Executive Summary

The connection between land use policy and public health goes back more than 100 years. Over time, the built environment has played a considerable role in shaping community health. Effective land use planning and decision-making presents a significant opportunity to strengthen public health by promoting accessible recreational spaces, safe and healthy housing, active transportation, a sense of community and social connectedness, food security, and ensuring clean air and water quality. Current health data related to place, including statistics on physical activity, injury, healthy eating, and social connection, together with data on health conditions and life expectancy, help to understand the role land use policies play in fostering healthy communities.

While there is currently a Human Services Element within the Comprehensive Plan Policy Plan ("Policy Plan"), the service delivery models outlined in the Plan do not meet current best practices. With the Board of Supervisors' authorization to update the Policy Plan and direction to include Health as an explicit topic, Fairfax County has the opportunity – for the first time – to directly advance healthy communities through land use policy. Currently, policies related to health and the built environment are distributed throughout multiple policies, from the Countywide Strategic Plan and climate plans to different parts of the existing Policy Plan and Area Wide guidance in the Comprehensive Plan. This paper reviews data and trends, provides an overview of current policies, and summarizes relevant research to inform recommendations in the Policy Plan. Potential updates to the Policy Plan include objectives that may be presented in a new Healthy Communities element and the repositioning of objectives in the current Human Services element to other elements of the Plan.

History of Community Health & Human Services

The initial Policy Plan was published in 1990 and included a Human Services element. This element resulted from the Board of Supervisors' goal that Fairfax County should provide a range of services and facilities for all residents, and the element drew heavily from the Principles of Human Service as developed by the Human Services Council in 1989. Those principles focused on the idea that each individual should have the opportunity to achieve self-sufficiency and functioning, with a particular priority on family stability.

The Human Services goal states that all residents "may sustain a secure and productive lifestyle." Since 1990, the Human Services element has been the only "people-focused" section

of the Policy Plan; however, the Plan did not explore the health impacts on county residents, especially as a result of their daily interactions with the built environment. The first six objectives of the Human Services element include countywide objectives and policies, and topics such as service delivery, planning and location of facilities, and the use of volunteers. The remaining 26 objectives focus solely on Human Services facilities.

Service delivery models and investment have evolved over the past three decades to address changing community needs, new state and federal legislation, and best practices rooted in equity, human-centered design, and prevention. The language and data in the Human Services element are outdated and insufficient to address current and future community needs. The county has developed new guidance for planning and decision-making, such as the Countywide Strategic Plan and the One Fairfax policy. Additionally, much of the text in the Human Services element is focused on facilities and organized by county departments, which have also changed over time. As a result, this policy element has not been used by Health and Human Services agencies for many years.

The demographics of Fairfax County have also changed significantly. The county population grew from just over 800,000 residents in 1990 to nearly 1.2 million in 2024, and with that growth the county became more diverse. Thirty-five years ago, the county population was 81% white – compared to less than half (47%) white in the 2020 census. The county's population has aged significantly since 1990; currently, 26.6% of residents are ages 55 and older compared to 13.9% in 1990. The existing Human Services Policy Plan element has not been updated to respond to the demographic needs of a changing county.

Today's paradigm of community health requires a broader perspective than simply providing service delivery models. Human services remain an essential component of creating healthy communities, but it is equally essential to look beyond traditional human service functions and understand how land use planning and the built environment play a key role in creating healthy communities. Many of the existing objectives focusing on facilities could be integrated into the Public Facilities element of the Plan, where other county facilities are discussed. Objectives related to specific facilities that are not appropriate for the Public Facilities element could potentially be relocated to other sections of the Plan.

Trends in Planning for Healthy Communities

The modern movement to include health as an explicit part of planning practice began in the late 2000s, with plans from San Francisco (2008) and other progressive jurisdictions. The

movement accelerated in the 2010s as national organizations like the American Planning Association (APA), Smart Growth America, the Urban Land Institute, and the American Public Health Association advanced the concept of achieving "healthy communities" through planning. The Centers for Disease Control and Prevention (CDC) provided background support by funding projects that promoted collaboration between land use planners and public health, including the development of resources and conference sessions by APA, Smart Growth America, and others. APA's Healthy Communities Policy Guide, published in 2017, offers a broad definition of "healthy communities" as "places where all individuals have access to healthy built, social, economic, and natural environments that give them the opportunity to live their fullest potential regardless of their race, ethnicity, gender, income, age, abilities, or other socially defined circumstance."

