



Policy Report

Healthy Children, Healthy Communities:

Schools, Parks, Recreation, and Sustainable Regional Planning
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HEALTHY CHILDREN, HEALTHY COMMUNITIES: SCHOOLS, PARKS, RECREATION, AND SUSTAINABLE REGIONAL PLANNING

Robert García, Erica S. Flores, & Sophia Mei-ling Chang*

INTRODUCTION

If current trends in obesity, inactivity, and disease continue, today's youth will be the first generation in this nation's history to face a shorter life expectancy than their parents.¹ Physical inactivity and poor nutrition habits are second only to tobacco use as a leading cause of preventable deaths each year and are responsible for an estimated 400,000 deaths annually.² Adult onset diabetes now increasingly strikes children at younger and younger ages. As a result, children are more likely to suffer long range effects including death, loss of limbs, and blindness. This health crisis currently costs the U.S. over \$100 billion each year.

All communities suffer from obesity and inactivity, but communities of color and low income communities suffer first and worst. Communities of color and low-income communities are disproportionately denied the benefits of safe open spaces for physical activity in parks and schools, and

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1. Eloisa Gonzalez, MD, MPH, L.A. County Dep't of Public Health, *Los Angeles Unified School District ("LAUSD") Citizens' School Bond Oversight Committee*, Jan. 21, 2004; see also Jennifer Radcliffe, *Going to War against Epidemic of Childhood Obesity*, DAILY NEWS, Jan. 27, 2004, at 1.

2. Rosie Mestel, *Obesity Gaining on Tobacco as Top Killer*, L.A. TIMES, Mar. 10, 2004; see Chronic Disease Directors, *Nutrition, Physical Activity & Obesity*, available at http://www.chronicdisease.org/0602-nutrition_physical_activ.html (last visited June 30, 2004); see also L.A. County Task Force on Children and Youth Physical Fitness, *Paving the Way for Physically Fit and Healthy Children: Findings and Recommendations*, [hereinafter *Paving the Way*], available at <http://lapublichealth.org/mch/reports/Board%20reportfinal.pdf> (last visited June 30, 2004) .

disproportionately suffer from obesity related diseases. Urban areas like Los Angeles, for example, systemically fail to provide adequate open space for recreation in parks and schools, particularly in the inner city.³

The obesity and inactivity crisis is not just the result of individual eating or exercise habits. Advocates from different disciplines must shift from a primary focus on personal responsibility and individual choice to acknowledge the role of the environment and public policy in shaping lifestyles and activity patterns.⁴ Children, adolescents, and adults cannot become more physically active and fit if they do not have accessible, safe, and affordable opportunities to be active.⁵

“[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.”⁶ Progressive park and recreation officials recognize the potential for promoting human health and wellness through physical activity as part of their mission.⁷ Yet physical education is being squeezed out of the school day, and park and recreation budgets are among the first cut during fiscal crises.

Every public official from the President of the United States and down must address the relationship between physical activity, obesity, and disease. President John F. Kennedy launched the “50 Mile Hike” Campaign, which many people still recall as a hallmark of his administration.⁸ The nation’s President, each of our governors, mayors, school board members, school superintendents, park and recreation

3. See Richard J. Jackson & Chris Kochtitzky, Centers for Disease Control and Prevention, *Creating a Healthy Environment: The Impact of the Built Environment on Public Health*, available at <http://www.sprawlwatch.org/health.pdf> (last visited June 30, 2004).

4. See Strategic Alliance, at <http://www.preventioninstitute.org/sa> (last visited June 30, 2004).

5. U.S. Dept. of Health and Human Servs. and U.S. Dept. of Edu., *Promoting Better Health for Young People Through Physical Activity and Sports* (Fall 2001) [hereinafter *Promoting Better Health for Young People*], available at http://www.cdc.gov/nccdphp/dash/physicalactivity/promoting_health/index.htm (last visited July 31, 2004).

6. U.S. Dept. of Health and Human Servs., *Physical Activity and Health: A Report of the Surgeon General* 236 (1997) [hereinafter *Surgeon General*], available at <http://www.cdc.gov/nccdphp/sgr/pdf/sgrfull.pdf> (last visited June 30, 2004).

7. See, e.g., Jane Adams & Barbara Harison, *Leading . . . to Promote Health and Wellness: Creating Community Through People, Parks and programs*, Cal. Park and Recreation Soc’y (2003), available at <http://www.ncppa.org/cprsreport.pdf> (last visited June 30, 2004).

8. The United States Department of Health and Human Services has launched an initiative to advance President George W. Bush’s Healthier U.S. See www.healthierus.gov (last visited July 31, 2004).

professionals, law enforcement leaders, elected officials, and urban planners should focus on improving human health through active recreation and open space.

The Center for Law in the Public Interest (the “Center”) advocates for a comprehensive approach to improve human health and community that includes:⁹ 1) open space for recreation in parks, school yards, beaches, and wilderness areas including national forests and parks while ensuring the fair treatment of people of all races, cultures, and incomes; 2) the design and joint use of parks and schools to make optimal use of land and public resources; 3) physical education for every student every day in every school; 4) educational programs in schools and parks to instill the lifelong values of physical fitness and healthy nutrition; 5) public education campaigns to articulate the need for active recreation spaces in schools, parks, beaches, and wilderness areas as a matter of human health, educational reform, and sustainable regional planning; 6) healthier alternatives to junk foods in vending machines and cafeterias in schools and parks, as well as easy access to drinking water; 7) diversifying access to and support for wilderness areas including national forests and parks; and 8) federal funding and programs for active recreation in parks, schools, and wilderness areas.¹⁰

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

I. PUBLIC HEALTH CRISIS OF INACTIVITY AND OBESITY

A. Obesity and Unfit Epidemic

Overweight and obesity rates for all Americans have reached epidemic proportions.¹¹ Obesity in the U.S. has been increasing steadily over the last two decades—and severe obesity is increasing the fastest.¹² Between 1991

9. The Center’s policy proposals are presented in detail in Section VI below.

10. 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.

11. U.S. Dept. of Health and Human Servs., *The Surgeon General’s Call to Action To Prevent and Decrease Overweight and Obesity*, at 12-14 (2001) [hereinafter *Call to Action*], available at <http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf> (last visited June 30, 2004).

