Health equity is achieved when everyone has the opportunity to attain their full health potential. Inequities in health stem from structural inequities—the systemic disadvantage of one social group compared to other groups—deeply embedded in the fabric of society and encompassing policy, law, governance, and culture. Health inequities result in large part from historic and ongoing poverty, structural racism, and discrimination, and they can be mitigated by policies and community action in powerful ways.

Land use decisions, which shape the physical environment of a community (including the design, permitted use of space, natural environment, transportation, housing location and density, and level of segregation), can affect the health of community residents. In the past, land use regulations and local policies related to planning (e.g., segregation, redlining, and urban renewal) have worsened health inequities by limiting access to important neighborhood features and exposing specific populations to harmful or unhealthy environments. Access to high quality, safe, and affordable housing is one important neighborhood feature that shapes health outcomes.

What are the roles of the land use and housing sectors?

The link between neighborhood conditions and health

How do neighborhood conditions and the availability of high-quality, safe, and affordable housing affect health?

- Physical conditions within homes (e.g., presence of lead, particulates, and allergens) can shape health outcomes.
- Conditions in a multi-residence structure (e.g., an apartment building or townhome) such as indoor smoking policies or health and social services provided can harm or improve residents’ health.
- The neighborhood conditions surrounding homes shape physical safety and access to health-related factors such as parks and open spaces, healthy foods, and educational and employment opportunities.
- Housing affordability and stability can affect financial stability, stress, and the overall ability for families to make healthy decisions.

Example of action

Rolling Hills Apartment Complex

In 2012, Lutheran Social Services (LSS) and for-profit developers partnered to renovate the Rolling Hills Apartment Complex in St. Paul, Minnesota and convert it into official affordable housing. The renovation included the following enhancements: renovated apartments; LSS refugee and immigrant services office with emergency housing for arriving families; a clinic exam room operated by a federally qualified health center; a community garden expansion; and more. Incentivizing funding, engaging nontraditional partners, and commissioning technical assistance were all key to success.

Urban neighborhoods are seeing dramatic shifts in demographics and property value and are becoming more segregated by income. Gentrification—the process of renewal and rebuilding which leads to the influx of new, more affluent residents—can lead to the displacement of less affluent residents. Displacement can worsen health disparities by limiting access to healthy housing and food options, transportation, quality schools, and social networks.
Conclusion

The land use and housing sectors are key partners in promoting health equity in communities. Working to tackle unemployment, concentrated poverty, and school dropout rates can seem overwhelming to communities, but when actors in the community—residents, businesses, state and local government, and other local institutions—work together across multiple sectors, communities gain the power to change the narrative and promote health equity through long-lasting, community-driven interventions.