Through that definition, the Healthy Communities Policy Guide acknowledges that non-health factors such as housing, transportation, community safety, and access to education have a significant role in shaping health outcomes. The Guide also emphasizes the need to focus on physical, social, and mental health and well-being. When it comes to community design, the Guide suggests the following:

- Redevelopment of suburban areas to make them more walkable and bikeable through plans, regulations, and incentives that encourage more compact development forms.
- Communities should be designed so that physical activity is a part of everyday activities and is the easy choice.
- Engagement of local residents in planning for more walkable and bikeable urban environments, including place-based health strategies that facilitate the design of healthy communities and healthy housing for people of all ages and abilities.
- Adoption of placemaking strategies and policies that advance equitable, healthy designs for public spaces in order to create safe and comfortable places with a sense of community for people of all ages and abilities, regardless of their mode of transportation choice.
- Policies that provide options to all people, especially those at higher risk for poor health outcomes, for access to: affordable housing; safe and convenient transportation; safe and healthy places for work, life, and play; a healthy environment, especially clean air and water; health care; social interaction; and opportunities for inclusion and culture.
- Policies, incentives, and design guidelines that expand access to healthy food, such as expanding access to locally grown food by using public or other available vacant land for community gardening and urban agriculture, and economic development strategies to attract full-service grocery stores to underserved communities.
- Implementation of policies, design practices, and development incentives that encourage aging in place.

- Siting or colocation of new health care facilities, through zoning or incentives, in locations close to existing transit.
- Promotion of and support for unconventional settings for health care services to improve health care access for underserved communities.

Additionally, the Guide includes a summary of another APA resource, Metrics for Planning Healthy Communities, which lists specific measures by which to track success in the development of healthy communities. The measures are listed in five categories: Active Living, Healthy Food System, Environmental Exposures, Emergency Preparedness, and Social Cohesion.

At the local level, such guidance has come to fruition through a variety of Comprehensive Plans that can be looked to as examples of healthy planning practice. A number of these plans are summarized below.

Reston, VA

When the Board authorized an update to the Reston Comprehensive Plan, a community Task Force was formed to develop Policy recommendations. Several members of the Task Force expressed a desire to include "community health" as a topic. While no formal guidance then existed at the county level, the community approved a new set of principles including one stating that *"Health and wellness for all are high priorities for the Reston community."* Five sub-bullets outline specific priorities for the health of residents. This principle represents the first time that health was included as an explicit component of an Area Plan in Fairfax County; the plan was adopted in 2023.

Metropolitan Washington Council of Governments

In March 2024, the Metropolitan Washington Council of Governments (MWCOG) approved Regional Principles for Equitable Development to help guide local governments in advancing equity through the updating and implementation of comprehensive plans. Developing healthy and safe communities is included as one of the 10 principles.

Charlotte, NC

Charlotte's recently adopted Comprehensive Plan includes a Policy Framework, which includes ten goals. One of these ten goals, "Healthy, Safe, and Active Communities," contains objectives, policy ideas, as well as recommended projects and programs. Another component of the Charlotte 2040 Plan is an implementation strategy, with a focus on the initial five years after Plan adoption. The strategy includes recommendations for short-term actions to implement policies, projects and programs, and outlines additional steps for realizing the plan.

City of Fairfax, VA

The City of Fairfax's Comprehensive Plan was adopted in 2021 and includes an Environment & Sustainability Chapter. One of the goals under Sustainability Initiatives recommends to *"Support Healthy Lifestyles and regionally-grown food."* Each of these goals have complementary outcomes, as well as actions, to assist with implementation and measuring success. Outcome SI2.1 states: *"Healthy, affordable, regionally-grown foods are accessible to all."* Associated actions to achieve this include: supporting the development of community gardens, evaluating regulations permitting urban agriculture, and working with Fairfax County to develop a healthy and affordable food access plan for vulnerable populations.

Washington, D.C.