12. RAND, *Obesity and Disability: The Shape of Things to Come* (2004), available at <http://www.rand.org/publications/RB/RB9043/RB9043.pdf> (last visited July 31, 2004).

and 2001, obesity rates increased 75% among adults.¹³ Thirty-four percent of American adults are overweight and 27% (forty-five million Americans) are obese.¹⁴ Approximately eight million children are overweight, with obesity rates now double in children and triple in adolescents from just two decades ago.¹⁵ Children today are over three times as likely to be overweight as were children in 1970.¹⁶ Thirteen percent of children (ages 6-11) and 14% of adolescents (ages 12-19) are overweight.¹⁷

B. Health Impact of Overweight and Obesity

Poor diet and inactivity contribute significantly to four out of the six leading causes of death.¹⁸ Overweight also shortens life expectancy by three years for an average forty-year-old adult and obesity shortens life expectancy by an average of seven years for women and six years for men.¹⁹ If obesity trends continue through 2020 without other changes in behavior or medical technology, the proportion of individuals reporting fair or poor health would increase by about 12% for men and 14% for women over 2000 rates.²⁰

Diseases related to poor diet and inactivity include: obesity, high blood pressure, diabetes, coronary heart disease, osteoporosis, cancer, and stroke.²¹ Overweight children face a greater risk of developing lung disease, diabetes, asthma, and cancer.²² Diabetes rates have risen along with obesity rates, rising 61% during the last decade.²³ Diabetes, hypertension, and other obesity-related chronic diseases that are prevalent

13. Nat'l Alliance for Nutrition and Activity ("NANA"), *Obesity and Other Diet- and Inactivity-Related Diseases: National Impact, Costs, and Solutions*, at 1-3 (2003) [hereinafter *Obesity and Inactivity-Related Diseases*], available at <http://www.cspinet.org/nutritionpolicy/briefingbookfy04.ppt> (last visited June 30, 2004).

14. *Call to Action*, *supra* note 11, at 10.

15. *Obesity and Inactivity-Related Diseases*, *supra* note 13, at 1-3.

16. Ctrs. for Disease Control ("CDC"), *Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity*, at 1 (July 2003) [hereinafter *Preventing Obesity and Chronic Diseases*], available at http://www.cdc.gov/nccdphp/pe_factsheets/pe_pa.htm (last visited June 30, 2004).

17. *Call to Action*, *supra* note 11, at 12-14.

18. *Obesity and Inactivity-Related Diseases*, *supra* note 13, at 2.

19. *Id.*

20. RAND, *supra* note 12.

21. *Id.*

22. Cal. Ctr. for Public Health Advocacy, *An Epidemic: Overweight and Unfit Children in California Assembly Districts* 18 (Dec. 2002) [hereinafter *An Epidemic*], available at http://www.publichealthadvocacy.org/policy_briefs/study_documents/full_report1.pdf (last visited July 31, 2004).

23. *Obesity and Inactivity-Related Diseases*, *supra* note 13, at 2.

among obese adults have now become more common in children and adolescents who are overweight.²⁴ Formerly known as “adult-onset diabetes” because it only occurred in middle-age adults, Type 2 diabetes has been renamed to account for the millions of overweight and inactive children now also suffering from it.²⁵

Overweight and obese children face a lifelong health battle. Studies show that 80% of overweight children become obese adults, so that not only are overweight children becoming afflicted with obesity-related diseases they rarely faced a few decades ago, they continue to face obesity-related diseases as adults.²⁶ Additionally, overweight children and adolescents face a number of negative psychosocial factors, including lack of friends and support networks, feelings of depression and inadequacy, an overall poor sense of well-being, and a lack of resources to help with a weight problem.²⁷

C. Importance of Physical Activity and Active Recreation

Along with good nutrition, physical activity is critical to combating the rising prevalence of obesity. The Surgeon General promotes physical activity as a way 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.”²⁸

Regular physical activity is associated with enhanced health and reduced risk for all-cause mortality, heart disease, diabetes, hypertension, and cancer.²⁹ Physical activity for children and adolescents helps to build and maintain healthy bones, muscles, and joints; prevent or delay the development of high blood pressure; and reduce feelings of depression and anxiety.³⁰ People who are inactive are twice as likely to experience symptoms of depression as are more active people.³¹ Depression can lead to suicide, the ninth-leading cause of death in America. Physical activity relieves symptoms of depression and anxiety and improves mood by providing opportunities for social interaction, increased feelings of self-mastery and self-efficacy, and relief from daily stress.

24. *Paving the Way*, *supra* note 2, at 10.

25. Gold Coast Collaborative, *A Health Crisis in Paradise*, at 3 (Sept. 2003), available at <http://ucce.ucdavis.edu/files/filelibrary/2372/11294.pdf> (last visited June 30, 2004).

26. *Paving the Way*, *supra* note 2, at 10.

27. *Id.*

28. *Surgeon General*, *supra* note 6, at *Preface*.

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

30. *Promoting Better Health for Young People*, *supra* note 5, at 7.

31. *Surgeon General*, *supra* note 6, at 135-36, 141.

Physically fit students perform better academically.³² Athletics build character, pride, self esteem, teamwork, leadership, concentration, dedication, fair play, mutual respect, social skills, and healthier bodies for children.³³ Athletics helps to keep children in school; helps develop academic skills to do better in school and in life; and increase access to higher education.³⁴ Male athletes are four times more likely to be admitted to Ivy League colleges than are other males; for female recruits, the advantage is even greater.³⁵

Recreation programs provide alternatives to gangs, drugs, violence, crime, and teen sex. A national survey of more than 14,000 teenagers found that those who took part in team sports were less likely to have unhealthy eating habits, smoke, have premarital sex, use drugs, or carry weapons.³⁶ The Los Angeles County District Attorney concluded that among the reasons young people join gangs is “[the exclusion] by distance and discrimination from adult-supervised park programs.”³⁷ The study recommends that “alternative activities like recreation” should be part of every gang prevention strategy.³⁸

D. Inactivity

Despite the benefits of physical activity, only 25% of adults in the United States report engaging in recommended physical activity levels, 29% report no leisure-time regular physical activity, and only 27% of students in grades 9-12 engage in moderate-intensity physical activity.³⁹ Only 50% of young people ages 12-21 years regularly participate in vigorous physical activity, while 25% report no vigorous physical activity

32. Press Release, California Department of Education, *State Study Proves Physically Fit Kids Perform Better Academically*, (Dec. 10, 2002), available at <http://www.cde.ca.gov/news/releases2002/rel37.asp> (last visited July 31, 2004).

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

34. See *id.*

35. See WILLIAM G. BOWEN ET AL., *RECLAIMING THE GAME: COLLEGE SPORTS AND EDUCATIONAL VALUES* (2003).

36. Russell R. Pate et al., *Sports Participation and Health-Related Behaviors Among US Youth*, *ARCHIVES OF PEDIATRICS AND ADOLESCENT MEDICINE* (Sept. 2000).

37. L.A. District Att’y, *Gangs, Crime and Violence in Los Angeles: Findings and Proposals from the District Attorney’s Office* (1992).

