



How Climate Change Mitigation Can Improve Public Health

Table of Contents

TABLE OF CONTENTS	2
INTRODUCTION	4
Purpose of This Resource	2
RELATED RESOURCES	
Guidance for Public Health Practitioners	2
Guidance for Planners	
CLIMATE CHANGE MITIGATION STRATEGIES, HEALTH PATHWAYS, AND HEALTH OUTCOMES	6
TRANSPORTATION MITIGATION STRATEGIES	8
Active Transportation and Vehicle Electrification	8
HEALTH PATHWAY EVIDENCE SNAPSHOTS	8
Active Transportation	8
Vehicle Electrification	10
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	1
Conclusion	11
VEGETATION MITIGATION STRATEGIES	12
Expanding Green Infrastructure, Green Space, and Tree Canopy	12
HEALTH PATHWAY EVIDENCE SNAPSHOTS	
Green Infrastructure, Green Space, and Tree Canopy	12
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	14
Conclusion	14
BUILDING SYSTEMS AND PERFORMANCE-RELATED MITIGATION STRATEGIES	15
Green Building, Building Weatherization, and Phasing Out Fossil Fuel-Based Indoor Appliances	15
HEALTH PATHWAY EVIDENCE SNAPSHOTS	15
Green Building	15
Building Weatherization	17
Phasing Out Fossil Fuels for Indoor Appliances	18
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	20
Conclusion	20
WASTE MANAGEMENT MITIGATION STRATEGIES	21
REDUCING SOLID WASTE INCINERATION AND WASTE GENERATION	2
HEALTH PATHWAY EVIDENCE SNAPSHOTS	2
Reducing Solid Waste Incineration	2
Reducing Waste Generation	22
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	23
Conclusion	23
FOOD SYSTEMS MITIGATION STRATEGIES	25
SUSTAINABLE ASSIGNMENTED LOCAL FOOD PRODUCTION AND DISTRIBUTION, AND PROMOTING DISTARY CHANGES	21

HEALTH PATHWAY EVIDENCE SNAPSHOTS	25
Sustainable Agriculture	25
Local Food Production and Distribution	
Shifting from Animal-Based to Plant-Based Food Production	28
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	30
Conclusion	30
LAND USE AND DEVELOPMENT MITIGATION STRATEGIES	31
COMPACT AND CONNECTED DEVELOPMENT	31
HEALTH PATHWAY EVIDENCE SNAPSHOTS	31
Compact and Connected Development	31
SYNERGIES WITH OTHER CLASSES OF MITIGATION STRATEGIES	
Transportation	35
Vegetation	35
Building Systems and Performance	
Conclusion	
ACKNOWLEDGMENTS	37

Introduction

Reducing climate-related health risks has significant potential to improve public health. Climate change is harming public health across every region of the United States by increasing extreme heat and weather, air pollution, infectious disease, and food insecurity. Due to differences in hazard exposure, sensitivity to impacts, and adaptive capacity (link), some are more vulnerable than others to climate-related health risks. Public health practitioners can help their communities take action to reduce these health risks and negative health equity effects.

Purpose of This Resource

This resource was developed to help public health practitioners understand the health and health equity benefits of climate change mitigation strategies. This understanding can be used to support climate change mitigation planning efforts. The resource identifies key approaches to mitigate climate change across six classes of climate change mitigation strategies. These mitigation strategies are often within the control of local and state officials. It describes a selection of health pathways and health outcomes associated with each strategy. It explores the varying levels of evidence for these associations. And it presents potential health harms, when substantiated by scientific literature. Strategies that regulate energy production, such as carbon pollution standards, or vehicle fuel efficiency standards are not included because they are primarily controlled by a combination of state and federal regulations, generally cannot be implemented by local governments, and have complex political and legal restrictions limiting their potential applicability to many jurisdictions.

Related Resources

Guidance for Public Health Practitioners

- How Public Health Can Support Climate Change Mitigation Guidance for how public health practitioners can support climate change mitigation (See the "roles" report <u>here</u>).
- Online trainings that explore real-life scenarios to help state and local health departments increase their understanding of how climate change impacts health (linked here).
- A practitioner framework called Building Resilience and Climate Equity (BRACE).
 This is a practical, flexible, and scalable approach to local public health-focused climate action. (<u>linked here</u>)

- A BRACE implementation guide with practical, flexible, and action-oriented worksheets, and resources for strengthening adaptation and mitigation efforts (linked here).
- Information about federal engagement with state, territorial, local, and tribal health departments (see CDC's page on the Climate Ready States and Cities Initiative (linked here) and the Climate Ready Tribes Program (linked here).
- Decision-support tools using environmental and health data to help practitioners communicate and plan in their jurisdictions. (linked here).

Guidance for Planners

 Practical strategies to incorporate the perspective of health and health equity in climate action planning (linked here).

Climate Change Mitigation Strategies, Health Pathways, and Health Outcomes

Taking action to mitigate climate change is a powerful opportunity to improve public health through interventions that shape the social and environmental determinants of health. Climate change interventions fall into two broad categories:

- Climate change mitigation reducing emissions of the heat-trapping greenhouse gasses (GHGs) in the atmosphere that drive climate change; and
- Climate change adaptation preparing for and responding to current and future climate change.

The various ways a climate change mitigation strategy may influence public health either directly or indirectly—is known as a health pathway (Fig. 1). The public health benefits associated with reducing climate-related health risks are indirect. But these health pathways also have significant direct public health benefits.

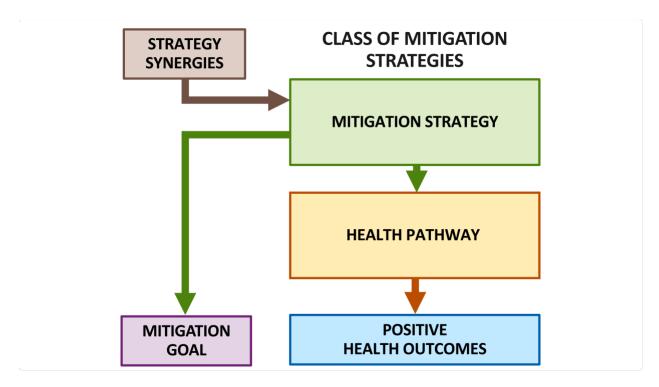


Figure 1: Diagram illustrates the way a climate change mitigation strategy may lead to positive health outcomes through a health pathway

Consider constructing bike lanes, for example. When more people bike to work instead of driving to work, it reduces greenhouse gas (GHG) emissions, improves air quality, and increases average levels of physical activity. In this example, improved air quality and increased physical activity are the specific health pathways that connect bike lane availability to positive health outcomes. 1 2 3 4 Specifically, positive health outcomes from improved air quality include reduced morbidity from cancer, cardiovascular disease, respiratory disease, obesity, diabetes, and reproductive, neurological and immune system disorders. 5 6 Positive health outcomes from increased physical activity include decreased Type 2 diabetes, cardiovascular diseases, respiratory diseases, and some cancers, as well as improved physical wellbeing and mental health. $^{7~8~9~10~11~12~13~14~15}$

An increasing number of Americans are alarmed about climate change and believe global warming will increasingly harm health over the next 10 years. 16 For this reason, framing climate change in terms of public health may help build support for climate change mitigation and increase the likelihood that people will engage with the issue, especially when their perspective on climate change is cautious, disengaged, or dismissive. 17 Public health and allied professionals may make use of health pathways to design "win-win" interventions, policies, and programs that maximize benefits to both climate change mitigation and public health.

Transportation Mitigation Strategies

Two key transportation related mitigation strategies are active transportation and vehicle electrification. Health pathways associated with these strategies are improved air quality and increased physical activity. Examples of improved health outcomes include decreases in cancer, cardiovascular disease, respiratory disease, obesity, diabetes, and reproductive, neurological, and immune system disorders.

Active Transportation and Vehicle Electrification

Transportation is one of the largest contributors to U.S. greenhouse gas (GHG) emissions. According to the United States Environmental Protection Agency (EPA), transportation accounted for 29% of total U.S. GHG emissions in 2021.18

A variety of mitigation strategies can help reduce transportation-related GHG emissions. These strategies may include state and local actions that encourage less carbon-intensive modes of travel. Two mitigation strategies explored in this chapter are active transportation (Fig. 2) and vehicle electrification (Fig. 3). The health pathways associated with these strategies include improved air quality and increased physical activity.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies.

Health Pathway Evidence Snapshots

Active Transportation

Active transportation is any kind of human-powered mobility, such as biking, walking, skateboarding, or using a mobility assistance device, like a wheelchair. 19 It also includes making use of human mobility to access public transportation. Mitigating climate change through active transportation is based on the concept of a modal shift, which is the shift from private, fossil fuel-powered vehicles to various forms of active transportation.

Encouraging active transportation may involve designing and building safer and more accessible streets, trails, and public transit systems, as well as improving active transportation infrastructure and accessibility. For example, interventions such as adding bike lanes to streets, adding curb cuts and extensions, and improving overall roadway infrastructure can help to facilitate more active transportation and physical activity. 20 21

Active transportation can improve health through increased physical activity.

Engaging in active transportation has been shown to increase levels of physical activity. 22 23 ²⁴ Several cross-sectional, longitudinal and systematic review studies have shown health

benefits. Varying degrees of evidence support positive health outcomes associated with this strategy, including decreased Type 2 diabetes incidence, cardiovascular disease incidence and mortality, and some cancer incidence and mortality, as well as improved physical well-being and mental health.²⁵ ²⁶ ²⁷ ²⁸ ²⁹ ³⁰ ³¹ ³²

Active transportation can improve health through improved air quality.

Reducing car use and increasing modal shifts to active transportation improves air quality by reducing air pollutants generated by motor vehicles.³³ Positive health outcomes associated with improved air quality include decreases in cancer, cardiovascular disease, respiratory disease, obesity, diabetes, and reproductive, neurological, and immune system disorders.³⁴ ³⁵

Exposure to air pollutants is also a long-standing environmental justice issue, because people from racial and ethnic minority groups (Black, Indigenous, and other people of color) and people with lower incomes or who experience poverty face higher exposure to air pollution and the associated negative health outcomes.^{36 37 38 39 40}

Figure 2 illustrates health pathways and health outcomes associated with active transportation.

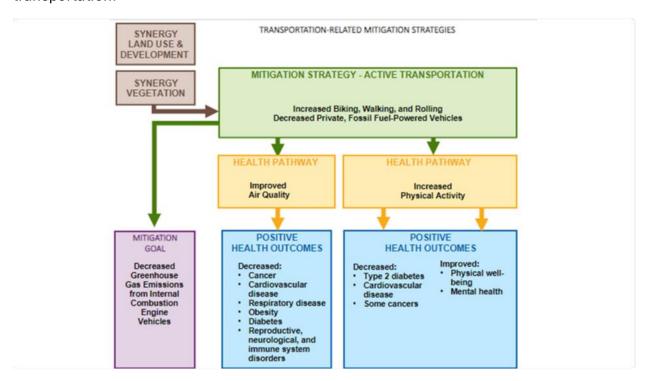


Figure 2. Diagram illustrating health pathways and health outcomes associated with active transportation

Vehicle Electrification

Vehicle electrification is the process of phasing out the use of vehicles that burn fossil fuels for power and phasing in the use of vehicles that are powered by electricity. Although there are potential benefits to vehicle electrification, this strategy may not entirely eliminate health risks because tire and brake wear will contribute to fine particulate matter (PM₂.5) due to the heavier weight of these vehicles compared to combustion engine vehicles.⁴¹

Vehicle electrification can improve health through improved air quality.