In 2021, the District of Columbia adopted an update to their Comprehensive Plan. The Plan contains a Framework Element that lays out 40 principles, largely drawn from the Vision and from the previous Comprehensive Plan, which express cross-cutting goals for the District's future that guide policies and actions in the plan. Two principles explicitly mention health:

- *"Planning decisions should improve the health of District residents by reducing exposure to hazardous materials, improving the quality of surface and groundwater, and encouraging land-use patterns and land uses that reduce air pollution and facilitate pedestrian and bicycle travel."*
- *"The District's parks and open spaces provide health, recreational, psychological, aesthetic, and ecological benefits that contribute to the quality of life…"*

The Plan includes additional elements with specific policies related to health. One of the policies in the "Community Services and Facilities" Element recommends an action to advance access to grocery stores in underserved areas. The plan suggests that this should be achieved by supporting the development of locally-owned, community-driven grocery stores with healthy food options. Targeted financing, technical assistance, and co-location with new mixed-use developments should all be methods of supporting this action.

Montgomery County, MD

Montgomery County's newly adopted general plan (2022) notes that *"Thrive Montgomery 2050 aims to create communities that offer equitable access to jobs, more housing, transportation, parks, and public spaces. Just as importantly, it can help guide design of the built environment to strengthen the social and physical health of our residents, supporting active lifestyles and encouraging interaction and engagement."* One objective, titled "*Improving Public Health and Encouraging Active Lifestyles*", notes that natural and built environments strongly influence the length and quality of human life. Additionally, active lifestyles, which promote social connections and physical health improvements, are mentioned as beneficial for all residents.

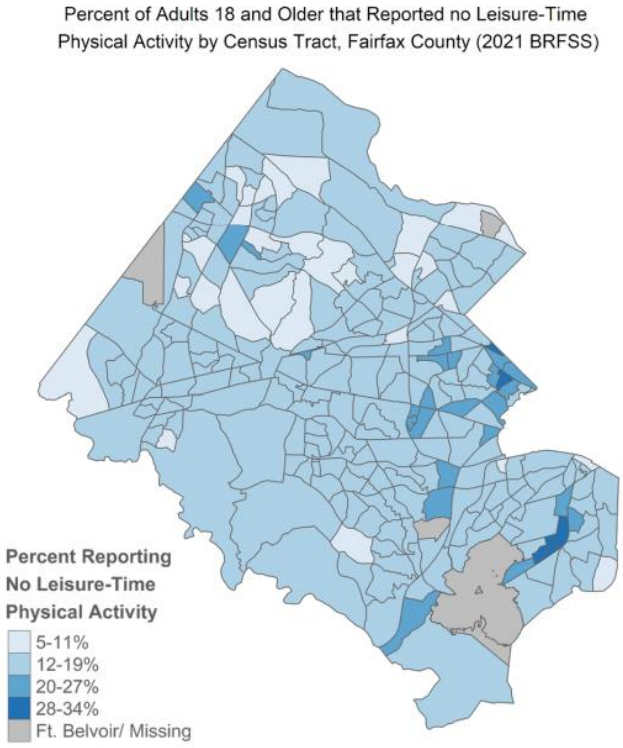
Prince George's County, MD
Prince George's County's Comprehensive Plan, adopted in 2014, includes a standalone Healthy Communities Element. *"The purpose of this chapter is to present, from a land use perspective, how the physical environment can be changed and how communities can be built, to improve the health of County residents."* This chapter includes an objective to integrate community health into master and sector plans, as they are developed, and in the development review process. Other policies cover access to healthy foods, building awareness of health and wellness initiatives, and improving access to health services and programs.

Community Health Data

Best practices for healthy community planning calls for the use of community health data to inform both land use design and prioritization. However, health conditions and health behaviors are complex. While land use can be one, sometimes significant, factor in shaping health outcomes, it is likely not the only factor. With the inclusion of healthy communities guidance in the Policy Plan, land use can now be an explicit tool – alongside longstanding programmatic interventions – to promote community health.

Below is a summary of health data that connects to land use. The data primarily comes from the Health Department's recent Community Health Assessment (CHA, 2023) which examined a range of demographic, disease, and social factors related to health trends across Fairfax County.

Physical Activity
The CHA includes a variety of data points related to physical activity. Approximately 15.6% of adults in Fairfax County report no leisure-time physical activity. The percentage ranges from 9.8% to 34% across census tracts, with Bailey's Crossroads (34%), Seven Corners (31.7%), Mount Vernon (28.4%), Woodlawn (28.2%), and Hybla Valley (28.1%) reporting the least amount of leisure-time physical activity. These census tracks overlap significantly with the areas of the county with the highest vulnerability, indicating a relationship to place and opportunity for exercise.