38. *Id.*

39. CDC, *Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services*, at 5 (Oct. 1, 2001) [hereinafter *Community Preventive Services*].

at all.⁴⁰

In California, 27% of children are overweight and 40% are unfit.⁴¹ Only 24% of the state's fifth- seventh- and ninth-graders met minimal physical fitness standards last year.⁴² The numbers are even lower within the Los Angeles Unified School District, where just 17% of fifth-graders, 16% of seventh-graders, and less than 11% of ninth-graders met all six of the minimum fitness standards in the 2002-2003 school year.⁴³

II. FINANCIAL COSTS OF THE INACTIVITY AND OBESITY HEALTH CRISIS

If obesity trends continue through 2020, without other changes in behavior or medical technology, up to one-fifth of health care expenditures for people ages 50 to 60 would be devoted to treating the consequences of obesity.⁴⁴ Currently, the U.S. Surgeon General estimates the national cost of overweight and obesity in the year 2000 to have been \$117 billion, with \$61 billion in direct costs (including preventive, diagnostic, and treatment services related to overweight and obesity) and \$56 billion in indirect costs (the value of wages lost by people unable to work because of illness or disability, as well as the value of future earnings lost by premature death).⁴⁵

The United States Drug Association estimates that healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity, and lost lives.⁴⁶ According to the Centers for Disease Control and Prevention ("CDC"), if all physically inactive Americans became active, we would save \$77 billion in annual medical costs.⁴⁷ From 1979 to 1999, California's childhood obesity costs tripled from \$35 million to \$127 million.⁴⁸

40. *Surgeon General*, *supra* note 6, at 200.

41. Press Release, California Department of Education, *State Schools Chief O'Connell Announces California Kids' 2002 Physical Fitness Results*, (Jan. 28, 2003) [hereinafter *California Kids*]. In California, all students in grades five, seven, and nine are required to take the California Fitness Test in order to assess physical fitness in six health fitness areas: aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength, and flexibility. *Id.* Students must meet all six standards in order to be considered fit. *Id.*

42. *Id.*

43. Cara Mia DiMassa, *Campus Crowding Can Make P.E. a Challenge*, L.A. TIMES, Nov. 19, 2003, at B2.

44. RAND, *supra* note 12, at 3.

45. *Call to Action*, *supra* note 11, at 9-10.

46. *Obesity and Inactivity-Related Diseases*, *supra* note 13, at 2.

47. *Id.*

48. *An Epidemic*, *supra* note 22, at 3.

III. INEQUITIES OF THE INACTIVITY AND OBESITY HEALTH CRISIS

Social and economic disparities and inequities worsen the health crisis for low-income and communities of color, who suffer from higher rates of both overweight and obesity and inactivity.

Mexican-American and African-American children are twice as likely as non-Hispanic white children to be overweight.⁴⁹ The rates of overweight and obesity are higher for women of racial and ethnic minority populations than non-Hispanic white women. More African-American girls are overweight than are white and Mexican-American girls. More Mexican-American men and boys are overweight and obese than white or African-American men.⁵⁰ Women of lower socioeconomic status are 50% more likely to be obese than are those of higher socioeconomic status.⁵¹

Table 1: Overweight and Unfit Children in California

RACE/ ETHNICITY	Overweight	Unfit
Latino	34%	45%
African American	29%	46%
White	20%	34%
Asian	18%	36%

The obesity problem is a particular concern in California, where the districts with the highest proportion of overweight children also have the highest concentration of people of color.⁵² Social and economic disparities also cause low-income and communities of color to be inactive at different rates. Women are more inactive than men; Blacks and Hispanics are more inactive than whites; the less affluent are more inactive than the more affluent; older adults are more inactive than younger adults.⁵³ Minorities and low-income individuals are significantly less likely than whites and high-income individuals to engage in the regular physical activity that is crucial to good health.⁵⁴ Among non-Hispanic white adults in the United States, 34.9% engage in regular leisure-time physical activity, compared with only 25.4% of non-Hispanic black adults and 22.7% of Hispanic

49. *Id.* at 17-18.

50. *Call to Action*, *supra* note 11, at 12-14.

51. *Id.*

52. *An Epidemic*, *supra* note 22, at 5. See Table 1, *id.* at 64, 67.

53. *Surgeon General*, *supra* note 6, at 200; PATRICIA BARNES, & CHARLOTTE A. SCHOENBORN, NATIONAL CENTER FOR HEALTH STATISTICS, PHYSICAL ACTIVITY AMONG ADULTS: UNITED STATES, 2000, ADVANCE DATA, No. 333 (May 14, 2003); Rebecca Flournoy, *Regional Development and Physical Activity: Issues and Strategies for Promoting Health Equity*, at 9-12 (Nov. 2002), available at <http://www.policylink.org/pdfs/physicalactivity.pdf> (last visited June 30, 2004).

54. Paul M. Sherer, *Why America Needs More City Parks and Open Space*, Trust for Public Land, at 7 (2003), available at www.tpl.org (last visited June 30, 2004).

adults.⁵⁵ Non-Hispanic black and Hispanic children were significantly less likely than non-Hispanic white children to report involvement in organized activities, as were children of parents with lower-incomes and education levels.⁵⁶ Adults with incomes below the poverty level are three times less likely as are high-income adults to be physically active.⁵⁷

With higher rates of obesity and overweight, and inactivity, minority communities disproportionately suffer from related diseases. Diabetes, just one result of physical inactivity and obesity, is the seventh-leading cause of death in the United States. The mortality rate increases when deaths caused by complications from diabetes, such as heart disease and stroke, are included.⁵⁸ African Americans, Native Americans, Latinos, and older Asians in California have higher rates of diabetes than do whites. [Table 2].⁵⁹

Table 2: Diabetes in California

RACE/ETHNICITY	Age 18+	Age 50-64
African American	10%	21%
American Indian and Alaska Native	9%	20%
Latino	6%	18%
White	6%	8%
Asian and Native Hawaiian and Other Pacific Islanders	5%	11%

Blacks have the highest prevalence of hypertension, a major risk factor for cardiovascular disease morbidity and mortality. During the past decade, hypertension increased the most among black women and the least among white men.⁶⁰

IV. STRUCTURAL DISPARITIES AND THE INEQUITABLE DISTRIBUTION OF OPEN SPACE FOR PHYSICAL ACTIVITY

All healthy communities need a wide range of accessible, safe, and affordable opportunities in order to be physically active and healthy.

55. *Id.*

56. CDC, *Physical Activity Levels Among Children Aged 9-13 Year—United States 2002*, MORBIDITY AND MORTALITY WEEKLY REPORT (Aug. 22, 2003).