Electrifying vehicles reduces air pollutants generated by internal combustion engines. ^{23,24}Positive health outcomes associated with improved air quality and vehicle electrification include decreased mortality and decreased prevalence of chronic disease, such as asthma and cardiovascular disease. ^{42 43 44 45} Though not explicitly documented in research focused on vehicle electrification, positive health outcomes associated with improved air quality more broadly also included decreased respiratory disease, cancer, diabetes, and reproductive, neurological, and immune system disorders. ¹⁶ Exposure to air pollutants is an environmental justice issue, because people with lower-incomes and people from racial and ethnic minority groups face higher exposure to air pollution and the associated negative health outcomes. ^{46 47 48 49 50 51}

Figure 3 illustrates health pathways and health outcomes associated with vehicle electrification.

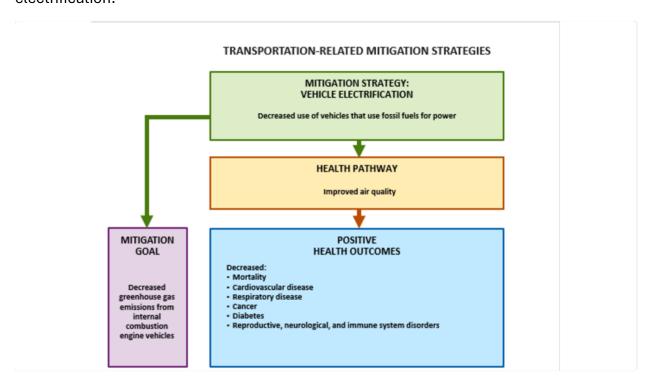


Figure 3. Diagram illustrating health pathways and health outcomes associated with vehicle electrification

Synergies with other Classes of Mitigation Strategies

Active transportation and vehicle electrification are closely associated with mitigation strategies related to land use and development and vegetation. At the local level, land use policies influence transportation connectivity, population density, and urban design, all of which may affect the shift from private motorized transportation to public and active transportation. The presence and design of bicycle and pedestrian infrastructure, such as designated bike lanes and sidewalks, also influences active transportation. In planning and designing built environments, combining vegetation-related strategies with transportation mitigation strategies can simultaneously improve greenhouse gas (GHG) emissions, climate resilience, and public health.⁵³

Conclusion

Transportation mitigation strategies show promise for reducing the impacts of climate change and improving public health. Increasing the use of active and public transportation and vehicle electrification are likely to produce positive health outcomes. Some benefits might result from combining these transportation mitigation strategies.

Vegetation Mitigation Strategies

Interventions that increase vegetation include expanding green infrastructure, green space, and tree canopy. Health pathways associated with these strategies include reduced heat exposure, improved air quality, and improved community resilience against extreme precipitation and flooding. Examples of improved health outcomes include decreased respiratory disease, cardiovascular disease, heat stress, and cancer.

Expanding Green Infrastructure, Green Space, and Tree Canopy

Vegetation-related climate change mitigation strategies include state and local actions that increase vegetation as a measure to absorb greenhouse gas emissions and reduce energy use. Typical interventions that increase vegetation include *expanding green infrastructure and green space* and *increasing tree canopy* (Fig. 4). The health pathways associated with these strategies include reduced heat exposure, improved air quality, and improved community resilience against extreme precipitation and other flood hazards.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies. A supplemental review of published literature identified additional evidence on the outcomes associated with health pathways indicated for each mitigation strategy.

Health Pathway Evidence Snapshots

Green Infrastructure, Green Space, and Tree Canopy

Vegetation-related climate change mitigation strategies include actions to expand green infrastructure and green space, and to increase tree canopy. Green space is land partly or completely covered with grass, trees, shrubs, or other vegetation. It includes parks, community gardens, and cemeteries.⁵⁴ ⁵⁵ Green infrastructure refers to an interconnected network of green space that conserves the value and functions of a natural ecosystem.⁵⁶

Tree canopy is the percentage of land surface that is covered by treetops.⁵⁷ Tree planting can be used as a stand-alone mitigation strategy, or can be integrated into green spaces, green infrastructure, and green streets projects in urban areas.

Green infrastructure, green space, and tree canopy can improve health by reducing heat exposure.

Urban heat islands (UHI) contribute to heat-related deaths and heat-related illnesses.⁵⁸ Green infrastructure, green space, and tree canopy in urban areas can reduce ambient and surface temperatures by shading building surfaces, deflecting radiation from the sun, and releasing moisture into the atmosphere.^{59 60 61} Increased tree canopy is associated with

reductions in extreme air and land surface temperatures and decreased heat stress, decreased heat-related emergency calls, and improved thermal comfort.⁶²

The effects of UHI are not experienced equitably, and there is a legacy of racist policies that limit many BIPOC communities' access to green space. For example, communities that were formerly **redlined** have less access to green space⁶³ and are surrounded by more nonpermeable surfaces, which are, on average, 2.6° C (36.7° F) hotter than communities that were not redlined.⁶⁴

Green infrastructure, green space, and tree canopy can improve health through improved air quality.

Green infrastructure, green space, and tree canopy can improve air quality by catching particle pollutants on vegetation surfaces, reducing downwind exposure to air pollutants, and absorbing gaseous pollutants. ^{65 66 67} The effectiveness of this strategy is influenced by plant species, site characteristics, and climatic and environmental conditions. For example, pollution exposure can be reduced by strategically locating green infrastructure between pollution sources, such as traffic emissions, and receptors, such as pedestrian and cyclist pathways. ⁶⁸ While the health outcomes of improved air quality through green infrastructure and green space remain to be adequately quantified, these strategies may result in decreased respiratory disease, cardiovascular disease, and cancer. ^{69 70 71} Trees may act as a trigger for allergies and asthma in some circumstances, ⁷² however the prudent selection of non-allergenic trees can help address this risk. ⁷³

Figure 4 illustrates health pathways and health outcomes associated with green infrastructure, green space, and tree canopy.

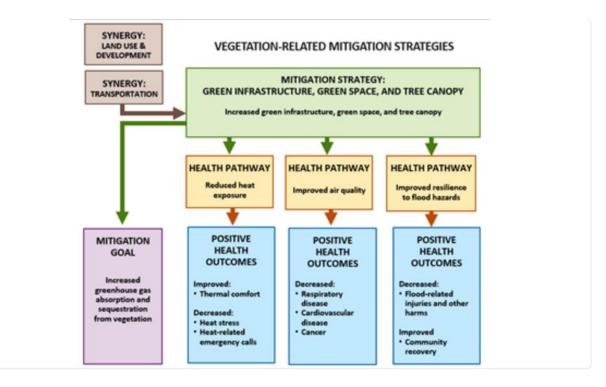


Figure 4. Diagram illustrating health pathways and health outcomes associated with green infrastructure, green space, and tree canopy

Synergies with Other Classes of Mitigation Strategies

Strategies that expand green infrastructure and green space, and which increase tree canopy, are closely associated with mitigation strategies related to <u>land use and development</u> and <u>transportation</u>. Land use policy can determine the location or amount of land in a particular neighborhood or jurisdiction that is usable for green infrastructure or green space. Approaches to transportation infrastructure such as green streets or complete streets combine designs for active transportation with the inclusion of trees and green infrastructure.

Conclusion

While vegetation-related mitigation strategies may have a range of potential positive health outcomes, more research is needed on how factors such as individual characteristics, the type of green space or green infrastructure, and the context of surrounding geography may mediate these outcomes. Still, vegetation-related mitigation strategies show promise for both mitigating climate change and supporting population health.

Building Systems and Performance-Related Mitigation Strategies

Building systems and performance-related mitigation strategies include green building, building weatherization, and phasing out fossil fuel-based indoor appliances. Associated health pathways include improved indoor and outdoor air quality, temperature regulation, lighting, and reduced energy burden. Examples of health outcomes include decreased respiratory symptoms and improved general physical and mental health.

Green Building, Building Weatherization, and Phasing Out Fossil Fuel-Based Indoor Appliances

The production of electricity used in commercial and residential buildings for heating, cooling, refrigeration, ventilation, lighting, and appliances is responsible for 36% of U.S. greenhouse gas emissions.⁷⁴

Green building (Fig. 5), building weatherization (Fig. 6), and phasing out fossil fuel-based indoor appliances (Fig. 7) are three building systems and performance-related mitigation strategies that may be applied at the state or local level. The health pathways associated with these strategies include improved indoor air quality, outdoor air quality, temperature regulation, and lighting, as well as reduced energy burden.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies. A supplemental review of published literature identified additional evidence on the outcomes associated with health pathways indicated for each mitigation strategy.

Health Pathway Evidence Snapshots

Green Building

The Environmental Protection Agency (EPA) defines green building as "the practice of creating structures and using processes that are environmentally responsible and resource-efficient throughout a building's life cycle from siting to design, construction, operation, maintenance, renovation, and deconstruction."⁷⁵ Green buildings aim to improve occupant health through ventilation, materials selection, temperature control, and indoor lighting conditions.⁷⁶ The evidence identified for this mitigation strategy focuses heavily on buildings that are certified by the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) rating system, which is a widely used system for evaluating green building.⁷⁷ However, the LEED rating system has faced some criticism due

to its development by industry stakeholders rather than indoor- environment and public health research communities.⁷⁸ There are also other more recent rating systems focused on healthy buildings, or buildings that address a broad range of health behaviors and risks, such as Fitwel and Well. These rating systems have overlap and consistency with green building rating systems on relevant issues such as indoor air quality and lighting.⁷⁹

Green building can improve health through improved indoor air quality and lighting.

Green building practices can improve indoor air quality and lighting through window design, temperature and ventilation systems, and the selection of building materials. ⁸⁰ These building features may also impact health outcomes. For example, one study found that in comparison to conventional housing, living in green homes reduced the number of symptoms adults experienced from sick building syndrome. It also found that children with asthma living in green buildings were at lower risk of asthma-related health concerns, including symptoms, attacks, hospital visits, and school absences. ⁸¹ Green buildings may also improve productivity and cognitive test performance—outcomes associated with improvements in ventilation and reduced exposure to volatile organic compounds and carbon dioxide. ⁸²

Green building can improve health through improved outdoor air quality.

Green buildings can improve outdoor air quality through reduced emissions from electricity generation and on-site fuel use. By reducing harmful air pollutants, energy efficient buildings in the United States were estimated to have averted between 172 and 405 premature deaths, 171 hospital admissions, 11,000 asthma exacerbations, 54,000 respiratory symptoms, 21,000 lost days of work, and 16,000 lost days of school from 2000 to 2016.⁸³

Figure 5 illustrates health pathways and health outcomes associated with green building.

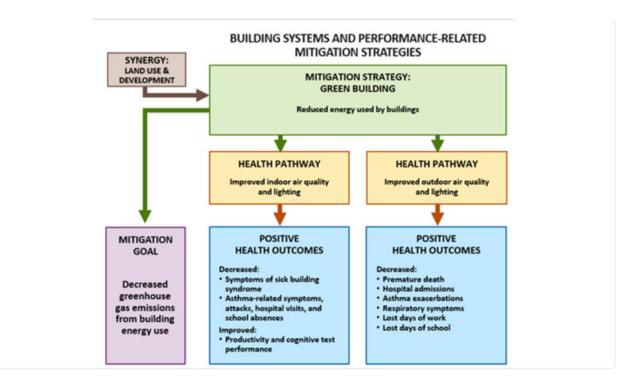


Figure 5. Diagram illustrating health pathways and health outcomes associated with green building

Building Weatherization

Weatherization refers to strategies that increase a building's energy efficiency by upgrading the building envelope, heating, cooling, and electrical systems. ⁸⁴ ⁸⁵ In one systematic review and meta-analysis, interventions to increase household energy efficiency, such as heating, insulation, sealing measures, and glazing, were associated with small but significant positive improvements on the health and well-being of residents. ⁸⁶

Building weatherization can improve health through improved indoor air quality and temperature regulation.