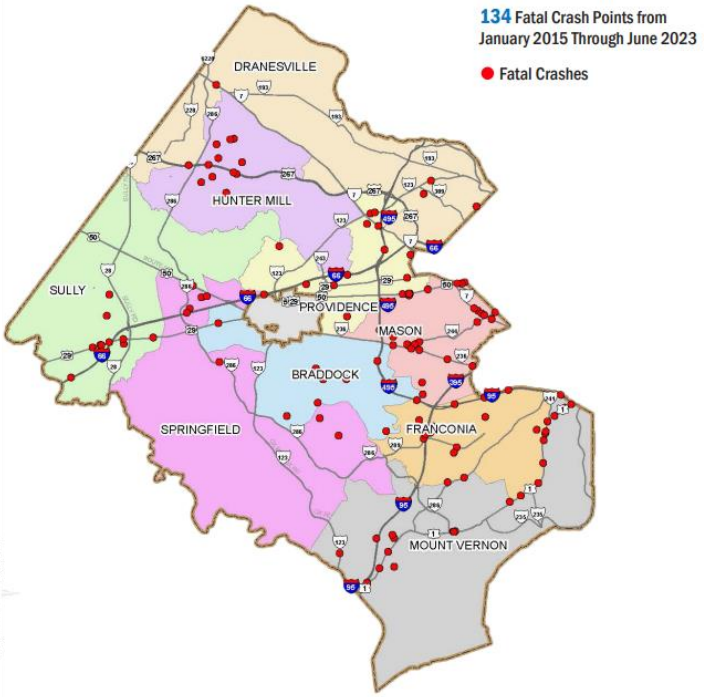
Only 1 in 50 workers (2%) walk or bike to work. Nearly half (45%) of workers travel more than 30 minutes to work. Longer commutes reduce time available for leisure-time exercise and contribute to stress and a sedentary lifestyle.

The U.S. Department of Health and Human Services recommends 60 minutes of exercise every day for children and adolescents. Only 17.1% of 8th, 10th, and 12th grade students in the county report engaging in physical activity for at least an hour 7 days per week. Approximately 14.3% of 8th, 10th, and 12th grade students report *not* participating in any physical activity or exercise. Of note, the percentage of Black/African American (19.6%) and Hispanic/Latino (20.6%) 8th, 10th, and 12th grade students who report not engaging in physical activity for 60 minutes on any day of the week is over twice that observed among their White (9.6%) peers (CHA, 2023).

Injury

Transportation Related Accidents are in the top 10 causes of premature mortality for all racial groups in Fairfax County. For Hispanic residents, transportation related accidents rank as the sixth most common cause of premature death (CHA, 2023). For pedestrian crashes specifically, from 2015-2023, an average of 172 people were struck by cars each year and an average of 16 pedestrians died annually on Fairfax County roads (Pedestrian Safety Isn't Just a Transportation Problem, 2023). Pedestrian crashes occur throughout Fairfax County, but some areas have a higher share of deaths. Annandale, Reston, West Falls Church, Seven Corners, and the Route 1 corridor all have much higher-than-average fatality rates. Given that roads are a core element of the built environment, it is clear that road safety plays a crucial role in a healthy community.

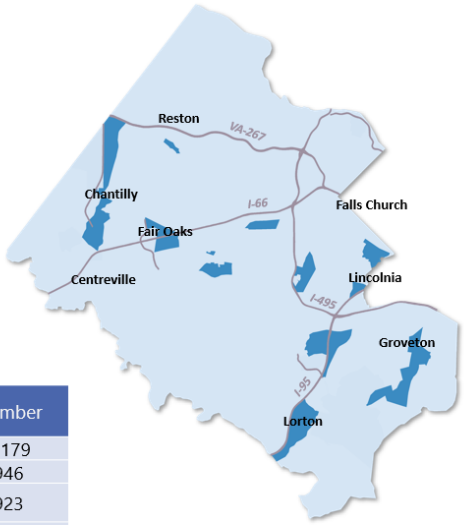
Fatal Pedestrian Crashes in Fairfax County, by District



Nutrition and Healthy Eating

An estimated 5.8% of Fairfax County residents experienced food insecurity, defined as limited access or uncertain ability to acquire adequate food to support daily nutritional needs. While only 2% of the White community in Fairfax experienced food insecurity in 2021, this estimate increases to 11% in the Hispanic/Latino community and 13% in the Black/African American community. People experiencing food insecurity often consume less nutritious foods that are more affordable for their limited budget (CHA, 2023). Given the role that planning and zoning

play in determining the location of agricultural sites, food stores and farmers markets, land use and food security are integrally connected.