57. Sherer, *supra* note 54, at 7.

58. *Surgeon General, supra* note 6, at 125. Eight million Americans have been diagnosed with diabetes and twice as many have diabetes but have not been diagnosed. *Id.*

59. See Table 2. Allison L. Diamond et al., UCLA Center for Health and Policy Research, *Diabetes in California: Findings from the 2001 Health Interview Survey*, available at http://www.healthpolicy.ucla.edu/pubs/files/UCLA_Diabetes_Rpt_Final_R2.pdf (last visited July 31, 2004).

60. Ihab Hajjar, *Trends in Prevalence, Awareness, Treatment, and Control of Hypertension in the United States, 1988-2000*, J. OF THE AM. MED. ASSOC., at 199-201 (July 9, 2003).

Communities of color and low-income communities, however, are disproportionately denied the benefits of parks and other safe spaces necessary for physical activity and other public resources.

A. Inequities in the Distribution of Public Resources

Inequities in the distribution of parks and recreation in urban areas like Los Angeles, the policies and practices causing those inequities, and the policy and legal bases for redressing the inequities are well documented.⁶¹

A study by the University of Southern California reaffirmed the unequal park distribution in Los Angeles and found that low-income communities of color residing in the older inner core had less access to park space than white-dominated and higher income areas.⁶²

Local Proposition K in Los Angeles, for example, generates \$25 million per year for the acquisition, improvement, construction, and maintenance of city parks and recreation facilities in order to address the inadequacies and deterioration of the city's youth infrastructure, including parks and recreation centers. The USC study found, however, that even Proposition K moneys have not been allocated to areas where the money is most needed.⁶³ The Los Angeles neighborhood of South Central—with the city's second-highest poverty rate, highest share of children, and lowest access to nearby park space—received only about half as much per-child Proposition K funding as affluent West Los Angeles received.⁶⁴

61. See, Robert García et al., *Building Community and Diversifying Democracy: Strategies from the Urban Park Movement*, in *WASTING AWAY: ENVIRONMENTAL JUSTICE, HUMAN RIGHTS, AND THE POLITICS OF POLLUTION* (Robert Bullard, et al., eds., forthcoming 2005); Robert García et al., Ctr. for Law in the Pub. Interest, *Dreams of Fields: Soccer, Community and Equal Justice—Report on Sports in Urban Parks to the California Department of Parks and Recreation* (Dec. 2002), available at http://www.clipi.org/images/Dreams_of_Fields.pdf (last visited June 30, 2004); Robert García, Ctr. for Law in the Pub. Interest, *Equal Access to California's Beaches*, SECOND NAT'L. PEOPLE OF COLOR ENVT'L. LEADERSHIP SUMMIT, RESOURCE PAPER SERIES (Oct. 23, 2002), available at www.ejrc.cau.edu/summit2/Beach.pdf (last visited June 30, 2004); Robert García et al., *The Heritage Parkscape in the Heart of Los Angeles*, available at www.clipi.org (last visited July 31, 2004); Robert García, *The Rodney King Legacy and a Testament of Hope*, 8 AM. BAR ASSOC., GOAL IX (2002); Robert García, *Mean Streets: Transportation Equity Improves Social Justice, Economic Vitality, and Environmental Quality*, FORUM FOR APPLIED RES. AND PUB. POL'Y (2000). See generally Loukaitou-Sederis & Stieglitz, *supra* note 33, at 1-6; Anastasia Loukaitou-Sideris, *Urban Form and Social Context: Cultural Differentiation in the Uses of Urban Parks*, 14 J. OF PLAN. EDUC. AND RES., at 89-102 (1995).

62. STEPHANIE PINCELT, ET AL., TOWARD A SUSTAINABLE LOS ANGELES: A "NATURE'S SERVICES" APPROACH 39 (2003).

63. *Id.*

64. Sherer, *supra* note 54.

The California Public Policy Institute has reported that the majority of Californians (64%) agree that poorer communities have less than their fair share of well-maintained parks and recreational facilities. Latinos are far more likely than are non-Hispanic whites (72% to 60%) to say that poorer communities do not receive their fair share of these environmental benefits. A majority of residents (58%) agree that compared to wealthier neighborhoods, lower-income and minority neighborhoods bear more than their fair share of the environmental burdens of toxic waste and polluting facilities.⁶⁵

Communities of color and low-income communities were the biggest supporters of California's recent Proposition 40—the largest resource bond in United States history, with \$2.6 billion for parks, clean water, and clean air. Prop 40 passed in March 2002, with the support of 77% of black, 74% of Latino, 60% of Asian, and 56% of non-Hispanic white voters. Seventy-five percent of voters with an annual family income below \$20,000 and 61% with a high school diploma or less supported Prop 40—the highest among any income or education levels.⁶⁶

Proposition 40 demolished the myth that the environment is a luxury that communities of color and low-income communities cannot afford or are not willing to pay for.

B. Importance of the Built Environment in Promoting Physical Activity

Many environmental factors contribute to inactivity.⁶⁷ Urban solutions that were implemented decades ago to help solve public health problems of infectious and communicable diseases now contribute to pressing health risks of obesity and inactivity.⁶⁸ Communities like Los Angeles are designed with the automobile at the center, which discourages walking and bicycling and makes it more difficult for children to play together.⁶⁹ Increasing concerns about personal safety limit the time and areas in which children are allowed to play.⁷⁰ New technology has conditioned young people to be less active and made sedentary indoor activities more

65. MARK BALDASARE, PUBLIC POLICY INSTITUTE OF CALIFORNIA STATEWIDE SURVEY: SPECIAL SURVEY ON CALIFORNIANS AND THE ENVIRONMENT, vi (June 2002).

66. *State-wide exit poll*, L.A. TIMES, Mar. 7, 2002.

67. Gretchen Williams Torres, et al., *Active Living Through Community Design*, A-5 (Feb. 2001).

68. LAWRENCE D. FRANK ET AL., HEALTH AND COMMUNITY DESIGN: THE IMPACT OF THE BUILT ENVIRONMENT ON PHYSICAL ACTIVITY 36-37 (2003).

69. *Promoting Better Health for Young People*, *supra* note 5, at 11.

70. *Id.*

appealing.⁷¹ Communities have failed to invest adequately in close-to-home physical activity facilities, including parks.⁷²

Our schools are also failing to provide for the full development of our children. Currently, the state of California does not adequately enforce its physical education requirements.⁷³ Physical education classes have so many students that teachers cannot give students the individual attention they need.⁷⁴ In California, the average student-teacher ratio is 43-1, far exceeding the national recommendation of 25-1.⁷⁵ In the Los Angeles Unified School District, for example, middle school physical education classes average 55 to 65 students per class, with some gym classes exceeding 70 students per teacher.⁷⁶ As a result, students in physical education sessions may spend more time standing on the sidelines waiting their turn, rather than actually participating in an activity.⁷⁷

Numerous studies have shown that time spent outdoors is the most powerful correlate of physical activity.⁷⁸ The CDC reported that creation of or enhanced access to places for physical activity led to a 25.6% increase in the percentage of people exercising three or more days per week.⁷⁹ The *American Journal of Preventive Medicine* showed that creation of or enhanced access to places for physical activities, together with informational outreach, resulted in a 48.4% increase in frequency of physical activity.⁸⁰

A person's level of physical activity depends on his or her neighborhood, in particular, access, convenience, and safety of spaces for activity.⁸¹ Those fortunate individuals with access to parks and school

71. *Id.*

72. *Id.*

73. Vicki Kemper, *New Priorities Leave PE, Obese Children Behind*, L.A. TIMES, Sept. 15, 2003, at A2.

74. *Promoting Better Health for Young People*, *supra* note 5, at 11.