Weatherization strategies that ensure adequate ventilation can improve indoor air quality by reducing levels of radon, mold, bacteria, house dust mites, volatile organic compounds, formaldehyde, carbon dioxide, carbon monoxide, and black carbon.⁸⁷ These strategies can also help maintain comfortable indoor temperatures.⁸⁸ ⁸⁹ ⁹⁰ ⁹¹ ⁹² Positive health outcomes related to building weatherization include thermal comfort improvements, decreased respiratory and asthma symptoms, and improvements in general physical and mental health.⁹³ ⁹⁴ ⁹⁵ ⁹⁶ ⁹⁷

Weatherization strategies must ensure adequate ventilation to prevent the presence of indoor air pollutants from mold, pollen, dust, smoke, animal droppings, viruses, or bacteria from exacerbating illnesses. 98 A 2022 systematic review found that airtight

construction and insulation without mechanical ventilation may have adverse health effects, including increased indoor radon levels. Mechanical ventilation can alleviate these issues but may increase exposure to outdoor pollutants when ambient air quality is poor.⁹⁹

Building weatherization can improve health through reduced energy burden.

Energy burden is the percentage of household income spent on energy costs.¹⁰⁰ Households with high energy burden are unable to meet basic household energy needs, such as heating and cooling, in their home.¹⁰¹ High energy burden among people with lower incomes may exacerbate a variety of health conditions, including reduced general health, mental health, and respiratory health; building weatherization may reduce indoor sources of asthma triggers.¹⁰² Weatherization can reduce energy burden by increasing a building's energy efficiency and reducing the amount of money spent on heating and cooling.¹⁰⁴

Figure 6 illustrates health pathways and health outcomes associated with building weatherization.

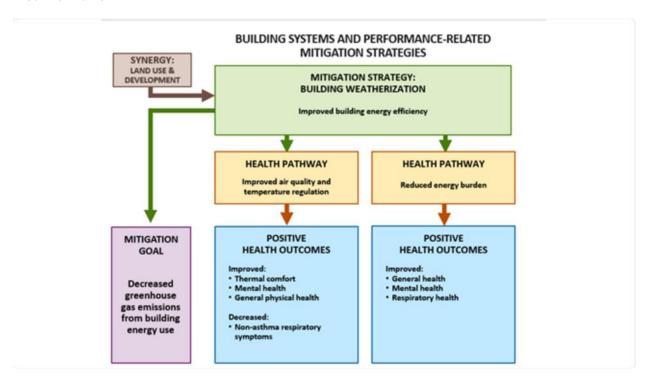


Figure 6. Diagram illustrating health pathways and health outcomes associated with building weatherization

Phasing Out Fossil Fuels for Indoor Appliances

Fossil fuels that are used to heat indoor spaces and to operate appliances such as ovens, stoves, and dryers can be reduced or eliminated.

Phasing out fossil fuel-using indoor appliances can improve health through improved indoor air quality.

Gas stoves can be a source of indoor air pollutants. Use of gas for cooking may be associated with some negative respiratory health outcomes when compared to electric stoves, including increased risk of pneumonia and chronic obstructive pulmonary disease. However, there is variability across studies. The relationship between gas stoves and negative respiratory outcomes differs by study context, study population, and the specific outcome examined. 107

Burning fossil fuels, such as oil, natural gas or propane, to heat homes emits particulate matter. ¹⁰⁸ A modeling study in New York City estimated that the phase-out of high-sulfur heating fuels could potentially prevent 290 decreased respiratory and asthma symptoms, and improvements in general physical and mental health, and 550 emergency department visits for asthma every year. ¹⁰⁹

Figure 7 illustrates health pathways and health outcomes associated with phasing out fossil fuel-indoor appliances.

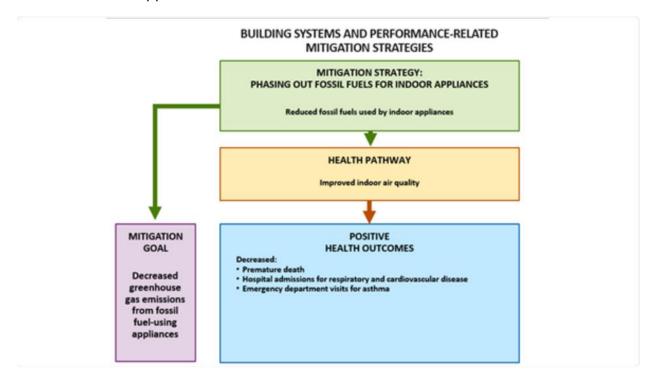


Figure 7. Diagram illustrating health pathways and health outcomes associated with phasing out fossil fuel-using indoor appliances

Synergies with Other Classes of Mitigation Strategies

Building systems and performance-related mitigation strategies are closely connected with <u>land use and development</u>. Zoning and land use regulations influence building design and permitted uses, and therefore are significant policy levers for affecting health outcomes associated with building-scale climate change mitigation measures. Additionally, policy goals articulated in planning documents are significant levers to potentially advance sustainable building construction practices and systems.

Conclusion

Building systems and performance-related climate change mitigation strategies show the potential for a range of positive physical and mental health outcomes. Increased understanding of how isolated specific, isolated building strategies (as opposed to clustered strategies that are captured by LEED- or other types of certifications for green building) and features may mediate health outcomes could inform future public health action. However, building systems and performance-related mitigation strategies show promise for both mitigating climate change and supporting population health.

Waste Management Mitigation Strategies

Waste management climate change mitigation strategies include reducing solid waste incineration and reducing waste generation. Health pathways associated with these strategies include improved air quality and reduced exposure to toxicants, respectively. Evidence about improved health outcomes associated with these strategies is emerging.

Reducing Solid Waste Incineration and Waste Generation

An important aspect of the built environment is waste management—processes that follow waste from inception to its collection, treatment, and final disposal—as well as the transportation required at each stage. Landfills are the largest waste management-related source of GHG emissions, and account for approximately 17.1% of total U.S. methane emissions.¹¹⁰

Waste management-related climate change mitigation strategies include reducing solid waste incineration (Fig. 8) and reducing waste generation (Fig. 9). The health pathways associated with these strategies include improved air quality and reduced exposure to toxicants, respectively.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies. A supplemental review of published literature identified additional evidence on the outcomes associated with health pathways indicated for each mitigation strategy.

Health Pathway Evidence Snapshots

Reducing Solid Waste Incineration

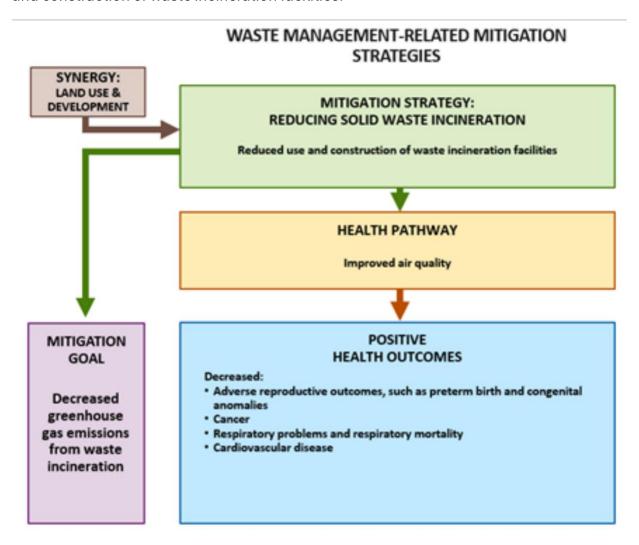
One climate change mitigation strategy related to waste management involves reducing solid waste incineration by closing existing incineration facilities and banning the construction of new ones. Waste management efforts can redirect waste from incineration facilities toward more sustainable technologies such as recycling or composting and can encourage improved product design to support reuse.

Reducing solid waste incineration can improve health through improved air quality.

Waste incineration is associated with the release or creation of harmful pollutants such as particulate matter, lead, dioxins, and mercury. These pollutants are known to have adverse effects on health. Living near landfills or waste incinerators has been significantly associated with increased risk of adverse reproductive outcomes, including preterm birth and congenital anomalies. The Exposure to pollutants from waste incineration may also be associated with cancer, The Hamiltonian representation of harmful pollutants such as particular to have

include respiratory mortality,¹²¹ ¹²² ¹²³ and cardiovascular disease.¹²⁴ ¹²⁵ ¹²⁶ However, studies exploring the health effects of incinerators have been inconsistent due to poor research methodologies or lack of reported information on specific incinerator technologies.¹²⁷

Figure 8 illustrates health pathways and health outcomes associated with reduced use and construction of waste incineration facilities.



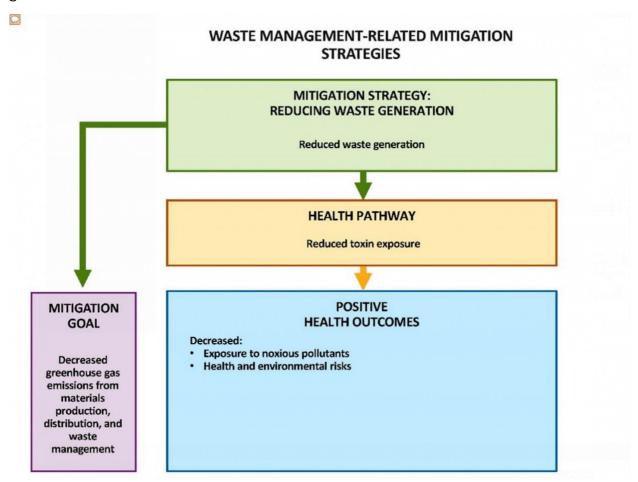
Reducing Waste Generation

This strategy can include putting measures in place that promote or require zero waste practices, such as passing waste reduction legislation. ¹²⁸ It may also involve fostering a culture of reduced waste generation through community and commercial outreach, ¹²⁹ ¹³⁰ and shifting cultural norms to align with zero waste practices and strategies. ¹³²

Reducing waste generation can improve health through reduced exposure to toxins.

There is evidence for a potential relationship between the volume of waste stored in landfills and negative health impacts, as well as the contamination of bodies of water, soil, and vegetation.¹³³ People who live and work near waste sites may be exposed to noxious pollutants, and thus may have higher health and environmental risks compared to those residing a greater distance away from landfills.¹³⁴

Figure 9 illustrates health pathways and health outcomes associated with reduced waste generation.



Synergies with Other Classes of Mitigation Strategies

Waste management-related mitigation strategies intersect with food systems (e.g. food packaging and waste) and land use (e.g. where waste management sites or facilities are located).

Conclusion

Literature on waste management does not focus on the potential for positive health outcomes resulting from mitigation strategies, but instead focuses on hazards resulting

from exposure pathways. Additional research on this promising set of strategies could be helpful for understanding the positive health outcomes of waste management practices that also mitigate climate change.

Food Systems Mitigation Strategies

Food systems mitigation strategies include sustainable agriculture, local food production and distribution, and promoting dietary changes. Health pathways associated with these strategies include improved air quality, food system resilience to global crises, and nutrition.

Examples of improved health outcomes include decreased morbidity from cancer, cardiovascular disease, respiratory disease, and diabetes.

Sustainable Agriculture, Local Food Production and Distribution, and Promoting Dietary Changes

Agricultural sources of emissions, such as livestock, agricultural soils, and rice production, accounted for 10.6% of U.S. greenhouse gas emissions in 2021. Actions may be taken on a state and local level to mitigate climate change through all stages of the food system, including pre- production, production, post-production, consumption, loss, waste, and disposal. Food systems-related mitigation strategies include sustainable agriculture (Fig. 10), local food production and distribution (Fig. 11), and promoting dietary changes (Fig. 12). The potential health pathways associated with food system mitigation strategies include improved air quality, food system resilience to global crises, and nutrition.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies. A supplemental review of published literature identified additional evidence on the outcomes associated with health pathways indicated for each mitigation strategy.

