



Greening and the Urbanization of Atlanta: A Health Impact Assessment of the Atlanta Beltline

Dr. Catherine L. Ross
Dr. Andrew Dannenberg
Ms. Karen Leone de Nie

APHA 135th Annual Meeting Washington, DC : November 3–7, 2007

2007, Center for Quality Growth and Regional Development. Please cite Georgia Tech and the Center for Quality Growth and Regional Development whenever portions are reproduced.



Center for Quality Growth and Regional Development
760 Spring Street, Suite 213, Atlanta, GA 30308
w: www.cqgrd.gatech.edu e: cqgrd@coa.gatech.edu
p: 404.385.5133 f: 404.385.5127

“From the beginning we’ve recognized the transformative nature of the BeltLine. If Atlanta is truly to be a ‘best in class’ city, we must put the health of all residents first. Now with this study we realize it’s role to help overcome some of our most serious health epidemics-obesity, heart disease-for Atlantans.”

Mayor Shirley Franklin
City of Atlanta



While health care policies play a major role in improving people's health through treatment **(remedial approach)**, tools like HIA can help prevent ill health **(preventive approach)**.

Atlanta BeltLine HIA

About: a prospective HIA of the redevelopment plan for the BeltLine

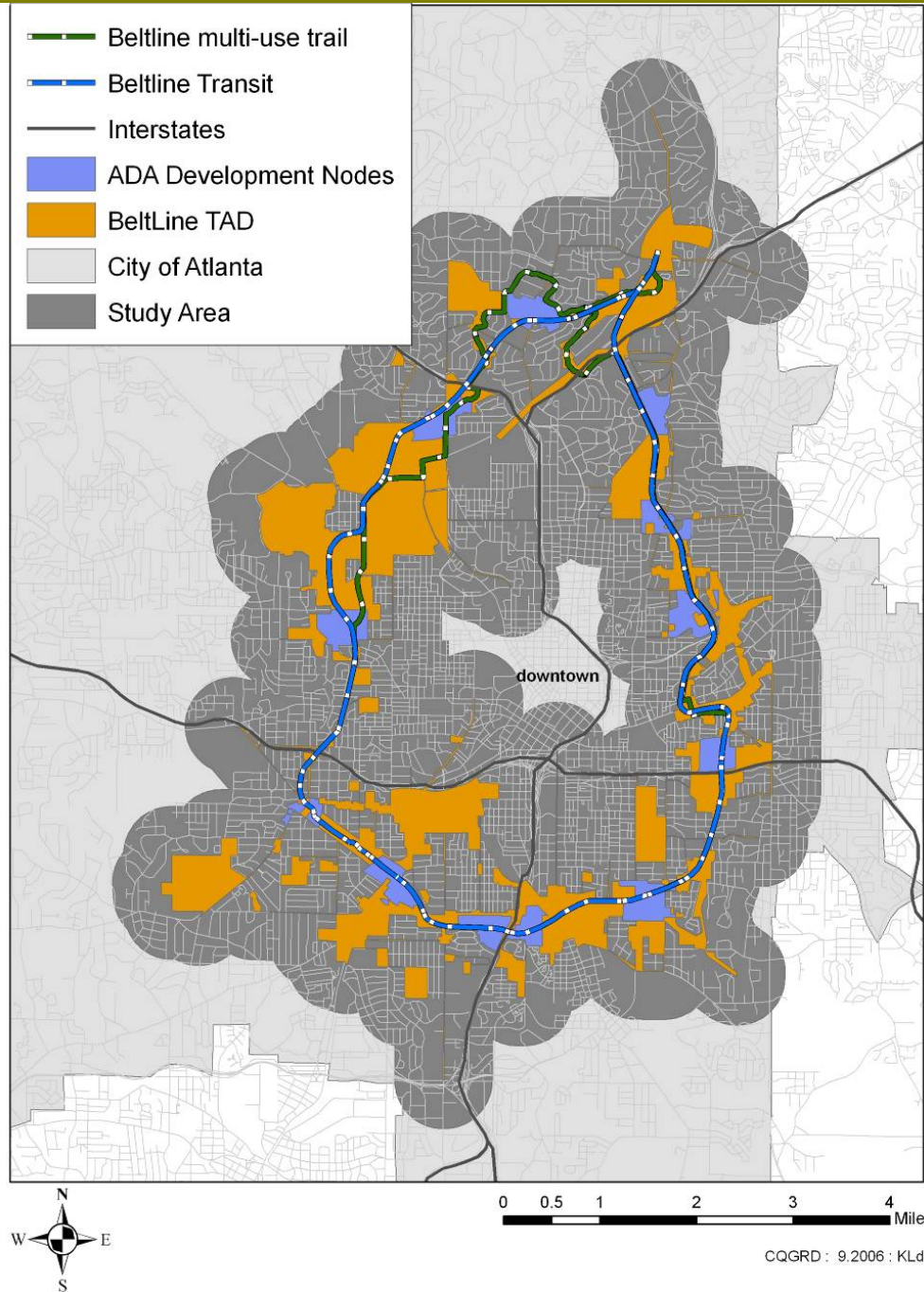
Team: Georgia Tech's Center for Quality Growth and Regional Development (CQGRD) and U.S. Centers for Disease Control and Prevention (CDC)