75. Cara Mia Dimassa, *Campus Crowding Can Make PE a Challenge*, L.A. TIMES, Nov. 19, 2003, at B2.

76. *Id.*

77. Prevention Institute, *Strategies for Action: Integrating Nutrition and Physical Activity Promotion to Reach Low-Income Californians*, at 11 (Oct. 2001), available at <http://www.preventioninstitute.org/nutrapp.html> (last visited June 30, 2004).

78. James F. Sallis et al., *Environmental and Policy Interventions to Promote Physical Activity*, AM. J. OF PREVENTIVE MED. 15(4), at 383 (1998).

79. Sherer, *supra* note 54, at 13.

80. Emily B. Kahn et al. and the Task Force on Community Preventive Services, *The Effectiveness of Interventions to Increase Physical Activity*, 22 AM. J. OF PREVENTIVE MED. 4S, 87-88 (2002).

81. See CDC and President's Council on Physical Fitness and Sports, *Healthy People 2010*, at 2-26 (2002), available at <http://www.healthypeople.gov/document/pdf/volume2/22physical.pdf> (last visited June 30,

yards are more likely to achieve recommended levels of physical activity.⁸² Physical activity provides opportunities to interact with nature and studies indicate that people with access to nature are healthier than those without.⁸³ In a college campus study, students enjoyed substantial psychological and recreational benefits from the time they spent in a five-acre park; even students who rarely used the park attached importance to its aesthetic benefits.⁸⁴

Adding parks and open space to urban communities will help increase levels of physical activity by providing safe, open places for recreation that currently are not available in many cities like Los Angeles.⁸⁵ A recent national study on the relationship between the type of places where people live and their activity, health, and weight concluded that urban form could be significantly associated with some forms of physical activity and some health outcomes, while noting that additional empirical research is necessary.⁸⁶

Additionally, parks are a democratic commons that bring people together as equals and provide different rhythms for everyday life. People in parks play, walk, talk, kiss, sit, jog, bike, learn, bird watch, protest, pray, and work. Parks cool the city and clean the air and ground. Clean, safe, and accessible parks, school yards, beaches, and wilderness areas like forests are not a luxury.

B. Low-Income and Minority Communities Face Barriers to Physical Activity

Low-income and minority urban communities face objective environmental barriers to physical activity that more affluent communities do not. According to the CDC, two of the main reasons for not exercising are lack of facilities and fears about safety.⁸⁷

Parents identify the safety of parks as the most important factor in deciding whether to use them.⁸⁸ Low-income urban communities, in particular, are very concerned about safety of existing open spaces.

2004).

82. *Surgeon General*, *supra* note 6, at 214, 235; Fournoy, *supra* note 53, at 14.

83. RACHEL KAPLAN & STEPHEN KAPLAN, *THE EXPERIENCE OF NATURE* 173 (1989).

84. Roger Ulrich & David Addoms, *Psychological and Recreational Benefits of Residential Parks*, *J. OF LEISURE RES.*, at 60-61 (First Quarter, 1981).

85. Stephanie Pincetl et al., *Toward a Sustainable Los Angeles: A "Nature's Services" Approach*, at 28 (Mar. 2003).

86. Reid Ewing et al., *Relationship Between Urban Sprawl and Physical Activity, Obesity, and Morbidity*, *AM. J. OF HEALTH PROMOTION*, at 47 (Sept.-Oct. 2003).

87. Jackson & Kochitzky, *supra* note 3, at 8.

88. Sallis, *supra* note 78, at 383.

Concerns about neighborhood safety were reported more frequently by Hispanic parents (41.2%) than by non-Hispanic white (8.5%) and non-Hispanic black (13.3%) parents.⁸⁹ According to the CDC, parents with lower incomes and education levels reported more perceived barriers.⁹⁰

Parents in communities of color also express concerns about opportunities for physical activity in their neighborhoods.⁹¹ Los Angeles, for example, is park poor, with fewer acres of parks per person than any major city in the country. There are unfair disparities in access to parks, school yards, and recreation based on race, ethnicity, income, and access to a car. In the inner city, there are 0.3 acres of parks per thousand residents, compared to 1.7 acres in disproportionately white and wealthy areas.

The lack of parks in many communities is exacerbated by a decrease in school yards, which are disappearing with the rising use of portable classrooms and increased scarcity and price of land.⁹² School yards are disappearing to make space for portable classrooms.⁹³ School physical education programs are being cut and there is a lack of available and safe recreation facilities.⁹⁴ Children of color do not have access to parks and school yards in their communities, and do not have access to cars or a decent transit system to reach neighborhoods where the parks are.⁹⁵

Within a five-mile radius of the Baldwin Hills state park, for example, in the historic heart of African-American Los Angeles, there is one picnic table for every 10,000 people, one playground for 23,000 children, one soccer field for 30,000 people, and one basketball court for 36,000 people.⁹⁶ These figures do not take into account the privatization of public space. Families in more affluent white communities have back yards, swimming pools, basketball hoops over garages, access to country clubs and private beaches, and vacation resorts. Families in low-income communities of color do not. The children in these neighborhoods lack adequate access to cars or to a decent transit system to reach parks in other

89. See CDC, *supra* note 56.

90. *Id.*

91. *Id.*

92. *California Kids*, *supra* note 41.

93. *Id.*

94. See American Obesity Association, *AOA Fact Sheets*, available at http://www.obesity.org/subs/fastfacts/obesity_youth.shtml (last visited July 31, 2004).

95. See Robert García, et al., Center for Law in the Pub. Interest, *Dreams of Fields: Soccer, Community, and Equal Justice*, at 4 (2002), available at <http://www.clipi.org/currentactivities.html> (last visited July 31, 2004); see also Jennifer Radcliffe, *Going to War against Epidemic of Childhood Obesity*, DAILY NEWS, Jan. 26, 2004, at 1.