Health Pathway Evidence Snapshots

Sustainable Agriculture

Sustainable agriculture strategies involve shifting pre-production and production practices to reduce the use of manufactured agricultural inputs (such as synthetic fertilizers and biocides) and increase sustainable agriculture practices (such as using animal feed with reduced nitrogen and practices that use less resources to produce more food).¹³⁷

Sustainable agriculture can improve health through improved air quality.

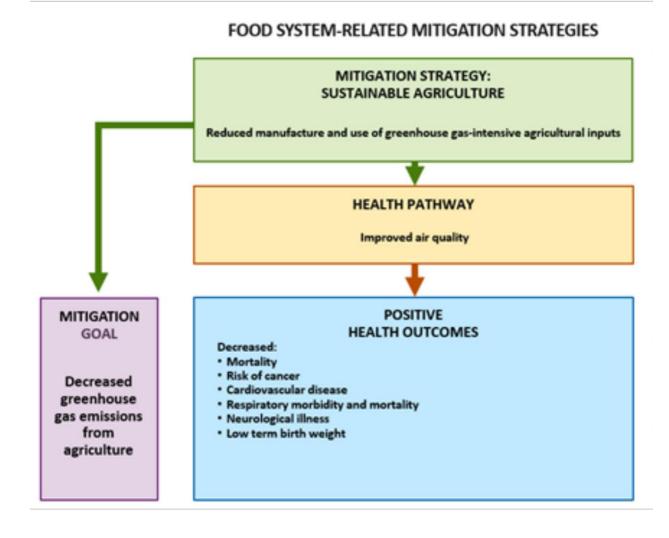
Agriculture is responsible for about half of the total fine particulate matter (PM2.5) air pollution in the United States.¹³⁸ These pollutants mostly come from manure processing and decomposition and (to a lesser extent) fertilizer use¹³⁹ ¹⁴⁰ and they are both the largest

relative contributor to PM2.5) air pollution and the leading cause of mortality attributable to PM2.5 air pollution in the United States. ¹⁴¹ Positive health outcomes associated with more sustainable agricultural practices include decreased mortality and additional health benefits associated with reduced PM2.5, largely in connection with reduced ammonia emissions. ¹⁴² ¹⁴³ Negative health outcomes associated with exposure to various agriculture- related air pollutants include increased risk of cancer, ¹⁴⁴ cardiovascular illness ¹⁴⁵ ¹⁴⁶ respiratory morbidity and mortality, ¹⁴⁷ ¹⁴⁸ neurological illness, ¹⁴⁹ and low-term birth weight. ¹⁵⁰

Emerging Evidence in Detail: Sustainable agriculture and air quality

Using low-nitrogen animal feed and other agricultural practices that reduce emissions from agriculture can reduce adverse health impacts such as mortality associated with ammonia and high PM 2.5 concentrations.

Figure 10 illustrates health pathways and health outcomes associated with sustainable agriculture.



Local Food Production and Distribution

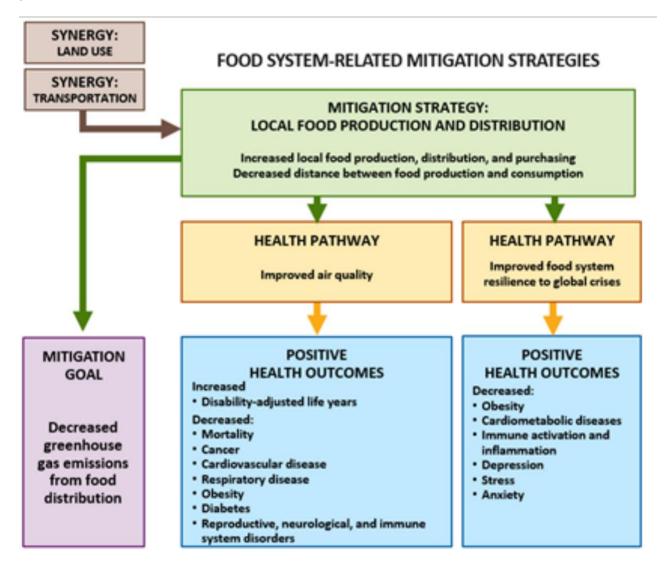
This set of strategies includes efforts to connect consumers with locally and regionally produced food through farmers' markets, community supported agriculture, institutional food purchasing strategies (also known as procurement), and other policies and practices. This can also involve using strategies related to land use to produce and/or sell more food near homes and job centers

Local food production and distribution can improve health through improved air quality.

The farther food is grown from where it is consumed, the more it must travel. Compact development reduces vehicle travel and vehicle-related emissions such as CO2, NOx, and PM2.5.14 Reducing these emissions can increase disability-adjusted life years (DALYs), and decrease mortality. Positive health outcomes associated with improved air quality include decreased morbidity from cancer, cardiovascular disease, respiratory disease, obesity, diabetes, and reproductive, neurological, and immune system disorders. 152 153

Note that only 11% of total food system-related GHG emissions in the United States are from the distribution of food and agricultural input.¹⁵⁴

Figure 11 illustrates health pathways and health outcomes associated with local food production and distribution.



Shifting from Animal-Based to Plant-Based Food Production

Producing animal protein generates more GHG emissions than producing plant protein. ¹⁵⁵ This strategy includes actions to reduce GHG emissions from agriculture by promoting dietary patterns that include less meat and more plant-based foods.

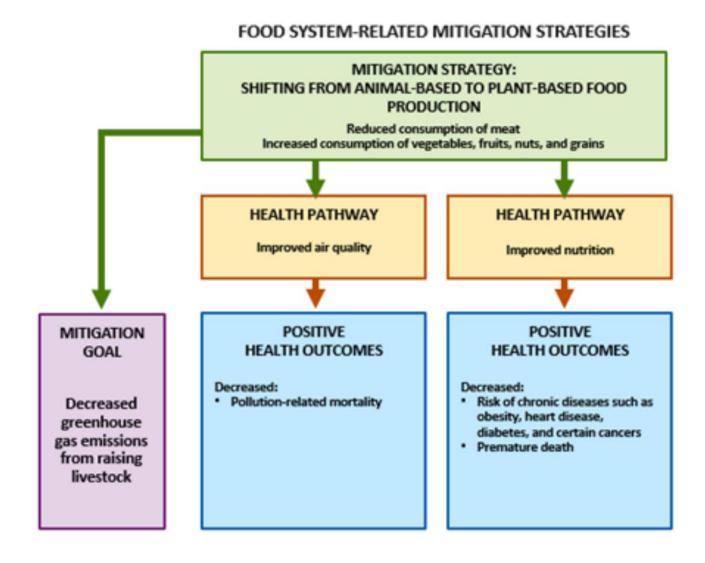
Shifting from animal-based to plant-based food production can improve health by supporting dietary patterns that include more plant-based components.

Many studies discuss the health benefits of vegetarian and semi-vegetarian diets. Dietary patterns associated with positive health outcomes include higher intake of plant-based food such as vegetables, fruits, legumes, and nuts and low consumption of red and processed meats. Health benefits associated with vegetarian and semi-vegetarian diets in particular include increased life expectancy and lower risk of chronic diseases such as obesity, heart disease, diabetes, and certain cancers. The state of the Adventist Health 2 Study found that the mortality rate for nonvegetarians is 20% higher than for vegetarians. A global systematic analysis conducted across 21 regions from 1990 to 2010 concluded that increased consumption of whole grains, vegetables, nuts and seeds, and fruit could prevent 1.7 million, 1.8 million, 2.5 million, and 4.9 million premature deaths per year, respectively, via the beneficial effects on chronic disease risk factors.

Shifting from animal-based to plant-based food production can improve health through improved air quality.

The air-quality impacts of agriculture in the U.S. are largely driven by PM2.5 pollution in connection with animal-based food production. One study estimated that 17,900 deaths per year can be attributed to U.S. agriculture due to reduced air quality, mainly from livestock waste, fertilizer, and PM2.5 pollution.

Figure 12 illustrates health pathways and health outcomes associated with shifting from animal-based to plant-based food production.



Synergies with Other Classes of Mitigation Strategies

Food systems-related mitigation strategies intersect with transportation (how food is transported and how it must travel), and land use (where food production, distribution, and food waste processing are sited in communities and across regions).

Conclusion

Food systems-related mitigation strategies show promise for both mitigating climate change and supporting population health. More research is needed to better understand the specific, positive health outcomes associated with these strategies.

Land Use and Development Mitigation Strategies

Compact and connected development involves planning and designing dense, mixed-use neighborhoods that support other mitigation strategies. Health pathways associated with land use and development include improved air quality and increased physical activity. Examples of improved health outcomes include reduced cardiovascular disease, respiratory disease, and diabetes.

Compact and Connected Development

Land use and development-related climate change mitigation strategies include updating regulations at the state and local level, such as zoning, subdivision codes, and form-based codes. These strategies may also include updating planning documents, such as comprehensive plans and master plans. These regulations and planning documents establish goals, policies, actions, standards, and guidelines that shape development patterns, infrastructure, transportation networks, open space, and many other aspects of the built environment. The primary land use and development-related mitigation strategy is compact and connected development (Fig. 13), which involves planning and designing dense, mixed- use neighborhoods with buildings, streets, and open spaces that are coordinated to support other mitigation strategies such as active transportation and expanding green infrastructure, green space, and tree canopy. See the "Synergies With Other Classes of Mitigation Strategies" section in this chapter for more detail about the relationships between these different strategies.

The health pathways associated with land use and development include improved air quality and increased physical activity.

The strategies, pathways, and outcomes identified below are based on a literature review of the health outcomes associated with specific climate change mitigation strategies. A supplemental review of published literature identified additional evidence on the outcomes associated with health pathways indicated for each mitigation strategy.

Health Pathway Evidence Snapshots

Compact and Connected Development

Building compact and connected development involves planning and regulating characteristics of the built environment (e.g. the design of buildings and open spaces and the distribution and intensity of land uses) in ways that align with the design of transportation infrastructure to support active transportation.

In addition to the design of transportation infrastructure, the following characteristics of the built environment can influence travel behavior in ways that support active transportation:

Mixed-use development locates a variety of origins and destinations in close proximity to each other:

- Dense or clustered development reduces the distance between origins and destinations, or clusters a greater number of destinations close to each other;
- Street networks with smaller blocks and more connections create more direct routes between origins and destinations;
- Transit-oriented development improves access to transit and reduces the distance between transit stops and origins or destinations; Distribution and location of public open spaces increase access by active transportation;
- Buildings that are located close to, connected to, and oriented to sidewalks
 increase access to buildings by walking or rolling; and Building design that
 improves the pedestrian-scale experience can encourage active transportation.

Because these characteristics of the built environment are highly interrelated, health pathways associated with these characteristics are complex. The amount and type of evidence that supports each step in health pathways associated with compact and connected development varies. And this evidence is distributed across multiple disciplines including climate change mitigation, land use planning, transportation planning, and public health.

Compact and connected development can improve health through increased active transportation related physical activity.

Higher levels of active transportation-related physical activity have been found in built environments that combine compact and connected development with active transportation infrastructure. Several cross-sectional, longitudinal and systematic review studies have shown health benefits of active transportation-related physical activity. Varying degrees of evidence indicate positive health outcomes, including decreased Type 2 diabetes incidence, cardiovascular disease incidence and mortality, and some cancer incidence and mortality, as well as improved physical well-being and mental health. 167 168 169 170 171 172 173 174

Other research has examined the relationship between compact and connected development and health outcomes without explicit measurement of physical activity. Compact and connected street networks (characterized by the density of the street network, the level of connectivity between destinations, and the overall configuration)

have been associated with reduced rates of obesity, diabetes, high blood pressure, and heart disease. ¹⁷⁵ A land use health impact assessment indicated that a compact city scenario (characterized primarily by land use density, land use diversity, and public transit accessibility) was associated with health gains in cardiovascular disease, respiratory disease, and diabetes. ¹⁷⁶ Evidence also associates compact and connected built environments with healthy weight. ¹⁷⁷ Other evidence draws connections between suburban sprawl and obesity. ¹⁷⁸ ¹⁷⁹ ¹⁸⁰

See the "Transportation" sub-section in "Synergies with Other Classes of Mitigation Strategies" section of this chapter for more information about health outcomes associated with physical activity related to modal shift.