Policy Makers: City of Atlanta, BeltLine, Inc., MARTA transit agency, Trust for Public Land

Funding: Robert Wood Johnson Foundation

Results: Pending

- One of the first HIAs on major transportation projects in the US
- **Purpose:** make health a decision criterion for the project definition and approval
- **Integrated:** city planners and public health professionals
- **Learning** a new language
- **Goal:** healthy communities and life styles especially for the disadvantaged and vulnerable population



A largely abandoned rail corridor 22 miles long including the downtown area

213,920 people live in the study area (Census 2000)

Will the BeltLine Impact
Health?

- **6,500** acres Tax Allocation District (TAD)
- represents a **\$1.7 billion public investment**
- affects **transportation, land use, urban design**



SOURCE: BeltLine Redevelopment Plan, 2005.

Parks: 700 acres of park improvements and 1,300 acres of new greenspace and parks

Trails: 33 miles of new multi-use trails

Transit: 22 mile loop of transit service

Redevelopment: 6,500 acres of redevelopment, 10 redevelopment nodes

- 29,000 housing units (5,600 affordable units)
- 5.3 million sq ft of office space
- 1.3 million sq ft of retail space
- 5.2 million sq ft of industrial
- 407,000 sq ft of institutional space
- 30,000 new jobs

Other improvements: sidewalk, streetscape, road, and intersection improvements





Figure 6.9 Maddox Park Before and After

SOURCE: BeltLine Redevelopment Plan, 2005.



Figure 6.11 Ornewood Park Greenway Extension Before and After

SOURCE: BeltLine Redevelopment Plan, 2005.



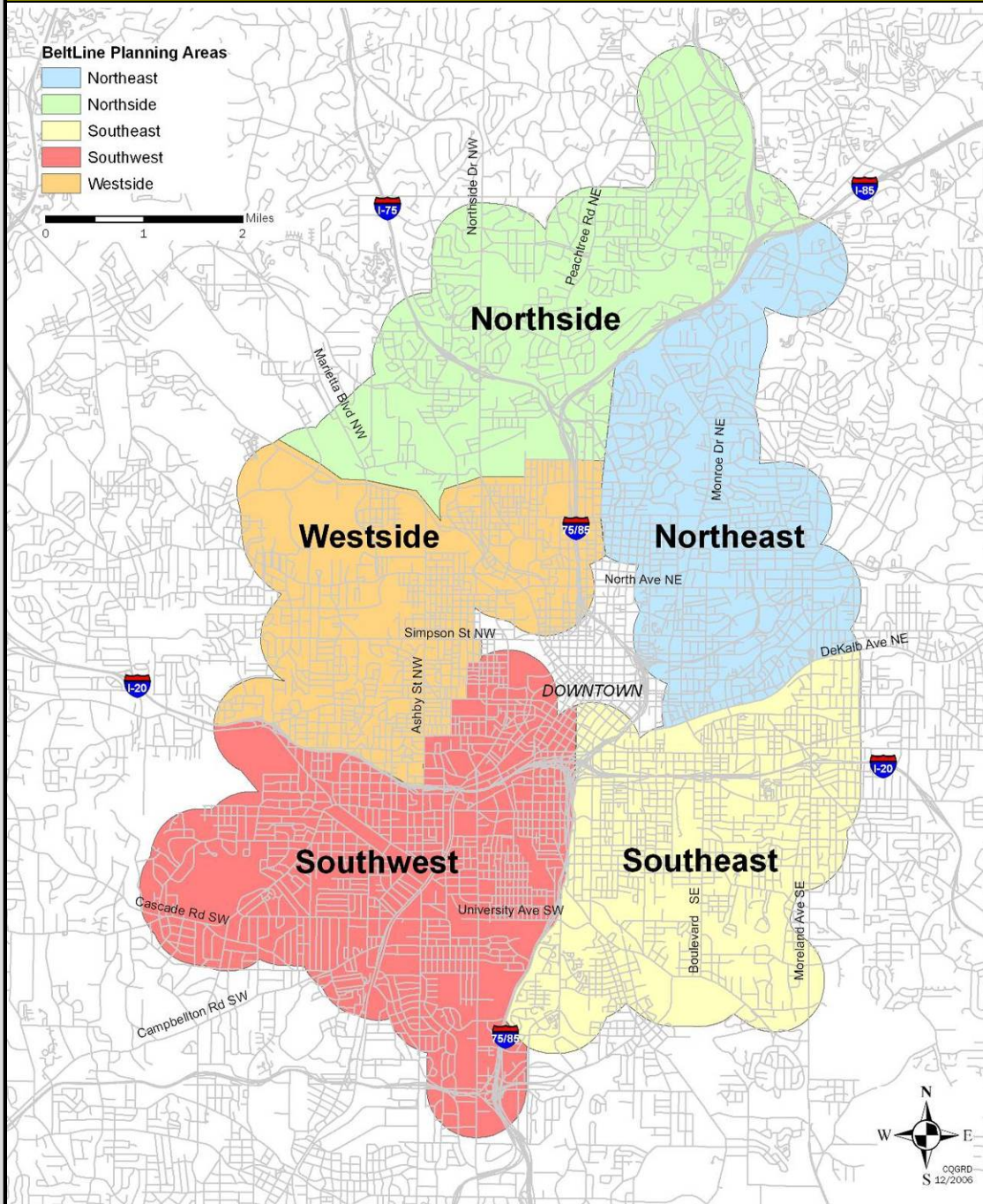
Figure 6.36 Ralph McGill Boulevard Before