96. Community Conservancy International (based on 1990 census data).

neighborhoods and wilderness areas.⁹⁷

To compound matters, many of the health threats related to sprawl disproportionately affect people of color and low-income people, who are more likely to suffer from air pollution and related diseases, heat-related diseases and mortality, motor vehicle fatalities, and pedestrian fatalities.⁹⁸

VI .ENVIRONMENTAL JUSTICE AND HUMAN HEALTH IN LOS ANGELES

The Center is promoting human health by advocating for open space and recreation in new parks and through the joint and community design and use of schools and parks.

A. Park, Beaches, and Forests

The Center helped build and lead one of the broadest and most diverse alliances ever behind any issue in Los Angeles by helping to create a state park in the 32-acre Chinatown Cornfield, one of the last vast open spaces in the heart of downtown Los Angeles. The Center stopped federal subsidies for a warehouse project and secured \$32 million in state funds to create the first state park ever in downtown Los Angeles.

Until the creation of the state park at the Cornfield, the people of Chinatown and the nearby William Mead Housing Project did not have a park in their neighborhoods. There are 282,967 children who live within a five-mile radius of the Cornfield. The community that lies within a five-mile radius of the Cornfield is disproportionately non-white (68% Latino, 14% Asian, 11% non-Hispanic white, and 4% black) and poor (30% lives in poverty). The median household income is \$28,908—just 60% of the \$47,493 median household income for the State.⁹⁹

Drawing on the lessons of the Cornfield, the Center helped build and lead a community coalition for a state park at Taylor Yard. Taylor Yard is an abandoned rail yard about two miles north of the Cornfield along the Los Angeles River. The communities of Taylor yard are also disproportionately poor communities of color. There are 235,590 children who live within a five-mile radius of the Cornfield. The community that lies within a five-mile radius of the Taylor Yard is 56% Latino, 17% Asian, 20% non-Hispanic white, and 3% black. Twenty-seven

97. See Robert Garcia & Thomas A. Rubin, *Cross Road Blues*, in *HIGHWAY ROBBERY* (forthcoming 2004).

98. Howard Frumkin, *Urban Sprawl and Public Health*, 117 *PUB. HEALTH REP.* 209, 211 (May-June 2002).

99. 2000 U.S. Census.

percent is poor.¹⁰⁰ Yet a Florida developer proposed building a forty-acre industrial and commercial development at Taylor Yard without a full environmental impact report. In response to a lawsuit under state environmental law by the Center and others, the superior court ordered a full environmental impact report to consider the impact of the industrial development on clean air, water runoff, and a bicycle path. That ruling led to a settlement that resulted in the purchase of the site for a park by the State. The State and City of Los Angeles recently unveiled the conceptual plan for Taylor Yard, with space for both active and passive recreation.

The Center helped a community alliance stop a power plant and a city dump in favor of a two-square-mile park in the Baldwin Hills, in the historic heart of African-American Los Angeles, that will be the largest urban park in the U.S. in over a century—bigger than Central Park or Golden Gate Park. Within a three-mile-radius of the Baldwin Hills, the population is 52% African American, 22% Latino, 6% Asian, and 20% non-Hispanic white.¹⁰¹ Given less than thirty days to fight the plant, advocates organized the community to stop the plant and save the park, while mobilizing legal resources against the plant. Hundreds of people attended the first hearing on the plant and, in a truly remarkable outpouring of support, more than 1000 people turned out to protest the plant when the state Energy Commission held an unprecedented second hearing two weeks later. The developer then withdrew the power plant proposal. In the summer of 2003, an alliance once again saved the community and the park in the Baldwin Hills when it persuaded the City of Los Angeles to abandon plans for a garbage dump at the park.

The most recent struggle in the urban park movement is the effort to build a new park in Ascot Hills on 140 acres of surplus land owned by the City of Los Angeles, managed by the department of water and power, and zoned for open space in the park-poor community of East Los Angeles. According to 2000 Census data, 64% of the population within a five-mile radius of Ascot Hills is Hispanic, 23% live in poverty, and 20% have no access to a car. There are over 200,330 children within a five-mile radius of Ascot Hills, but the largest open space in East L.A. is Evergreen Cemetery. The community is so starved for open space for recreation that it has built a jogging path around the cemetery, known as R.I.P.—Run in Peace. In addition to green space and an outdoor classroom, the park in Ascot Hills will provide new opportunities for physical activity, including hiking and nature trails.

100. *Id.*

101. 1990 U.S. Census.

In addition to bringing open space to the community, it is necessary to take the community to the open space. The Center is working with others to develop a constituency-building campaign to diversify support for, and access to, the four forests in Southern California; protect the rich biodiversity in those forests; and promote low impact recreation there. The four national forests in the Los Angeles region are among the most popular forests in the United States, serve the most diverse population, and offer some of the greatest recreational and biological diversity, but are among the most underfunded in the country. Since 1965 the federal Land and Water Conservation Fund (“LWCF”) has spent \$41.58 per capita for national forests in Northern California, for example, compared to \$1.63 per capita in Southern California. The region faces greater population pressures than any other region in the country.

In addition to expanding the “pie” of open space through urban parks in Los Angeles, the Center works to maximize public access to the beach and ensure the fair treatment of people of all races, cultures, and incomes. The 1,100-mile California coast belongs to all the people. The City of Malibu and media mogul David Geffen nevertheless have filed suit to cut off public access to the beach. Malibu is 89% white and 25% of the households have incomes of \$200,000 or more per year. Locked gates and barbed wire keep people off the beach, like “Blacks Prohibited” signs did throughout Southern California in the Twentieth century. The beautiful beaches of Malibu are being treated like private backyards for the rich and famous. A diverse alliance organized by the Center influenced the California Coastal Commission to adopt a plan requiring Malibu to maximize access to the beach while ensuring the fair treatment of people of all cultures, races and incomes—the first time an agency has implemented the state definition of environmental justice. This sets a precedent for other communities and government agencies.¹⁰²

B. Schools

The Los Angeles Unified School District (“LAUSD”) is investing over \$12 billion in state and local bond funds for school construction, modernization, and repair. Nowhere in the history of the world has any place invested so much for the education of children, according to LAUSD Superintendent Roy Romer.¹⁰³ LAUSD has 800 schools, with 2021 acres

102. Robert García, Center for Law in the Pub. Interest, *Equal Access to California's Beaches*, SECOND NAT'L. PEOPLE OF COLOR ENV'TL. LEADERSHIP SUMMIT, RESOURCE PAPER SERIES (Oct. 23, 2002), available at www.ejrc.cau.edu/summit2/Beach.pdf (last visited June 30, 2004).