The 5 neighborhoods with the most food insecure households:

Neighborhood	Number
Beacon/Valley View – Groveton	1,179
Fair Oaks	946
Lincolnia Park – Lincolnia	923
Hunter Woods North – Reston	919
Northeast Lorton	873

Social Connection

Social connectedness is a key part of a healthy, full life. Having strong social connections also protects mental health. In Fairfax County and across the United States, older adults have experienced increasing loneliness and disconnection from community support systems, particularly during the COVID-19 pandemic. Social isolation and loneliness are associated with negative health effects such as increased hypertension and heart disease, as well as mental health impacts like anxiety, depression, and cognitive decline. Among respondents to Fairfax County's *Community Assessment Survey for Older Adults*, 33% said that feelings of loneliness and isolation are a problem. However, 23% said it was only a minor problem, 7% a moderate problem, and only 3% a major problem. This condition is not taking place in a vacuum: several participants reported changes in their neighborhoods and said they no longer know or speak to their neighbors. One said, *"Nobody has the time to just sit and talk with me"* (Shape the Future of Aging Plan 2023-2028).

Among youth, data from the 2023 Fairfax County Youth Survey indicates that 25% of students in 8th, 10th, and 12th grades felt sad or hopeless for two or more weeks in a row over the past year, to the point that they stopped engaging in regular activities. Other survey results show that 8.7% of the same age groups had considered suicide in the past year and 3.2% of students had attempted suicide. Still, 86.5% of respondents reported they could ask their parents for help with a personal problem.

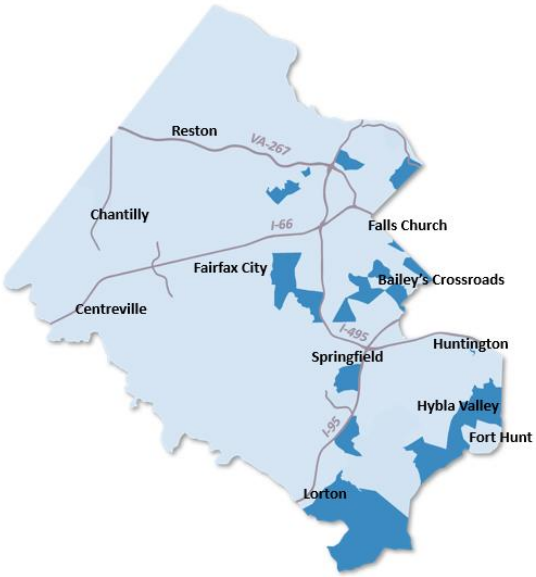
No matter the age, issues of isolation and loneliness can be at least somewhat addressed by the provision of accessible public space, “third places” and attention to detail in urban design – all of which require intentional planning.

Health Conditions and Life Expectancy

Extensive research indicates the relationship between limited physical activity, poor diet, and overweight/obesity, heart disease, and diabetes. In Fairfax County, 1 in 4 adults is obese. One in 12 adults have been diagnosed with diabetes, and 1 in 7 adults have prediabetic blood sugar levels, putting them at greater risk of developing Type 2 diabetes. Finally, across the county, an average of 4% of adults have been diagnosed with heart disease. However, as with some of the data above, some neighborhoods see higher than average rates of illness.

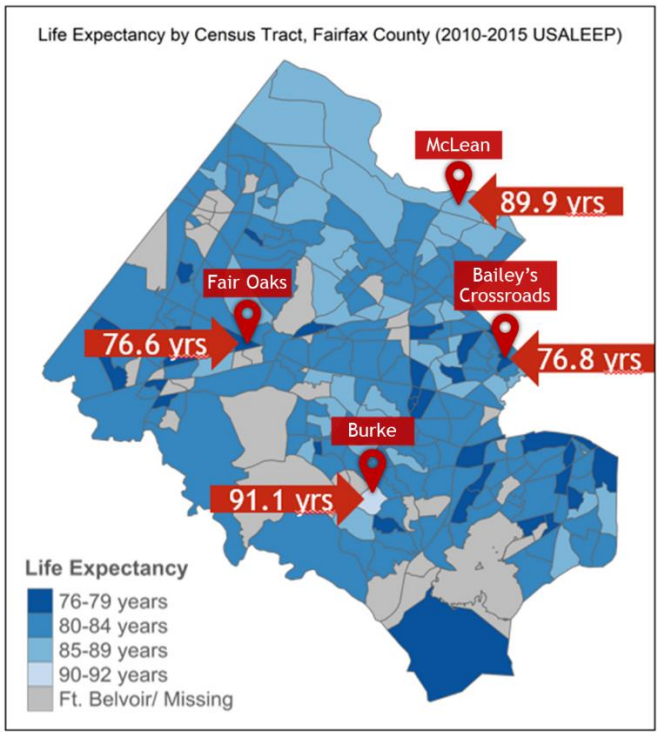
The 5 neighborhoods with the largest percent of people with heart disease:

Neighborhood(s)	Percent
Montebello - Huntington	8%
Fair Vernon - Springfield	8%
Skyline Plaza - Bailey’s Crossroads	6%
Gum Springs – Hybla Valley/Fort Hunt	6%
Pohick - Lorton	6%



Based on the most recent estimates produced using data from 2018 through 2020, the life expectancy of the average Fairfax County resident is 85.2 years. While higher than the national average (78.5 years) and Virginia state average (79.1 years), substantial disparities in life expectancy exist across populations based on race/ethnicity and place of residence.

There is over a six-year gap in life expectancy across racial/ethnic groups, with a higher life expectancy observed in the Asian (89.4 years) and Hispanic/Latino (88.8 years) communities in comparison to the White (84.5 years) and Black/African American (83.1) communities. The most recent estimates at the census tract level show that there is nearly a 15-year difference in life expectancy across various neighborhoods in the county, ranging from 76.6 years to 91.1 years. The map below illustrates the differences across geography (CHA, 2023).



(CHA, 2023)

While these data do not illustrate the full set of causes of ill health or pre-mature mortality, they do show trends by place, which indicates an opportunity to make a difference through planning and zoning changes.

Policy Alignment

The Countywide Strategic Plan provides clear direction of Fairfax County's commitment to improving the lives of residents by creating healthy and empowered communities. The availability of arts, sports, culture and recreation are foundational to the overall quality of life and well-being of Fairfax County residents and visitors. The work to develop guidance on healthy communities in the Policy Plan follows from two key Strategic Plan objectives:

- **Healthy Communities**
  HC 1. Integrate considerations of health, well-being and equity into the development, implementation and evaluation of land use, transportation and housing policies and ordinances.

- **Housing and Neighborhood Livability**
  HNL 23. Link the county's public health and equity agenda to a public space agenda by updating the Comprehensive Plan to create healthier environments where access to basic needs, transit, affordable housing and healthy food is available.

Additional outcome areas and strategies that prioritize the connection between healthy communities and the built environment include:

- **Cultural and Recreational Opportunities**
  CRO 4. Ensure land development practices integrate the needs of the community to achieve the equitable (and culturally and racially sensitive) development of cultural and recreation facilities, areas and venues.
- **Economic Opportunity**
  EO 6. Use data, disaggregated by population and place, to promote and encourage land development so that investment in communities connects people to opportunity and mitigates residential and commercial displacement.
  EO 13. Focus land development efforts on creating vibrant, transit-connected, walkable mixed-use destinations throughout the county that meet the needs of residents, employers and the workforce.
- **Empowerment and Support for Residents Facing Vulnerability**
  ESRFV 3. Identify the root causes of vulnerabilities affecting residents and use those insights to inform policy and practice and target interventions to prevent vulnerability.
- **Mobility and Transportation**
  MT 11. Develop and implement a multi-faceted plan to reduce and ultimately eliminate traffic-related deaths and injuries (e.g., Vision Zero) that includes, but not limited to, pedestrian-oriented street design, traffic-calming techniques, public education and enhanced enforcement.
  MT 13. Prioritize safe, healthy, accessible transportation options for all with a focus on equitable access for residents facing economic, health, housing and other challenges.
- **Safety and Security**
  SS 12. Ensure coordinated post-incident human services and recovery assistance including case management, emergency housing, behavioral health and family reunification.

The Resilient Fairfax Plan was adopted by the Board of Supervisors in 2022 and focuses on adapting to the effects of climate change. One of the pillars of the Plan is *climate ready communities*, defined as a community that *"is well-connected with strong social cohesion, has resilient buildings, and has access to necessary resources."* One of the priority strategies within this pillar, CRC.3b., encourages heat-resilient design, development, upgrades, and practices to ensure the pressing issue of extreme heat on public health is addressed.