Increased active transportation-related physical activity due to compact and connected development may also improve health through a secondary pathway of social cohesion. Land use diversity or mixed-use development may have positive impacts on social cohesion. One study documented a higher sense of community among those who live in places with locally serving retail within a walkable distance, compared to those living in areas that require vehicular transportation with nonlocally serving shops and services. A systematic review of reviews found positive correlations between social cohesion and physical activity and healthy weight, and between social capital and healthy weight and between social interaction and mental health outcomes. 183

Compact and connected development can improve health through improved air quality.

Compact and connected development can improve air quality by shaping built environments in ways that encourage modal shift from private vehicular transportation to active transportation, including walking, cycling, public transportation, and multimodal combinations. Compact and connected development can also improve air quality by influencing patterns of development in ways that enable increased green infrastructure, green space, and tree canopy.

Positive health outcomes associated with improved air quality include decreased morbidity from cancer, cardiovascular disease, respiratory disease, obesity, diabetes, and reproductive, neurological, and immune system disorders.¹⁸⁵ ¹⁸⁶

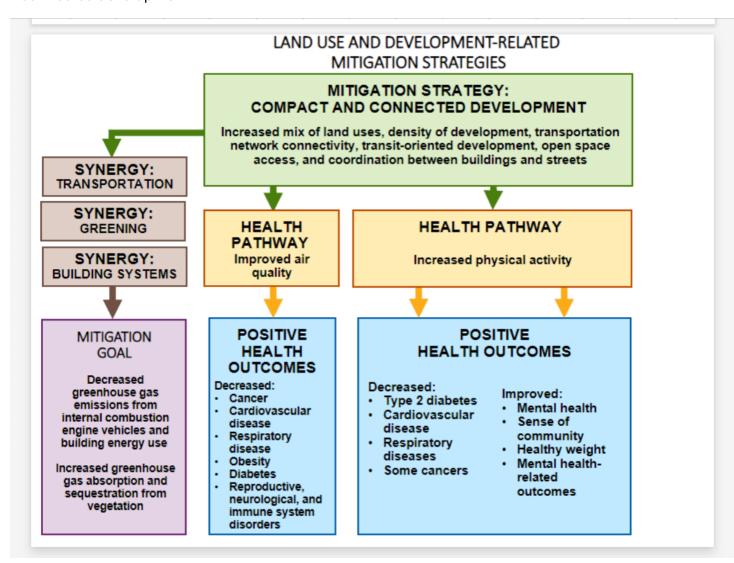
See transportation-related mitigation strategies for more information about health outcomes associated with improved air quality from active transportation.

See vegetation-related mitigation strategies for more information about health outcomes associated with improved air quality from expanding green infrastructure and green space.

Potential negative health outcomes of compact and connected development

The relationship between urban density and health is complex. In some dense, urban contexts, increased density is associated with increased exposure to stressors such as heat, light, air, and noise pollution. These factors can have negative impacts on health.¹⁸⁷ Dense environments that encourage walkability and transit access may also increase exposure to environmental pollution and injury risk, which can have compounding impacts on health over time.¹⁸⁸ Physical density, social density, and transit connectedness may have negative impacts on social cohesion.¹⁸⁹

Figure 13 illustrates health pathways and health outcomes associated with compact and connected development.



Synergies with Other Classes of Mitigation Strategies

Land use and development regulations significantly influence patterns of development (i.e., the location, density, diversity, and design of buildings and infrastructure). Different patterns of development can shape the availability of, and access to, social determinants of health such as housing, jobs, transportation, open space, and food. There is a particularly strong synergy between land use and development-related mitigation strategies and those related to transportation, building systems and performance, and vegetation.

Transportation

Land use and development strategies shape the intensity, mix, distribution, and design of buildings. These characteristics of the built environment influence travel behaviors and can either support or create barriers to increasing active transportation and reducing use of private motor vehicles (also known as modal shift).¹⁹⁰

See the "Active Transportation" section of the "Transportation Mitigation Strategies" chapter for more information about the health outcomes of active transportation.

Vegetation

Taking actions to create dense and clustered development in urban areas can potentially reduce the total area of land covered by buildings and pavement. If more attention is paid to land management and preservation, this may free up more area for green infrastructure, green space and tree canopy. Dense, mixed-use development is also correlated with active transportation, which may reduce demand for parking infrastructure, freeing up space to increase vegetation through green infrastructure, green space, and trees. Land use regulations, such as zoning, can determine how much built or paved surface is required to park vehicles in each development. These regulations can also establish how much and what kind of green space and tree canopy is required as part of development. Finally, they can establish where different types of green spaces are permitted and can preserve or designate land to be used as green space.

See vegetation-related mitigation strategies for more detail on the health outcomes associated with increasing vegetation.

Building Systems and Performance

Land use regulations govern many characteristics of building design, site design, and construction that can be used to mitigate climate change, such as permitted density, open space requirements, parking regulations, permitted uses, glazing requirements, building orientation, and architectural design. Zoning requirements can either require, facilitate,

and encourage green building and weatherization practices, or they can make them challenging to incorporate.

See building systems and performance-related mitigation strategies for more detail on health outcomes associated with green building and weatherization.

Conclusion

Land use and development-related climate change mitigation strategies show the potential for a range of positive physical and mental health outcomes. There is a growing understanding of how layered strategies, such as mixed-use development and densification, can support a range of positive health outcomes through increased physical activity and improved air quality, along with ancillary benefits such as social cohesion and a greater sense of community. Compact and connected development shows promise for both mitigating climate change and supporting population health.

Acknowledgments

The primary authors of this report are Erik Calloway, AICP, and Christine Camilleri-Onishi of ChangeLab Solutions and Evan Mallen, Jacqueline A. Teed, and Heather A. Joseph of the Centers for Disease Control and Prevention.

Additional support for this report from ChangeLab Solutions was provided by Tina Ansong, Edgar Camero, Patrick Glass, Kimberly Libman, Jessica Nguyen, Tyra Satchell, Carolyn Uno, Vincent Young, and Tina Yuen.

Additional support for this report from the Climate and Health Program in the National Center for Environmental Health at the Centers for Disease Control and Prevention was provided by Bharat Balyan, Claudia Brown, Megan McLaughlin, and Paul Schramm.

Disclaimer

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the U.S. government. Copyright does not extend to contributions by employees of the federal government.

ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

Content from this publication may be reproduced without permission, provided the following citation is made: ChangeLab Solutions. *How Climate Change Mitigation Can Improve Public Health*. 2025. https://www.changelabsolutions.org/product/climate-action-plan-research.

This guide was published in November, 2025.

¹ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678

² Xia T, Zhang Y, Crabb S, Shah P. Cobenefits of Replacing Car Trips with Alternative Transportation: A Review of Evidence and Methodological Issues. J Environ Public Health. 2013;2013(1):797312. doi:https://doi.org/10.1155/2013/797312

³ Besser LM, Dannenberg AL. Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations. Am J Prev Med. 2005;29(4):273-280. doi:https://doi.org/10.1016/j.amepre.2005.06.010
⁴ Filigrana P, Levy J, Gauthier J, Batterman S, Adar S. Health benefits from cleaner vehicles and increased active transportation in Seattle, Washington. J Expo Sci Environ Epidemiol. 2022;32. doi:10.1038/s41370-022-00423-y

⁵ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678

⁶ National Institute of Environmental Health Sciences. Air pollution and your health. Published 2024. www.niehs.nih.gov/health/topics/agents/air-pollution.

⁷ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678

⁸ Avila-Palencia I, Int Panis L, Dons E, et al. The effects of transport mode use on self-perceived health, mental health, and social contact measures: A cross-sectional and longitudinal study. Environ Int. 2018;120:199-206. doi:https://doi.org/10.1016/j.envint.2018.08.002

⁹ Celis-Morales CA, Lyall DM, Welsh PI, et al. Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. Br Med J. 2017;357. https://api.semanticscholar.org/CorpusID: 24484202

¹⁰ Dinu M, Pagliai G, Macchi C, Sofi F. Active Commuting and Multiple Health Outcomes: A Systematic Review and Meta-Analysis. Sport Med. 2019;49(3):437-452. doi:10.1007/s40279-018-1023-0

¹¹ Gordon-Larsen P, Boone-Heinonen J, Sidney S, Sternfeld B, Jacobs Jr DR, Lewis CE. Active Commuting and Cardiovascular Disease Risk: The CARDIA Study. Arch Intern Med. 2009;169(13):1216-1223. doi:10.1001/archinternmed.2009.163

Humphreys DK, Goodman A, Ogilvie D. Associations between active commuting and physical and mental wellbeing ☆. Prev Med (Baltim). 2013;57:135-139. https://api.semanticscholar.org/CorpusID: 13714565
 Maizlish N, Rudolph L, Jiang C. Health Benefits of Strategies for Carbon Mitigation in US Transportation, 2017-2050. Am J Public Health. 2022;112(3):426-433. doi:10.2105/AJPH.2021.306600

¹⁴ Oja P, Titze S, Bauman A, et al. Health benefits of cycling: a systematic review. Scand J Med Sci Sports. 2011;21(4):496-509. doi:https://doi.org/10.1111/j.1600-0838.2011.01299.x

¹⁵ Smith M, Hosking J, Woodward A, et al. Systematic literature review of built environment effects on physical activity and active transport – an update and new findings on health equity. Int J Behav Nutr Phys Act. 2017;14(1):158. doi:10.1186/s12966-017-0613-9

¹⁶ Leiserowitz A, Roser-Renouf C, Marlon J, Maibach E. Global Warming's Six Americas: a review and recommendations for climate change communication. Curr Opin Behav Sci. 2021;42:97-103. doi:10.1016/J.COBEHA.2021.04.007

¹⁷ Myers TA, Nisbet MC, Maibach EW, Leiserowitz AA. A public health frame arouses hopeful emotions about climate change. Clim Change. 2012;113(3):1105-1112. doi:10.1007/s10584-012-0513-6

¹⁸ Environmental Protection Agency. US fast facts on transportation greenhouse gas emissions. 2024. Accessed January 31, 2024. https://www.epa.gov/greenvehicles/fast- acts-transportation-greenhouse-gas-emissions

¹⁹ Department of Energy. Active transportation and micromobility. 2024. Accessed January 31, 2024. https://afdc.energy.gov/conserve/active-transportation

- ²³ Besser LM, Dannenberg AL. Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations. Am J Prev Med. 2005;29(4):273-280. doi:10.1016/j.amepre.2005.06.010
- ²⁴ Filigrana P, Levy J, Gauthier J, Batterman S, Adar S. Health benefits from cleaner vehicles and increased active transportation in Seattle, Washington. J Expo Sci Environ Epidemiol. 2022;32. doi:10.1038/s41370-022-00423-y
- ²⁵ Avila-Palencia I, Int Panis L, Dons E, et al. The effects of transport mode use on self-perceived health, mental health, and social contact measures: A cross-sectional and longitudinal study. Environ Int. 2018;120:199-206. doi:10.1016/j.envint.2018.08.002
- ²⁶ Celis-Morales CA, Lyall DM, Welsh PI, et al. Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. Br Med J. 2017;357. https://api.semanticscholar.org/CorpusID: 224484202
- ²⁷ Dinu M, Pagliai G, Macchi C, Sofi F. Active Commuting and Multiple Health Outcomes: A Systematic Review and Meta-Analysis. Sports Medicine. 2019;49(3):437-452. doi:10.1007/s40279-018-1023-0
 ²⁸ Gordon-Larsen P, Boone-Heinonen J, Sidney S, Sternfeld B, Jacobs Jr DR, Lewis CE. Active Commuting and Cardiovascular Disease Risk: The CARDIA Study. Arch Intern Med. 2009;169(13):1216-1223. doi:10.1001/archinternmed.2009.163
- ²⁹ Humphreys DK, Goodman A, Ogilvie D. Associations between active commuting and physical and mental wellbeing ☆. Prev Med (Baltim). 2013;57:135-139. https://api.semanticscholar.org/CorpusID: 13714565 ³⁰ Maizlish N, Woodcock J, Co S, Ostro B, Fanai A, Fairley D. Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area. Am J Public Health. 2013;103(4):703-709. doi:10.2105/AJPH.2012.300939
- ³¹ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678
- ³² Oja P, Titze S, Bauman A, et al. Health benefits of cycling: a systematic review. Scand J Med Sci Sports. 2011;21(4):496-509. doi:10.1111/j.1600-0838.2011.01299.x
- ³³ Xia T, Zhang Y, Crabb S, Shah P. Cobenefits of Replacing Car Trips with Alternative Transportation: A Review of Evidence and Methodological Issues. J Environ Public Health. 2013;2013(1):797312. doi:10.1155/2013/797312
- ³⁴ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678
- ³⁵ National Institute of Environmental Health Sciences. Air pollution and your health. 2024. www.niehs.nih.gov/health/topics/agents/air-pollution.
- ³⁶ Cheeseman M, Ford B, Anenberg S, et al. Disparities in Air Pollutants Across Racial, Ethnic, and Poverty Groups at US Public Schools.