Figure 6.37 Ralph McGill Boulevard After.

SOURCE: BeltLine Redevelopment Plan, 2005.

Subareas



Subareas

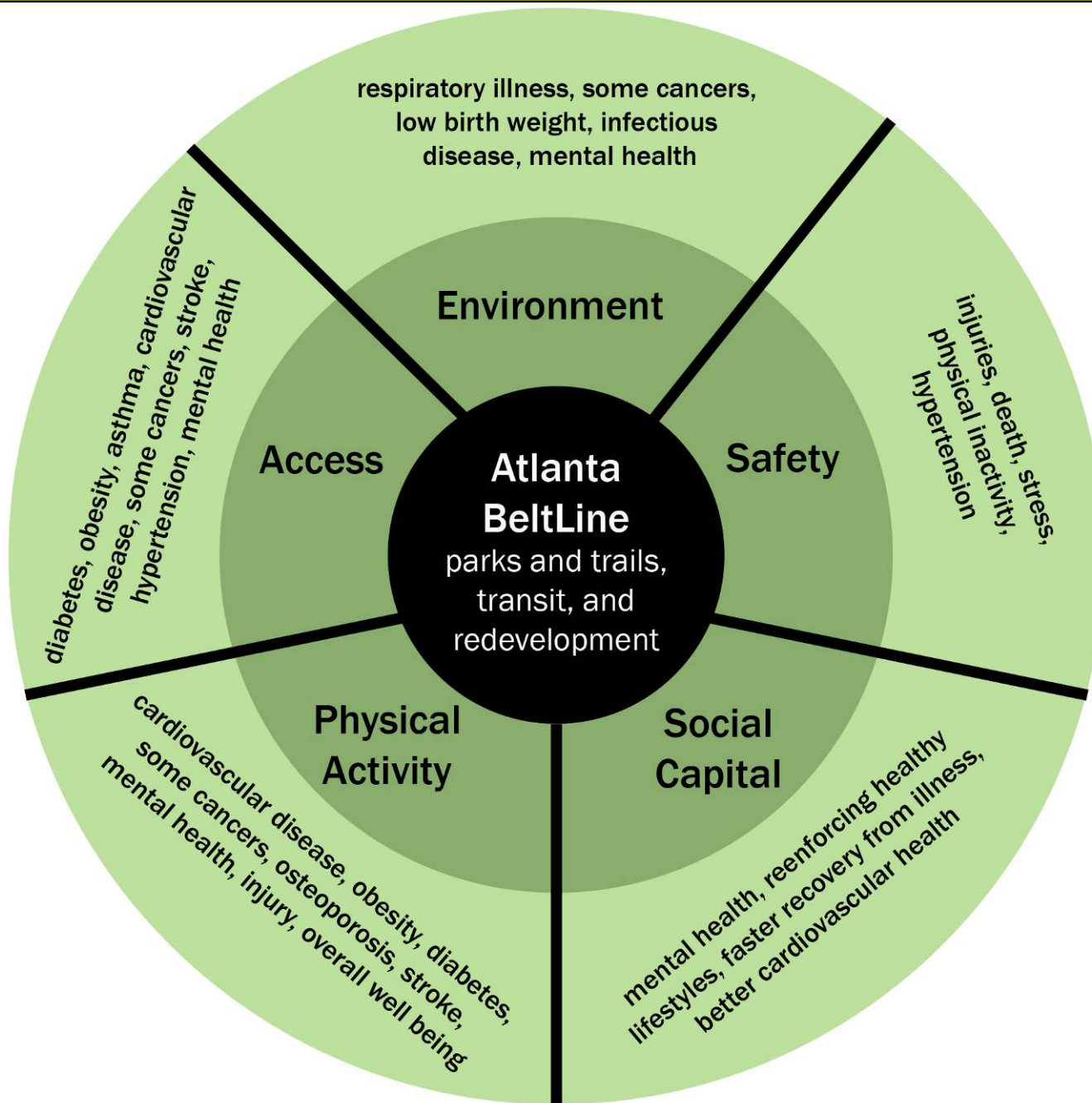
Subareas with very different populations