Additionally, the adaptive environment pillar has a goal, AE.2., which encourages any damaged areas to be restored through nature-based solutions. The pursuit of green infrastructure projects is listed as one strategy. Green infrastructure refers to a system of ecologically based and engineered solutions that mitigate heat, improve water quality, manage stormwater, and more. Green infrastructure includes features such as tree conservation areas and green spaces, which can help promote recreation, walkability, and social connections.

The Community-wide Energy and Climate Action Plan (CECAP) was adopted by the Board of Supervisors in 2021 as a roadmap for Fairfax County to reduce greenhouse gas emissions and provide a way to engage the community in emissions reduction efforts. The CECAP Implementation Plan, published in December 2022, details actionable steps for individuals, businesses, organizations, and government agencies to lower greenhouse gas emissions in the County including recommendations to support the use and improvement of bicycle and pedestrian infrastructure. This action has a positive impact on public health as it supports mobility choices that promote exercise, wellness, and safety. Additional actions such as supporting public transportation and commuter services provide public health impacts by reducing vehicles on the road, thereby reducing pollutants in the atmosphere.

The Community Health Improvement Plan (CHIP), known as CHIP 2.0, is an action-oriented plan to make Fairfax County a healthier place to live. The Partnership for a Healthier Fairfax, with support from the Health Department, leads the development and implementation of CHIP. While not a Board-adopted plan, the CHIP represents the community's priorities for health. The current three priorities are Healthy Eating, Healthy Environment and Active Living, and Behavioral Health. These issues each have implementation plans with associated goals, objectives, and actions. Multiple goals and objectives under Healthy Environment and Active Living call for the review, revision, or strengthening of policies and regulations pertaining to land use, transportation, parks, and the environment, to promote community health and well-being.

Policy Recommendations

This review illustrates that while policies related to health and the built environment are distributed throughout multiple policy documents, no single document provides a comprehensive vision or guidance on developing healthy communities. Additionally, community data shows that many parts of the Fairfax County community experience poor health. Given the Board direction to include Health in the Comprehensive Plan Policy Plan, along with guidance from national organizations and examples from other jurisdictions, staff recommends the following components to advance the development of Healthy Communities:

1. Develop a standalone Healthy Communities element of the Policy Plan with the following key objectives, with examples of specific features listed below:

   1.1. Promote Active Living
   - 1.1.1. Outdoor recreation (parks, playgrounds, trails)
   - 1.1.2. Safe transportation amenities (sidewalks, bike facilities, safe routes to schools)

   1.2. Grow Food Systems
   - 1.2.1. Food production (urban agriculture, small- and large-scale farming)
   - 1.2.2. Food selling/purchasing (farmers markets, direct sale)

   1.3. Increase Social Connection
   - 1.3.1. Placemaking (urban centers, neighborhoods)
   - 1.3.2. Urban design (community amenities, culturally relevant features)

   1.4. Enhance Green Infrastructure and Climate Health
   - 1.4.1. Trees (roadside, canopy)
   - 1.4.2. Heat island (pervious surfaces, shade structures)

   1.5. Ensure Access to Healthcare and Human Services
   - 1.5.1. Distribution of healthcare and human services (based on need)
   - 1.5.2. Types of human services provided (based on need)

Policy Plan objectives supporting the proposed five categories could be developed. Note that this list is not inclusive, and additional items could be identified through discussions with the community, Board of Supervisors, and Planning Commission.

Plan text could reflect innovative and best practice strategies for Healthy Communities and/or address specific health concerns in Fairfax County as outlined in the data. Objectives can also seek to prioritize identifying and addressing the root causes of poor health and health inequities. Because some elements of Healthy Communities – such as sidewalks, bicycle facilities, and shade trees – fall under the umbrella of other chapters, these features primarily should be addressed in their traditional section but referenced and supplemented in the Healthy Communities element. Other topics, such as Food Systems, can be covered more extensively in the Healthy Communities element.

2. Integrate the spirit and intent of the outdated Human Services element into the new Healthy Communities element under Healthcare and Human Services. This sub-section could include objectives that address access to and utilization of existing healthcare and human services while also providing guidance on how to evaluate proposals for new healthcare and human services. Strategies could consider ensuring such services are located in areas where they are most needed. Additionally, staff can provide guidance on what could be included in the Public Facilities element regarding the needs of Health and Human Services agencies.

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Thrive Montgomery 2050 (montgomeryplanning.org)