transportation

As the built environment has become increasingly car-centric, levels of physical activity have correspondingly declined. Reduced physical activity has resulted in population weight gains. To counter these trends, it is necessary to make communities more conducive to physical activity once again, particularly walking and cycling.²⁰

Designing our communities to be safe and walkable and in ways that provides access to essential goods and services is important for people and the environment.

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Locating services near housing and transportation options allows seniors, and those without reliable transportation, to live more independently. Sprawling, dispersed services and shopping detract from residents quality of life and are costly to governments and residents. Parks and recreation facilities provide opportunities for physical activity and can help people of all ages lead a more active lifestyle. Some lower-income communities tend to have

People who live in walkable, mixed-used communities are more than twice as likely to be physically active 30 minutes or more each day, compared to those who live in communities oriented to motor vehicles.

~ChangeLab Solutions

less access to quality parks and recreation facilities. Making recreational facilities accessible in all communities is a critical strategy for increasing physical activity and preventing obesity.²¹

Active Transportation:

Active transportation refers to any form of human-powered transportation – walking, cycling, using a wheelchair, in-line skating or skateboarding. There are many ways to engage in active transportation, whether it is walking to the bus stop, or cycling to school/work.

Increasing transit access is a key strategy to creating healthy communities. It promotes physical activity through daily exercise, reduces air pollution by encouraging alternatives to automobile use, and connects residents to needed services such as jobs, housing, education, healthy food, recreational opportunities, and medical facilities.

The implementation of bicycle and pedestrian trails has been demonstrated to promote a healthy lifestyle.²² Biking and hiking trails can promote increased activity, and can be created with smaller amounts of land than large parks. They can often be created from “leftover” or unwanted land.

Communities can ensure that all residents have the opportunity for safe, active transportation by supporting and implementing the Complete Streets law that was passed by the Vermont Legislature in 2011. See the Transportation chapter for more details.

When designing for active living, older people and those with disabilities must be involved in assessing a community’s strengths and deficiencies. They should play a role in suggesting changes and in implementing and monitoring improvements, these residents can speak to their own experience of the communities’ positive characteristics and barriers.²³

Relation to the Built Environment:

- Easy access to parks or open space
- School land available for recreation after school hours
- Less time commuting
- Available, efficient, cost-effective public transit
- Maintained bicycle lanes, bicycle parking, sidewalks and lower speeds—where appropriate—allow for safe pedestrian options and lessen noise and air pollution
- Maintained pedestrian, wheelchair, and stroller amenities such as walkways, crosswalks, and islands
- Buffer separating cars from pedestrians, wheelchairs, strollers, and bicyclists.

Positive Health Outcomes:

- Leads to increased physical activity
- Provides connection to nature
- Offers the opportunity for connection to neighbors and community
- Helps reduce obesity and incidence of chronic diseases
- Alleviates stress
- May reduce health care costs

Policies and Recommendations: **Active Living and Active Transportation**

Policies

1. Create a balanced and equitable transportation system that provides for the safety and mobility of pedestrians, bicyclists, strollers, and wheelchairs.
2. Incorporate active transportation design features into new development projects.

Recommendations

1. The State and/or TRORC should map neighborhoods and advocate for connectivity to essential services, walkable routes, recreations opportunities, and transportation options.
2. Municipalities should conduct walkability and bikability assessments.
3. The State and TRORC should work with local jurisdictions to adopt bike and pedestrian master plans.
4. The State and TRORC should educate decision makers on links between safe streets and health.
5. TRORC should collaborate with local agencies and communities to implement Safe Routes to Schools programs and Vermont's Complete Streets program.
6. Municipalities should promote joint use of park and recreation facilities between communities.
7. Municipalities should promote existing trails.

Social Inclusion

Social inclusion represents a vision for a “society for all” in which every individual has rights, responsibilities and an active role to play.²⁴ Creating spaces for people young, old and with varying degrees of abilities is imperative to helping create healthy communities.

Opportunities to participate in, and make a positive contribution to community and society—no matter a person's age or abilities—are integral to dignity. Maintaining contact with family and friends, participating in cultural and community activities and using skills all contribute to social inclusion.²⁵

Involving people of all ages at all levels of service planning and delivery benefits the individuals involved, as well as the community as a whole.