Subarea	Northside Pop. 36,800	Northeast Pop. 43,000	Southeast Pop. 39,000	Southwest Pop. 51,000	Westside Pop. 43,000
Non-white	22%	30%	73%	96%	78%
Under age 18	11%	10%	27%	28%	22%
Below Poverty Level	11%	13%	30%	29%	26%

Health disparities across the Subareas

Cause of Death	Northside	Northeast	Southeast	Southwest	Westside
Heart disease	159.1	131.6	178.8	236.5	209.8
Malignant neoplasms	115.1	96.9	154.4	183.9	163.2
Cerebrovascular disease	41.7	32.2	34.8	58.7	48.9
Homicide	10.6	6.3	25.5	30.8	32.3
Diabetes mellitus	11.7	11.0	21.5	27.2	24.0
Motor vehicle accidents	6.5	9.3	15.7	12.5	12.0
Asthma	*	*	5.2	4.7	4.6

The BeltLine and Health



- 198,000 study area residents will live in walking distance (0.5 miles or 0.8 km) to parks.
 - includes 11,000 residents who currently do not have such access
 - 15,000 study area residents will still not have access
- New parks will not be enough for the 2030 projected population.
 - expected to have 6.5 park acres/1000 people in 2030
- Parks are well distributed based on socio-economic factors, but not geographically...the Southwest subarea is and will continue to be underserved.

- Due to higher rates of poverty, the Westside and Southwest subareas have the greatest risk of displacement.
- The Southeast subarea currently lacks easy access to full-service grocery stores.
- The BeltLine will not have a significant impact on air quality, although localized air quality issues will be important.

- **The BeltLine will promote good health. It should be fast tracked to realize the health benefits sooner.**

- **Integrate the promotion of good health throughout decision making, design and implementation phases by:**
 - Appointing public health professionals to the boards

 - Making health protection and promotion an explicit goal

 - Enhancing the development review process

- To increase physical activity, traffic safety should be a priority.
- Connectivity is crucial for all modes.
- Explicit consideration of the needs of the most vulnerable populations is critical.

- **Ensure affordable and healthy housing is provided throughout the BeltLine.**
- **Add more park acres and create better connected and more accessible parks, especially in the southwest planning area.**
- **Develop an integrated transit system.**
- **Create linkages between the BeltLine and existing civic spaces.**
- **Make health a component of BeltLine public education and outreach.**

- **Provide a variety of park types and facilities to meet the needs of all users.**
- **Implement educational interventions to encourage physical activity.**
- **Monitor and evaluate the effectiveness of infrastructure investment.**

The definition of health has changed and the leading causes of death in developed nations have shifted from infectious diseases to chronic conditions creating new challenges for public health and calls for multisectoral prevention efforts.

The planners of mid-nineteenth century cities were both public health workers and what we today call urban planners.

In addition to enhancing current practice, we must educate professionals with expertise in health related fields and planning.

Making healthy cities will require the involvement of the academy, the professions, communities and neighborhoods, and our public sectors.

HIA can help begin this dialogue and place health on agendas well beyond the confines of the health sector.

Health is both a social issue and a political issue. In order to improve health we must involve people in our cities and neighborhoods.

New tools and data are needed to prioritize the consideration of health impacts within the traditional planning processes.

Health is a Consensus Builder



Thank you!

www.cqgrd.gatech.edu