Geohealth. 2022;(6). Accessed September 24, 2024. doi: 10.1029/2022GH000672

³⁷ Houston D, Li W, Wu J. Disparities in exposure to automobile and truck traffic and vehicle emissions near the Los Angeles-long beach port complex. Am J Public Health. 2014;104(1):156-164. doi:10.2105/AJPH.2012.301120

²⁰ Zhang Y, Koene M, Reijneveld SA, et al. The impact of interventions in the built environment on physical activity levels: a systematic umbrella review. International Journal of Behavioral Nutrition and Physical Activity. 2022;19(1). doi:10.1186/s12966-022-01399-6

²¹ Smith M, Hosking J, Woodward A, et al. Systematic literature review of built environment effects on physical activity and active transport – an update and new findings on health equity. International Journal of Behavioral Nutrition and Physical Activity. 2017;14(1):158. doi:10.1186/s12966-017-0613-9

²² Ibid.

- ³⁸ 3. Jones MR, Diez-Roux A V., Hajat A, et al. Race/ethnicity, residential segregation, and exposure to ambient air pollution: The Multi-Ethnic Study of Atherosclerosis (MESA). Am J Public Health. 2014;104(11):2130-2137. doi:10.2105/AJPH.2014.302135
- ³⁹ Chakraborty J, Zandbergen PA. Children at risk: Measuring racial/ethnic disparities in potential exposure to air pollution at school and home. J Epidemiol Community Health (1978). 2007;61(12):1074-1079. doi:10.1136/jech.2006.054130
- ⁴⁰ Morello-Frosch R, Jesdale BM. Separate and unequal: Residential segregation and estimated cancer risks associated with ambient air toxins in U.S. metropolitan areas. Environ Health Perspect. 2006;114(3):386-393. doi:10.1289/ehp.8500
- ⁴¹ Maizlish N, Rudolph L, Jiang C. Health Benefits of Strategies for Carbon Mitigation in US Transportation, 2017-2050. Am J Public Health. 2022;112(3):426-433. doi:10.2105/AJPH.2021.306600
- ⁴² Filigrana P, Levy J, Gauthier J, Batterman S, Adar S. Health benefits from cleaner vehicles and increased active transportation in Seattle, Washington. J Expo Sci Environ Epidemiol. 2022;32. doi:10.1038/s41370-022-00423-y
- ⁴³ Maizlish N, Woodcock J, Co S, Ostro B, Fanai A, Fairley D. Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area. Am J Public Health. 2013;103(4):703-709. doi:10.2105/AJPH.2012.300939
- ⁴⁴ Maizlish N, Rudolph L, Jiang C. Health Benefits of Strategies for Carbon Mitigation in US Transportation, 2017-2050. Am J Public Health. 2022;112(3):426-433. doi:10.2105/AJPH.2021.306600
- ⁴⁵ Pennington AF, Cornwell CR, Sircar KD, Mirabelli MC. Electric vehicles and health: A scoping review. Environ Res. 2024;251. doi:10.1016/j.envres.2024.118697
- ⁴⁶ Cheeseman M, Ford B, Anenberg S, et al. Disparities in Air Pollutants Across Racial, Ethnic, and Poverty Groups at US Public Schools.
- Geohealth. 2022;(6). Accessed September 24, 2024. doi: 10.1029/2022GH000672
- ⁴⁷ Houston D, Li W, Wu J. Disparities in exposure to automobile and truck traffic and vehicle emissions near the Los Angeles-long beach port complex. Am J Public Health. 2014;104(1):156-164. doi:10.2105/AJPH.2012.301120
- ⁴⁸ Jones MR, Diez-Roux A V., Hajat A, et al. Race/ethnicity, residential segregation, and exposure to ambient air pollution: The Multi-Ethnic Study of Atherosclerosis (MESA). Am J Public Health. 2014;104(11):2130-2137. doi:10.2105/AJPH.2014.302135
- ⁴⁹ Chakraborty J, Zandbergen PA. Children at risk: Measuring racial/ethnic disparities in potential exposure to air pollution at school and home. J Epidemiol Community Health (1978). 2007;61(12):1074-1079. doi:10.1136/jech.2006.054130
- ⁵⁰ Morello-Frosch R, Jesdale BM. Separate and unequal: Residential segregation and estimated cancer risks associated with ambient air toxins in U.S. metropolitan areas. Environ Health Perspect. 2006;114(3):386-393. doi:10.1289/ehp.8500
- ⁵¹ Environmental Protection Agency. Climate Change and Social Vulnerability in the United States: A Focus on Six Impacts: Appendix D: Air Quality. December 6, 2022. Accessed January 31, 2024. https://www.epa.gov/system/files/documents/2021-09/appendix-d_air-quality.pdf
- ⁵² Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 245425678
- ⁵⁴ Environmental Protection Agency. Green streets and community open space. http://www.epa.gov/G3/green-streets-and-community-open- space. Published 2018.
- ⁵⁵ Nieuwenhuijsen MJ. Green Infrastructure and Health. Annu Rev Public Health. 2021;42(Volume 42, 2021):317-328. doi:https://doi.org/10.1146/annurev-publhealth-090419-102511
- ⁵⁶ Benedict MA, McMahon ET. *Green infrastructure: linking landscapes and communities*. Island press. 2012
- ⁵⁷ Environmental Protection Agency. Learn About Green Streets. https://www.epa.gov/G3/learn-about-green-streets. Published 2024. Accessed August 19, 2024

- ⁵⁸ Environmental Protection Agency. Using trees and vegetation to reduce heat islands. https://www.epa.gov/heatislands/using-trees-and-vegetation-reduce-heat-islands. Published 2023. ⁵⁹ *Ibid*.
- ⁶⁰ Knight T, Price S, Bowler DE, et al. How effective is 'greening' of urban areas in reducing human exposure to ground-level ozone concentrations, UV exposure and the 'urban heat island effect'? An updated systematic review. Environ Evid. 2021;10:1-38. https://api.semanticscholar.org/CorpusID: 235338571
- ⁶¹ Salmond JA, Tadaki M, Vardoulakis S, et al. Health and climate related ecosystem services provided by street trees in the urban environment. Environ Heal. 2016;15(1):S36. doi:10.1186/s12940-016-0103-6 ⁶² *lbid*.
- ⁶³ Nardone A, Rudolph KE, Morello-Frosch R, Casey JA. Redlines and Greenspace: The Relationship between Historical Redlining and 2010 Greenspace across the United States. Environ Health Perspect. 2021;129(1):17006. doi:10.1289/EHP7495
- ⁶⁴ Hoffman JS, Shandas V, Pendleton N. The Effects of Historical Housing Policies on Resident Exposure to Intra-Urban Heat: A Study of 108 US Urban Areas. Climate. 2020;8(1). doi:10.3390/cli8010012
- ⁶⁵ Environmental Protection Agency. Green streets and community open space.
- http://www.epa.gov/G3/green-streets-and-community-open- space. Published 2018.
- ⁶⁶ Environmental Protection Agency. Using trees and vegetation to reduce heat islands. https://www.epa.gov/heatislands/using-trees-and-vegetation-reduce-heat-islands. Published 2023.
- ⁶⁷ Kumar P, Druckman A, Gallagher J, et al. The nexus between air pollution, green infrastructure and human health. Environ Int. 2019;133:105181. doi:https://doi.org/10.1016/j.envint.2019.105181 ⁶⁸ *Ibid*.
- 69 Ibid.
- ⁷⁰ Cohen M, Burrowes K GP. The Health Benefits of Parks and Their Economic Impacts. Washington, DC; 2022. https://www.urban.org/research/publication/health-benefits-parks-and-their-economic-impacts.
- ⁷¹ National Institute of Environmental Health Sciences. Air pollution and your health. www.niehs.nih.gov/health/topics/agents/air-pollution. Published 2024.
- ⁷² Eisenman TS, Churkina G, Jariwala SP, et al. Urban trees, air quality, and asthma: An interdisciplinary review. Landsc Urban Plan. 2019;187:47-59. doi:10.1016/J.LANDURBPLAN.2019.02.010
- ⁷³ Sousa-Silva R, Smargiassi A, Kneeshaw D, Dupras J, Zinszer K, Paquette A. Strong variations in urban allergenicity riskscapes due to poor knowledge of tree pollen allergenic potential. Sci Rep. 2021;11(1):10196. doi:10.1038/s41598-021-89353-7
- ⁷⁴ Environmental Protection Agency. Sources of Greenhouse Gas Emissions. Updated July 8, 2024. Access October 11, 2024. https://www.epa.gov/ghgemissions/sources-greenhouse-gas-emissions.
- ⁷⁵ Environmental Protection Agency. Green Buildings. May 2023. Accessed June 10, 2024. https://www.epa.gov/land-revitalization/green-buildings
- ⁷⁶ Allen JG, MacNaughton P, Satish U, Santanam S, Vallarino J, Spengler JD. Associations of cognitive function scores with carbon dioxide, ventilation, and volatile organic compound exposures in office workers: A controlled exposure study of green and conventional office environments. Environ Health Perspect. 2016;124(6):805-812. doi:10.1289/ehp.1510037
- ⁷⁷ United States Green Building Council. LEED Rating System. May 2023. Accessed June 13, 2024. https://www.usgbc.org/leed
- ⁷⁸ Board on Population Health PHPC on the E of CC on IAQPH. Climate Change, the Indoor Environment, and Health.; 2011.
- ⁷⁹ McArthur JJ, Colin Powell. Health and wellness in commercial buildings: Systematic review of sustainable building rating systems and alignment with contemporary research. Build Environ. 2020;171(106635).
- ⁸⁰ Allen JG, MacNaughton P, Laurent JGC, Flanigan SS, Eitland ES, Spengler JD. Green Buildings and Health. Curr Environ Health Rep. 2015;2(3):250-258. doi:10.1007/s40572-015-0063-y
- ⁸¹ Colton MD, Laurent JGC, MacNaughton P, et al. Health Benefits of Green Public Housing: Associations With Asthma Morbidity and Building-Related Symptoms. Am J Public Health. 2015;105(12):2482-2489. doi:10.2105/AJPH.2015.302793