Age discrimination, sometimes alongside other forms of discrimination, can contribute to the social isolation of older people. The risk is greater for people living alone and the very elderly, and can be increased by bereavement, loss of work or poor health. Such isolation can contribute to the incidence of mental illness, particularly depression.

Many people with disabilities* unnecessarily experience life quite

**Disability is defined as activity limitations due to physical, emotional, developmental, or mental problems OR any health problem that requires use of special equipment (e.g. wheelchair or special phone).*



Bradford Planning Meeting | Source: Staff

differently. They may not have a sense of place or belonging in the community and may not have access to activities they prefer or desire. In 2015, about a quarter (23%) of Vermont adults reported that they are disabled, similar to the 22% among U.S. adults overall. Disability increases as age increases.²⁶

Social inclusion may also go a long way toward attracting and keeping a younger population who feel that they are welcome and heard.

Relation to the Built Environment:

- Access to public gathering spaces
- Access to goods and services
- Access to public transit
- Housing stability

Positive Health Outcomes:

- Positive attitudes
- Sense of belonging and well-being
- Increased self-esteem

Policies and Recommendations: Social Inclusion

Policies

1. Promote increased, accessible use of public space, walkable and accessible neighborhoods, and mixed-use development.
2. Increase affordable and reliable transit options to essential services.
3. Improve parks, recreation facilities and open spaces for accessibility and community mingling.

Recommendations

1. Municipalities should map public gathering spaces and indicate level of accessibility.
2. Public health professionals should educate decision makers on the link between social support and health.
3. Municipalities should consider accessibility when developing public spaces and or recreational opportunities.
4. The State and TRORC will provide training for neighborhood residents to participate in boards and commissions.

Age-Friendly Environment

Age-friendly environments cultivate well-being and the participation of people as they age.²⁷ They provide services and support that enable recovery or that compensate for the loss of function with the goal that individuals can keep on doing the things that are essential to them.

Many of the policies and recommendations within this chapter would allow residents a level of independence and an opportunity to engage in community life. However, for persons of all ages, particularly the elderly, access to appropriate housing, mobility, and essential goods and services is extremely important.

The State of Vermont has placed an emphasis on independent living for both seniors and the disabled. Creating a support network which allows seniors to age in place rather than enter into institutional facilities will allow the Region to cope with its rapidly expanding senior population. Independent living is a more attractive option for seniors and the disabled, and it is also more cost effective than institutionalizing people within the medical system.

Many towns within the TRO Region are rural and do not have the appropriate infrastructure or an adequate range of available services to support aging in place. Many seniors over the age of 65 have some form of functional limitation.^{*28} Additionally, elders who age in place are often isolated in their homes.

One concept in particular that has been gaining traction across the nation, as well as in our Region is the “Community Health Care Coordinator.”

As a care coordinator, community health workers (CHW) help individuals with health conditions to navigate the healthcare system. They liaise between the target population and a variety of health, human, and social services organizations. They may support individuals by providing information on health and community resources, coordinating transportation, and making appointments and delivering appointment reminders.

Additionally, they may work with individuals to develop a care management plan and use other tools to track their progress over time (e.g., food and exercise logs). Interventions such as this, help save costs and may prevent more serious health problems.

“Many services are available for meeting all kinds of health care needs. Some services are managed and funded locally; some regionally; some statewide and others nationally. However, individuals needing care sometimes don’t get that care because they don’t know it exists or because it is challenging to deal with all the agencies providing the services.”

~Carol Langstaff, Sharon Resident

* Functional limitation is any restriction in the performance of activities resulting from disease, injury or environmental restrictions.

Towns in the Region that currently have some level of a Community Health Coordinator (or Community Nurse) are Sharon, Thetford, Hartland, Bradford and the greater Woodstock area (via the Ottawa-Quebec Health Foundation/Mt. Ascutney Hospital).

Housing designed to accommodate a range of functional ability over time (universal design) is another important way housing can assist in keeping the elderly and disabled in their own homes.