103. *Hearing before the LAUSD Citizens' School Bond Oversight Committee* (March 17,

of school yards. Eighty new schools will add 240 acres of open space.¹⁰⁴

The vision in Los Angeles is to build and maintain schools that promote the full development of the child, both physically and mentally; are educationally and environmentally sound; enhance neighborhoods through design and programming as centers of the community; reflect the wise and efficient use of limited land and public resources; and are flexible and well built to remain useful over a long life time.¹⁰⁵

Schools must become centers of our communities. Schools and communities have the potential to improve the health of young people by providing instruction, programs, and services that promote enjoyable, lifelong physical activity.¹⁰⁶

LAUSD is recognized as a state and national leader in building high performance schools. This “green” or “sustainable” building emphasizes integrated consideration of environmental and health goals, including environmentally-sound site planning, indoor air quality, energy efficiency, day lighting, and sustainable building materials and products. The Environmental Law Institute recently published a report featuring LAUSD as a model for other jurisdictions to follow to develop strategies to advance high performance school building programs.¹⁰⁷

The following key lessons from institutionalizing the policy to build high performance schools are relevant to institutionalize policies to promote human health through active recreation and open space in schools and parks: 1) senior management developed a short policy statement articulating the school district’s sustainable building goals; 2) the board of education adopted high performance goals, and directed district staff to implement those goals; 3) the district provided simple tools, including the Collaborative for High Performance School scorecard, to implement the policy in measurable terms; 4) the state government supported the policy; and 5) the public participated in developing the policy.

The LAUSD citizen’s school bond oversight committee is now seeking to institutionalize policies to promote human health through active

2004) (statement of Superintendent Roy Romer).

104. Robert García is the Chairman of the LAUSD Citizens’ School Bond Oversight Committee.

105. See, e.g., LAUSD Facilities Servs. Div., *New Construction Strategic Execution Plan* (2004), available at www.laschools.org/bond (last visited July 31, 2004).

106. CDC, *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People*, MORBIDITY AND MORTALITY WKLY. REP., 46 (RR-6), at 6 (Mar. 7, 1997).

107. Env’tl. Law Inst., *Building Healthy, High Performance Schools: Review of Selected State and Local Initiatives* (Sept. 2003), available at www.elistore.org/reports_detail.asp?ID=10925 (last visited June 30, 2004).

recreation and open space in schools and parks.¹⁰⁸

VI. CREATING HEALTHY CHILDREN AND HEALTHY COMMUNITIES

A healthy community is one that is safe with schools, parks, swimming pools, trails, recreation centers, playgrounds, roads, transit, and other services to meet the needs of the people.¹⁰⁹ Providing space and facilities such as parks, school yards, and open space can create opportunities for recreation and healthy lifestyles.¹¹⁰ It is a public responsibility to provide safe, accessible places for children to play or adults to walk, jog, or ride a bike, and to require daily physical education in our schools.¹¹¹ Promoting healthy lifestyles requires a comprehensive approach that includes systemic policy changes to create environments conducive to physical activity.¹¹²

The Center for Law in the Public Interest is guided by a collective vision: a web of parks, playgrounds, schools, beaches, and transit that serves diverse users and reflects the cultural urban landscape while improving human health. We rely on a multifaceted approach that puts the affected community at the center. First, we engage in coalition building and public education to learn what people want and to find collective ways of getting it. Second, we help people with public policy and legal advocacy outside the courts by showing them how to participate in planning and administrative processes, as well as ballot measures and election campaigns. Third, we assist with strategic media campaigns. Fourth, we engage in multidisciplinary research and analyses, including complex demographic analyses using census data and GIS mapping tools, to illuminate inequities. We follow the money to determine who benefits

108. See Memorandum from Robert García, Chairman, Oversight Committee, to LAUSD Board of Education (July 29, 2003) available at www.laschools.org/bond (last visited July 31, 2004); see also Oversight Committee Resolution 2003-2, available at www.laschools.org/bond (last visited July 31, 2004).

109. See U.S. Dept. of Health & Human Servs., *Healthy People in Healthy Communities* at 1-2 (Feb. 2001), available at <http://www.hhs.gov> (last visited July 31, 2004).

110. See Ross C. Brownson et al., *Environmental and Policy Determinants of Physical Activity in the United States*, AM. J. PUB. HEALTH 1995 (2001); see also Sallis, *supra* note 78, at 379, 389.

111. *Call to Action*, *supra* note 11; see also Robert Wood Johnson Found., *Healthy Places, Healthy People: Promoting Public Health & Physical Activity Through Community Design* (Nov. 2000), available at http://www.rwjf.org/publications/publicationsPdfs/healthy_places.pdf (last visited June 30, 2004); Strategic Alliance for Healthy Food and Activity Environments, available at <http://www.preventioninstitute.org/nutrition.html> (last visited July 31, 2004).

112. Gretchen Williams Torres & Mary Pittman, *Active Living Through Community Design: A White Paper Prepared for the Robert Wood Johnson Foundation*, at 9-10 (2001), available at http://www.rwjf.org/publications/publicationsPdfs/healthy_places.pdf (last visited June 30, 2004).

from the investment of public resources, and who gets left behind. We connect the historical dots to understand how communities came to be the way they are, and how they could be better. Fifth, we creatively engage opponents to find common ground. Impact litigation is available as a last resort if necessary within a broader strategic campaign.

Within that context we make the following recommendations to local, state, and federal policy makers.

A. Maximize Access to Open Space for Recreation While Ensuring the Fair Treatment of People of All Races, Cultures, and Incomes

Parks, recreation centers, playgrounds, swimming pools, beaches, school yards, trails, and wilderness areas including national forests and parks provide necessary opportunities for children and adults to engage in active recreation and avoid the deadly health consequences of physical inactivity.

The Center recommends the following:

Communities must provide stable, consistent, and equitable funding for the development, maintenance, and preservation of parks, recreation centers, school yards, wilderness areas, open space, and active recreation for all. During times of economic crisis, park and recreation departments and physical education programs should not be the first budgets cut.

Communities must provide transit to parks, school yards, wilderness areas, and recreation areas for the working poor and others without adequate access to cars.

Public officials must build parks and school yards in underserved areas to create open spaces for recreation in communities where people otherwise have no place to go and therefore have no opportunity to engage in physical activity.

Policymakers and parks and recreation departments must ensure “equitable distribution of facilities” and give “higher priority to providing programs and facilities that are accessible to all citizens.”¹¹³

Elected officials along with parks and recreation, planning, transportation, housing, community development and school officials must work together to develop a comprehensive vision, policy, and practice for the joint and community use of open space for active recreation at schools, playgrounds, and parks to make optimal use of scarce land, money, and other public resources.

Public officials must develop standards and criteria to guide and evaluate the implementation of community and joint use of schools and

113. Sallis, *supra* note 78, at 389.

playgrounds, analogous to CHPS (Collaborative for High Performance Schools) or LEEDS (Leadership for Energy and Environmental Design).

Public officials and environmental advocates should work together to diversify access to and support for wilderness areas including national forests and parks for active low impact recreation.