- ⁸² Allen JG, MacNaughton P, Laurent JGC, Flanigan SS, Eitland ES, Spengler JD. Green Buildings and Health. Curr Environ Health Rep. 2015;2(3):250-258. doi:10.1007/s40572-015-0063-y
- ⁸³ MacNaughton, Cao, Buonocore, et al. Energy savings, emission reductions, and health co-benefits of the green building movement. J Expo Sci Environ Epidemiol. 2018;28(4):307-318. doi:10.1038/s41370-017-0014-9
- ⁸⁴ Department of Energy. Whole-house weatherization . Accessed April 30, 2024. https://www.energy.gov/scep/wap/whole-house- weatherization
- ⁸⁵ Wilson J, Jacobs D, Reddy A, Tohn E, Cohen J, Jacobsohn E. Home Rx: The Health Benefits of Home Performance.; 2016. doi:10.2172/1420234
- ⁸⁶ Maidment CD, Jones CR, Webb TL, Hathway EA, Gilbertson JM. The impact of household energy efficiency measures on health: A meta- analysis. Energy Policy. 2014;65:583-593. doi:10.1016/j.enpol.2013.10.054
- ⁸⁷ Board on Population Health PHPC on the E of CC on IAQPH. Climate Change, the Indoor Environment, and Health.; 2011.
- ⁸⁸ Wilson J, Jacobs D, Reddy A, Tohn E, Cohen J, Jacobsohn E. Home Rx: The Health Benefits of Home Performance.; 2016. doi:10.2172/1420234
- ⁸⁹ Wang C, Wang J, Norbäck D. A Systematic Review of Associations between Energy Use, Fuel Poverty, Energy Efficiency Improvements and Health. Int J Environ Res Public Health. 2022;19(12). doi:10.3390/ijerph19127393
- ⁹⁰ Fisk WJ, Singer BC, Chan WR. Association of residential energy efficiency retrofits with indoor environmental quality, comfort, and health: A review of empirical data. Build Environ. 2020;180:107067. doi:10.1016/j.buildenv.2020.107067
- ⁹¹ Green & Healthy Homes Initiative. Weatherization and its impact on occupant health outcomes. 2017. Accessed June 13, 2024. https://www.greenandhealthyhomes.org/wp-content/uploads/Weatherization-and-its-Impact-on-Occupant-

Health_Final_5_23_2017_online.pdf

- ⁹² Hsu J, Sircar K, Herman E, et al. EXHALE A Technical Package to Control Asthma (Resource Document).
- ⁹³ Wilson J, Jacobs D, Reddy A, Tohn E, Cohen J, Jacobsohn E. Home Rx: The Health Benefits of Home Performance.; 2016. doi:10.2172/1420234
- ⁹⁴ Wang C, Wang J, Norbäck D. A Systematic Review of Associations between Energy Use, Fuel Poverty, Energy Efficiency Improvements and Health. Int J Environ Res Public Health. 2022;19(12). doi:10.3390/ijerph19127393
- ⁹⁵ Fisk WJ, Singer BC, Chan WR. Association of residential energy efficiency retrofits with indoor environmental quality, comfort, and health: A review of empirical data. Build Environ. 2020;180:107067. doi:10.1016/j.buildenv.2020.107067
- ⁹⁶ Green & Healthy Homes Initiative. Weatherization and its impact on occupant health outcomes. 2017. Accessed June 13, 2024. https://www.greenandhealthyhomes.org/wp-content/uploads/Weatherization-and-its-Impact-on-Occupant-

Health_Final_5_23_2017_online.pdf

- ⁹⁷ Hsu J, Sircar K, Herman E, et al. EXHALE A Technical Package to Control Asthma (Resource Document).
- ⁹⁸ Subri MSM, Arifin K, Sohaimin MFAM, Abas A. The parameter of the Sick Building Syndrome: A systematic literature review. Heliyon. 2024;10(12). doi:10.1016/j.heliyon.2024.e32431
- ⁹⁹ Wang C, Wang J, Norbäck D. A Systematic Review of Associations between Energy Use, Fuel Poverty, Energy Efficiency Improvements and Health. Int J Environ Res Public Health. 2022;19(12). doi:10.3390/ijerph19127393
- Drehobl A, Ross L, Ayala R, Zaman A, Amann J. An Assessment of National and Metropolitan Energy
 Burden across the United States SEPTEMBER 2020 How High Are Household Energy Burdens?; 2022.
 Ibid.
- ¹⁰² Wang C, Wang J, Norbäck D. A Systematic Review of Associations between Energy Use, Fuel Poverty, Energy Efficiency Improvements and Health. Int J Environ Res Public Health. 2022;19(12). doi:10.3390/ijerph19127393

- ¹⁰³ Hsu J, Sircar K, Herman E, et al. EXHALE A Technical Package to Control Asthma (Resource Document).
- ¹⁰⁴ Drehobl A, Ross L, Ayala R, Zaman A, Amann J. An Assessment of National and Metropolitan Energy Burden across the United States SEPTEMBER 2020 How High Are Household Energy Burdens?; 2022.
- ¹⁰⁵ Puzzolo E, Fleeman N, Lorenzetti F, et al. Estimated health effects from domestic use of gaseous fuels for cooking and heating in high- income, middle-income, and low-income countries: a systematic review and meta-analyses. Lancet Respir Med. 2024;12(4):281-293. doi:10.1016/S2213-2600(23)00427-7
- ¹⁰⁶ Seals B, Krasner A. Health Effects from Gas Stove Pollution.; 2020. Accessed August 18, 2024. https://lighterfootprints.org/resource/health-effects-from-gas-stove-pollution-rmi-review/
- ¹⁰⁷ Li W, Long C, Fan T, Anneser E, Chien J, Goodman JE. Gas cooking and respiratory outcomes in children: A systematic review. Glob Epidemiol. 2023;5. doi:10.1016/j.gloepi.2023.100107
- ¹⁰⁸ Puzzolo E, Fleeman N, Lorenzetti F, et al. Estimated health effects from domestic use of gaseous fuels for cooking and heating in high- income, middle-income, and low-income countries: a systematic review and meta-analyses. Lancet Respir Med. 2024;12(4):281-293. doi:10.1016/S2213-2600(23)00427-7
- ¹⁰⁹ Kheirbek I, Haney J, Douglas S, Ito K, Caputo S, Matte T. The public health benefits of reducing fine particulate matter through conversion to cleaner heating fuels in New York City. Environmental science & technology. 2014;48(23):13573—13582. doi:10.1021/es503587p
- ¹¹⁰ Environmental Protection Agency. Inventory of U.S. Greenhouse Gas Emissions and Sinks: 1990-2022. 2024. Report No. 430-R-24-004.; 2024.
- ¹¹¹ National Research Council (US) Committee on Health Effects of Waste Incineration. Waste Incineration & Public Health. Washington (DC): National Academies Press (US); 2000. https://www.ncbi.nlm.nih.gov/books/NBK233627/. Accessed August 19, 2024.
- ¹¹² Centers for Disease Control and Prevention. Air Pollutants. https://www.cdc.gov/air-quality/pollutants/? CDC AAref Val=https://www.cdc.gov/air/pollutants.htm. Published 2024. Accessed August 19, 2024.
- ¹¹³ Santoro M, Minichilli F, Linzalone N, et al. Adverse reproductive outcomes associated with exposure to a municipal solid waste incinerator. Ann 1st Super Sanita. 2016;52:576-581. doi:10.4415/ANN_16_04_19
- ¹¹⁴ Candela S, Bonvicini L, Ranzi A, et al. Exposure to emissions from municipal solid waste incinerators and miscarriages: A multisite study of the MONITER Project. Environ Int. 2015;78:51-60. doi:https://doi.org/10.1016/j.envint.2014.12.008
- ¹¹⁵ Cordier S, Lehébel A, Amar E, et al. Maternal residence near municipal waste incinerators and the risk of urinary tract birth defects. Occup Environ Med. 2010;67:493-499. https://api.semanticscholar.org/CorpusID: 5302040
- ¹¹⁶ Tango T, Fujita T, Tanihata T, et al. Risk of adverse reproductive outcomes associated with proximity to municipal solid waste incinerators with high dioxin emission levels in Japan. J Epidemiol. 2004;14(3):83—93. doi:10.2188/jea.14.83
- ¹¹⁷ Floret N, Mauny F, Challier B, Arveux P, Cahn JY, Viel JF. Dioxin Emissions from a Solid Waste Incinerator and Risk of Non-Hodgkin Lymphoma. Epidemiology. 2003;14(4).
- https://journals.lww.com/epidem/fulltext/2003/07000/dioxin_emissions_from_a_solid_waste_incinerator.4. aspx.
- ¹¹⁸ Zambon P, Ricci P, Bovo E, et al. Sarcoma risk and dioxin emissions from incinerators and industrial plants: a population-based case-control study (Italy). Environ Heal. 2007;6(1):19. doi:10.1186/1476-069X-6-19
- ¹¹⁹ Fukuda Y, Nakamura K, Takano T. Dioxins released from incineration plants and mortality from major diseases: an analysis of statistical data by municipalities. J Med Dent Sci. 2003;50(4):249—255. http://europepmc.org/abstract/MED/15074352.
- ¹²⁰ García-Pérez J, Fernández-Navarro P, Castelló A, et al. Cancer mortality in towns in the vicinity of incinerators and installations for the recovery or disposal of hazardous waste. Environ Int. 2013;51:31-44. doi:https://doi.org/10.1016/j.envint.2012.10.003
- ¹²¹ Charbotel B, Bergeret A, Hours M, et al. Morbidity among municipal waste incinerator workers: a cross-sectional study. Int Arch Occup Environ Health. 2003;76:467-472. https://api.semanticscholar.org/CorpusID: 36950285

¹²² Galise I, Serinelli M, Bisceglia L, Assennato G. Health impact assessment of pollution from incinerator in Modugno (Bari). Epidemiol Prev. 2012;36:27-33.

¹²³ Ranzi A, Fano V, Erspamer L, Lauriola P, Perucci CA, Forastiere F. Mortality and morbidity among people living close to incinerators: a cohort study based on dispersion modeling for exposure assessment. Environ Heal. 2011;10:22-22. https://api.semanticscholar.org/CorpusID:2770409

¹²⁴ Fukuda Y, Nakamura K, Takano T. Dioxins released from incineration plants and mortality from major diseases: an analysis of statistical data by municipalities. J Med Dent Sci. 2003;50(4):249—255. http://europepmc.org/abstract/MED/15074352.

¹²⁵ Galise I, Serinelli M, Bisceglia L, Assennato G. Health impact assessment of pollution from incinerator in Modugno (Bari). Epidemiol Prev. 2012;36:27-33.

¹²⁶ Chen HL, Su HJ, Guo YL, Liao PC, Hung CF, Lee CC. Biochemistry examinations and health disorder evaluation of Taiwanese living near incinerators and with low serum PCDD/Fs levels. Sci Total Environ. 2006;366(2):538-548. doi:https://doi.org/10.1016/j.scitotenv.2005.11.004

¹²⁷ Tait PW, Brew J, Che A, et al. The health impacts of waste incineration: a systematic review. Aust N Z J Public Health. 2020;44(1):40-48. doi:10.1111/1753-6405.12939

128 San Francisco Environment Department. Policies Related to Zero Waste: sfenvironment.org—Our Home. https://sfenvironment.org/zero- waste-legislation. Published July 20, 2022. Accessed June 14, 2024 129 Zaman A, Lehmann S. The Zero Waste Index: A Performance Measurement Tool for Waste Management Systems in a "Zero Waste City." J Clean Prod. 2013;50:123-132. doi:10.1016/j.jclepro.2012.11.041

¹³⁰ Dupont. DuPont Building Innovations Achieves Zero Landfill Status. https://ovsco.com/wp-content/uploads/2015/12/Zero_Landfill_Case_Study03-12.pdf. Published 2012.

¹³¹ Coca-Cola Company. World Without Waste - Sustainable Packaging. 2018. https://www.coca-colacompany.com/sustainability/packaging- sustainability.