Relationship to the Built Environment:

- Transportation access and availability
- Homes designed for a variety of ages and abilities

Positive Health Outcomes:

- “Aging in Place” may yield cost savings for families, government, and health systems²⁹
- Reduces stress

Policies and Recommendations: Age-Friendly Environment

Policies

1. Promote the concept of health care coordinators in all towns.
2. Promote the concepts of universal design.

Recommendations

1. Municipalities should support “aging in place” programs to ensure access to housing and services for residents of all ages and economic means.
2. The State and TRORC must continue to educate residents about Accessory Dwelling Units (ADUs).
3. Municipalities should allow staff to review and administer permitting for ADUs.
4. Housing organizations should work with communities to coordinate healthcare and supportive services with housing.
5. Municipalities should allow senior housing to be built in traditionally single-family neighborhoods.
6. Municipalities should create and invest in health care coordinator programs (i.e., community nurse, community healthcare coordinator).
7. The State and/or TRORC, respecting privacy, should use Geographic Information System (GIS) technology to map seniors and disabled citizens’ location, housing, health facilities, and other needed and available services.

Substance Abuse Prevention

Preventing substance use disorders and related problems (e.g., mental illness) in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present.

According to the 2014 SAMHSA's (Substance Abuse and Mental Health Services Administration) National Survey on Drug Use and Health, an estimated 25.2% (66.9 million) of Americans aged 12 or older were current users of a tobacco product. About two-thirds (66.6%) of people aged 12 or older reported that they drank alcohol in the past 12 months, with 6.4% meeting criteria for an alcohol use disorder. Also among Americans aged 12 or older, the use of illicit drugs has increased over the last decade from 8.3% of the population using illicit drugs in the past month in 2002 to 10.2% (27 million people) in 2014. Of those, 7.1 million people met criteria for an illicit drug use disorder in the past year. The misuse of prescription drugs is second only to marijuana as the nation's most common drug problem after alcohol and tobacco, leading to troubling increases in opioid overdoses in the past decade.³⁰

What has proven most effective in reducing rates of underage drinking and tobacco use in the last 20 years are using approaches that address the availability of substances and the cultural norms that surround them. Universal

prevention approaches include the use of "environmental prevention strategies,"* which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy ways.³¹ These strategies are also more universal in nature, meaning that they don't target specific groups of at-risk youth and thus can benefit everyone—including people who are in recovery from misusing substances.

Some of these strategies include working with law enforcement to enforce existing underage drinking laws, parent education to promote clear expectations around substance use for children, and limiting where and when tobacco and other adult-only products can be used, sold, and advertised.

Another important component for the decreased likelihood of initiating drug and alcohol use are youth mentoring programs.



Snowboarders | ©Julia Pivovarova

**Environmental prevention strategies address the environment that surrounds people living in communities.*

The supportive, healthy relationships formed between mentors and mentees are both immediate and long-term and contribute to a host of benefits for mentors and mentees.³²

All of these approaches lead to a community where the norm is for a healthy behavior and makes this choice easier for all members of the community, especially young people. Successful implementation of these strategies involve many sectors of the community including law enforcement, local officials including town-planners,

businesses, faith-based organizations, schools, and residents including parents and youth.³³

Relation to the Built Environment:

- Access to active parks and recreation
- Access to transit
- Location and type businesses

Positive Health Outcomes:³⁴

- Helps fight addiction
- Reduces family and community stress
- Helps fight crime and injury
- Promotes community problem-solving
- May reduce health care costs

Policies and Recommendations: Substance Abuse Prevention

Policies

1. Reduce concentrated exposure to alcohol, drugs, and tobacco.
2. Provide opportunities for recreation and community involvement.

Recommendations

1. With the help of public health professionals, municipalities should assess the type of problem within the community.³⁵
2. Municipalities should raise awareness of the nature and seriousness of the problem.
3. Municipalities should assess the community's readiness for prevention.
4. Municipalities should review current programs already in place.
5. Municipalities should convene community organizations who serve youth and local leaders to capture ideas and resources to help implement and sustain research-based programs.
6. Municipalities should provide plenty of recreational and healthy opportunities for youth and overall community participation.

Fostering Healthy Communities Endnotes

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