Public officials should lead the creation of community collaborations of health professionals, parks and recreation providers, planners, schools, and community organizations to create a system wide strategic plan and programs to improve the physical activity of the community's residents.

The President of the United States and the federal government should make healthy children and healthy communities through active recreation a national priority with adequate funding.¹¹⁴

Public agencies must gather, analyze, and publish information about the distribution of parks, playgrounds, and open space, using GIS and 2000 census data based on race, ethnicity, income, education, gender, population density, and other salient factors to better understand how open space and health data are related and how that data correlates with demographic data. Full and fair information will enable decision makers and the community to understand the impact of policy decisions on all communities.

Public agencies must ensure full and fair public participation in the decision making process.

B. Schools as Centers of Community

Schools offer an ideal setting for physical activity and education to address health, fitness, and nutrition. Student health is not a luxury or an add-on. Student health is part of the core mission of educating children. Good education requires a sound body and a sound mind.

The Center recommends the following:

Public officials must provide physical education for every student, every day, in every school.

Schools and parks should provide educational programs to instill the lifelong values of physical fitness and healthy nutrition.

School districts must develop and implement a comprehensive strategic plan to maximize the most efficient use of scarce resources, such as

114. See *supra* notes 5, 8, and 10; see also letter from Robert García & Erica Flores, to Vice Admiral Richard H. Carmona, Surgeon General of the United States (Jan. 26, 2004) (on file with author).

through joint and community use of recreation facilities, including school playgrounds, gymnasiums, multi-purpose rooms, and swimming pools.¹¹⁵

Schools and communities must coordinate their efforts to develop, implement, and evaluate physical activity as part of an integrated and comprehensive school health program. The coordinated program should include health education, physical education, health services, school counseling and social services, and nutrition services.¹¹⁶

Public officials must provide adequate resources, including budget and facilities, for physical activity instruction and programs.

Schools and communities should create physical activity standards such as California's "Fitnessgrams" to assess physical fitness while striving to encourage participation.¹¹⁷ Educators and schools should be evaluated on whether students meet physical fitness standards, just as API (Academic Performance Index) scores are used to evaluate academic performance. Schools and parks should provide healthier alternatives to junk foods in vending machines, cafeterias, and food stands, as well as easy access to drinking water.

C. Public Education Campaign to Articulate Active Recreation Spaces as a Matter of Public Health, Educational Reform, and Sustainable Regional Planning

A public education campaign must articulate the need for parks, school yards, open space, and active recreation spaces as a matter of human health, educational reform, and sustainable regional planning.¹¹⁸

Media campaigns must encourage young people to be physically active and promote physical education as an important component of a quality education and long-term health.

A successful campaign will require a broad alliance to reflect the diversity of communities and address the different values at stake, including human health, environmental quality, educational reform, social and racial

115. CAL. EDUC. CODE § 33350 (West 2004).

116. See Diamond et al., *supra* note 59.

117. Cal. Park & Recreation Soc'y, *Public Policy Initiatives 2003-2004: Creating Public Policy Conditions to Advance Parks & Recreation*, available at <http://www.cprs.org> (last visited July 31, 2004).

118. The Center is working with Hispanic National Radio and others to develop a national campaign to mobilize Latinos in the fight for a healthier world. The campaign will deliver vital health and civic engagement information to underserved communities in California and across the United States, via nationally-syndicated radio programs and newspaper columns, and through the distribution of materials to Hispanic-serving health clinics and grassroots groups.

justice, and sustainable regional planning.¹¹⁹

The dialogue about obesity and inactivity must move beyond personal responsibility and individual choice, to address the built environment.

Public health officials, educators, and policymakers alike must begin thinking about parks and open space as a matter of human health.

CONCLUSION

Our children deserve the best quality of life we can provide for them. When we ignore the built environment, we ignore the obstacles that make it possible to have healthy children and healthy communities. When we ignore structural disparities and inequities in the distribution of open space, we ignore the whole community. The human health crisis goes beyond personal responsibility and individual choice. There are environmental and social justice implications we must not forget.

Four of the central lessons of the environmental justice movement are that communities of color and low-income communities: 1) disproportionately suffer from environmental degradation; 2) are denied the benefits of public benefits such as parks, playgrounds, open space, and recreation; 3) lack the information necessary to understand the impact of environmental policies on all communities; 4) are denied full and fair public participation in the decision making process.

The Center for Law in the Public Interest is bringing people together to create the kind of communities where they want to live and raise children. We are making communities healthier places to live, learn, work, and play by improving human health and the environment, and ensuring equal access to public resources for all.

119. *Surgeon General*, *supra* note 6, at 229.

ADDENDUM

Open Space and Mental Health

While access to open space and recreation facilities is linked to a decrease in obesity¹ and influences the amount of physical activity,² the benefits extend beyond physical to mental health. For example, symptoms of children with ADD are relieved after contact with nature. African-American children in low-income inner city environments, and Caucasian children from high-income families, concentrate better with views of open space. Girls score higher on self-discipline tests when with a natural view.³

The Benefits of Open Space for Older Adults

Parks and schools can offer services for older adults including exercise, art, and meals that encourage older residents to be active and to socialize. The strength of social ties is an important predictor of well-being and longevity.⁴

The older population of the United States spans all economic, social, ethnic and racial lines. As the population ages, older residents can play a significant role in reshaping the built environment as diminished capabilities begin to reduce their ability to move about safely on their own. As the population ages, AARP and other advocacy groups can demand changes in the built environment to benefit all communities.

¹ T.K. Caitlin *et al.*, "Environmental and policy factors associated with overweight among adults in Missouri," *American Journal of Health Promotion* 17, 249-58 (2003).

² See, e.g., P.J. Troped, *et al.*, "Associations between self-reported and objective physical environment factors and use of a community rail-trail," *Preventive Medicine* 32, 191-200 (2001); B. Giles-Corti & R.J. Donovan, "The relative influence of individual, social, and physical environment determinants of physical activity," *Social Science and Medicine* 54, 1793-1812 (2002); S. Huston *et al.*, "Neighborhood environment, access to places for activity, and leisure time physical activity in a diverse North Carolina population," *American Journal of Health Promotion* 18, 58-69 (2003); K.E. Powell *et al.*, "Places to walk: convenience and regular physical activity," *American Journal of Public Health* 93, 1519-21 (2003).

³ 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).

⁴ See generally B. Kweon *et al.*, "Green Common Spaces and the Social Integration of Inner-City Older Adults," *Environment and Behavior* 30, 832-832 (1998); K. Fitzpatrick and M. LaGory, "Unhealthy Places: The Ecology of Risk in the Urban Landscape" (2000); J. Couglin & A. Lacombe, "Ten Myths about Transportation for the Elderly," *Transportation Quarterly* 91-100 (1997).



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