¹³² Song Q, Li J, Zeng X. Minimizing the increasing solid waste through zero waste strategy. J Clean Prod. 2015;104:199-210. doi:10.1016/J.JCLEPRO.2014.08.027

¹³³ Pietzsch N, Ribeiro JLD, de Medeiros JF. Benefits, challenges and critical factors of success for Zero Waste: A systematic literature review. Waste Manag. 2017;67:324-353. doi:https://doi.org/10.1016/j.wasman.2017.05.004

¹³⁴ Njoku PO, Edokpayi JN, Odiyo JO. Health and Environmental Risks of Residents Living Close to a Landfill: A Case Study of Thohoyandou Landfill, Limpopo Province, South Africa. Int J Environ Res Public Health. 2019;16. https://api.semanticscholar.org/CorpusID: 2190511469

¹³⁵ Department of Agriculture. Agriculture accounted for an estimated 10.6 percent of U.S. greenhouse gas emissions in 2021. Accessed February 26, 2024. https://www.ers.usda.gov/data-products/chartgallery/gallery/chart-detail/chartId=108623.

¹³⁶ Niles M, Esquivel J, Ahuja R, Mango N. Climate Change & Food Systems: Assessing Impacts and Opportunities A Report Prepared by Meridian Institute. 2017;(November). http://www.merid.org/~/media/CCFS/CC-FS \(\text{Prinches} \) Final Report November 2017

¹³⁷ Niles MT, Ahuja R, Barker T, et al. Climate change mitigation beyond agriculture: A review of food system opportunities and implications. Renewable Agriculture and Food Systems. 2018;33(3):297-308. doi:10.1017/S1742170518000029

¹³⁸ Bauer S, Tsigaridis K, Miller R. Significant atmospheric aerosol pollution caused by world food cultivation. Geophys Res Lett. 2016;43:5394-5400. doi:10.1002/2016GL068354.

¹³⁹ Giannadaki D, Giannakis E, Pozzer A, Lelieveld J. Estimating health and economic benefits of reductions in air pollution from agriculture. Science of The Total Environment. 2018;622-623:1304-1316. doi:https://doi.org/10.1016/j.scitotenv.2017.12.064

¹⁴⁰ Pozzer A, Karydis V, Lelieveld J, Tsimpidi A, de Meij A. Impact of agricultural emission reductions on fine-particulate matter and public health. Atmos Chem Phys. 2017;17:12813-12826. doi:10.5194/acp-17-12813-201

- ¹⁴³ Pozzer A, Karydis V, Lelieveld J, Tsimpidi A, de Meij A. Impact of agricultural emission reductions on fine-particulate matter and public health. Atmos Chem Phys. 2017;17:12813-12826. doi:10.5194/acp-17-12813-201
- 144 Cheng I, Tseng C, Wu J, et al. Association between ambient air pollution and breast cancer risk: The multiethnic cohort study. Int J Cancer. 2020;146(3):699-711. doi:https://doi.org/10.1002/ijc.32308
 145 Riggs DW, Zafar N, Krishnasamy S, et al. Exposure to airborne fine particulate matter is associated with impaired endothelial function and biomarkers of oxidative stress and inflammation. Environ Res. 2020;180:108890. doi:https://doi.org/10.1016/j.envres.2019.108890
- ¹⁴⁶ Bell G, Mora S, Greenland P, Tsai M, Gill E, Kaufman JD. Association of Air Pollution Exposures With High-Density Lipoprotein Cholesterol and Particle Number. Arterioscler Thromb Vasc Biol. 2017;37(5):976-982. doi:10.1161/ATVBAHA.116.308193
- ¹⁴⁷ DeVries R, Kriebel D, Sama S. Outdoor Air Pollution and COPD-Related Emergency Department Visits, Hospital Admissions, and Mortality: A Meta-Analysis. COPD: Journal of Chronic Obstructive Pulmonary Disease. 2017;14(1):113-121. doi:10.1080/15412555.2016.1216956
- ¹⁴⁸ Hooper LG, Young MT, Keller JP, et al. Ambient Air Pollution and Chronic Bronchitis in a Cohort of U.S. Women. Environ Health Perspect. 2018;126(2):27005. doi:10.1289/ehp2199
- ¹⁴⁹ Shi L, Wu X, Danesh Yazdi M, et al. Long-term effects of PM2·5 on neurological disorders in the American Medicare population: a longitudinal cohort study. Lancet Planet Health. 2020;4(12):e557-e565. doi:https://doi.org/10.1016/S2542-5196(20) 230227-8
- ¹⁵⁰ Dadvand P, Jennifer PJ, L BM, et al. Maternal Exposure to Particulate Air Pollution and Term Birth Weight: A Multi-Country Evaluation of Effect and Heterogeneity. Environ Health Perspect. 2013;121(3):267-373. doi:10.1289/ehp.1205575
- ¹⁵¹ Stone B, Mednick AC, Holloway T, Spak SN. Is Compact Growth Good for Air Quality? Journal of the American Planning Association. 2007;73:404-418. https://api.semanticscholar.org/CorpusID: ²154071357 National Institute of Environmental Health Sciences. Air pollution and your health. 2024. www.niehs.nih.gov/health/topics/agents/air- pollution.
- ¹⁵³ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: ②245425678
- ¹⁵⁴ Weber CL, Matthews HS. Food-Miles and the Relative Climate Impacts of Food Choices in the United States. Environ Sci Technol. 2008;42(10):3508-3513. doi:10.1021/es702969f
- ¹⁵⁵ Lynch H, Johnston C, Wharton C. Plant-Based Diets: Considerations for Environmental Impact, Protein Quality, and Exercise Performance. Nutrients. 2018;10(12). doi:10.3390/nu10121841
- ¹⁵⁶ Dietary Guidelines Advisory Committee, Committee DGA. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services.; 2020. Accessed August 22, 2024. https://www.dietaryguidelines.gov/sites/default/files/2020-07/ScientificReport_of_the_2020DietaryGuidelinesAdvisoryCommittee_first-print.pdf
- ¹⁵⁷ Leitzmann C. Vegetarian nutrition: past, present, future123. Am J Clin Nutr. 2014;100:496S-502S. doi:10.3945/ajcn.113.071365
- ¹⁵⁸ Rizzo NS, Sabaté J, Jaceldo-Siegl K, Fraser GE. Vegetarian Dietary Patterns Are Associated With a Lower Risk of Metabolic Syndrome. Diabetes Care. 2011;34:1225-1227. https://api.semanticscholar.org/CorpusID: ²⁸⁵⁸⁸⁵⁸⁷
- ¹⁵⁹ Orlich MJ, Singh PN, Sabaté J, et al. Vegetarian Dietary Patterns and Mortality in Adventist Health Study 2. JAMA Intern Med. 2013;173(13):1230-1238. doi:10.1001/jamainternmed.2013.6473

¹⁴¹ Giannadaki D, Giannakis E, Pozzer A, Lelieveld J. Estimating health and economic benefits of reductions in air pollution from agriculture. Science of The Total Environment. 2018;622-623:1304-1316. doi:https://doi.org/10.1016/j.scitotenv.2017.12.064

- ¹⁶⁰ Tonstad S, Stewart K, Oda K, Batech M, Herring RP, Fraser GE. Vegetarian diets and incidence of diabetes in the Adventist Health Study-2. Nutrition, Metabolism and Cardiovascular Diseases. 2013;23(4):292-299. doi:https://doi.org/10.1016/j.numecd.2011.07.004
- ¹⁶¹ Tantamango-Bartley Y, Jaceldo-Siegl K, Fan J, Fraser G. Vegetarian diets and the incidence of cancer in a low-risk population. Cancer Epidemiology Biomarkers and Prevention. 2013;22(2):286-294. doi:10.1158/1055-9965.EPI-12-1060
- ¹⁶² Soret S, Mejia A, Batech M, Jaceldo-Siegl K, Harwatt H, Sabaté J. Climate change mitigation and health effects of varied dietary patterns in real-life settings throughout North America 1234. Am J Clin Nutr. 2014;100:490S-495S. doi:https://doi.org/10.3945/ajcn.113.071589
- ¹⁶³ Gibbs J, Cappuccio FP. Plant-Based Dietary Patterns for Human and Planetary Health. Nutrients. 2022;14(8). doi:10.3390/nu14081614
- ¹⁶⁴ Domingo NGG, Balasubramanian S, Thakrar SK, et al. Air quality–related health damages of food. Proceedings of the National Academy of Sciences. 2021;118(20):e2013637118. doi:10.1073/pnas.2013637118
- ¹⁶⁵ *Ibid*.
- ¹⁶⁶ Community Preventive Services Task Force T. Task Force Finding and Rationale Statement Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design.; 2023.
- ¹⁶⁷ Avila-Palencia I, Int Panis L, Dons E, et al. The effects of transport mode use on self-perceived health, mental health, and social contact measures: A cross-sectional and longitudinal study. Environ Int. 2018;120:199-206. doi:10.1016/j.envint.2018.08.002
- ¹⁶⁸ Celis-Morales CA, Lyall DM, Welsh PI, et al. Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. Br Med J. 2017;357. https://api.semanticscholar.org/CorpusID: 224484202
- ¹⁶⁹ Dinu M, Pagliai G, Macchi C, Sofi F. Active Commuting and Multiple Health Outcomes: A Systematic Review and Meta-Analysis. Sports Medicine. 2019;49(3):437-452. doi:10.1007/s40279-018-1023-0 ¹⁷⁰ Gordon-Larsen P, Boone-Heinonen J, Sidney S, Sternfeld B, Jacobs Jr DR, Lewis CE. Active Commuting and Cardiovascular Disease Risk: The CARDIA Study. Arch Intern Med. 2009;169(13):1216-1223. doi:10.1001/archinternmed.2009.163
- 171 Humphreys DK, Goodman A, Ogilvie D. Associations between active commuting and physical and mental wellbeing ★. Prev Med (Baltim). 2013;57:135-139. https://api.semanticscholar.org/CorpusID: 213714565
 172 Maizlish N, Woodcock J, Co S, Ostro B, Fanai A, Fairley D. Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area. Am J Public Health. 2013;103(4):703-709. doi:10.2105/AJPH.2012.300939
- ¹⁷³ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 2245425678
- ¹⁷⁴ Oja P, Titze S, Bauman A, et al. Health benefits of cycling: a systematic review. Scand J Med Sci Sports. 2011;21(4):496-509. doi:10.1111/j.1600-0838.2011.01299.x
- ¹⁷⁵ Marshall WE, Piatkowski DP, Garrick NW. Community design, street networks, and public health. J Transp Health. 2014;1(4):326-340. doi:10.1016/j.jth.2014.06.002
- ¹⁷⁶ Stevenson M, Thompson J, de Sá TH, et al. Land use, transport, and population health: estimating the health benefits of compact cities. The Lancet. 2016;388(10062):2925-2935. doi:10.1016/S0140-6736(16)30067-8
- ¹⁷⁷ Brown BB, Yamada I, Smith KR, Zick CD, Kowaleski-Jones L, Fan JX. Mixed land use and walkability: Variations in land use measures and relationships with BMI, overweight, and obesity. Health Place. 2009;15(4):1130-1141. doi:10.1016/j.healthplace.2009.06.008
- ¹⁷⁸ Handy S, Clifton K. Handbook of Obesity Prevention. Planning and the Built Environment: Implications for Obesity Prevention.; 2007. doi:10.1007/978-0-387-47860-9_8

¹⁷⁹ Ewing R, Schmid T, Killingsworth R, Zlot A, Raudenbush S. Relationship Between Urban Sprawl and Physical Activity, Obesity, and Morbidity. American Journal of Health Promotion. 2003;18(1).

¹⁸⁰ Lopez R. Urban Sprawl and Risk for Being Overweight or Obese. Vol 94.; 2004.

¹⁸¹ Sonta A, Jiang X. Rethinking walkability: Exploring the relationship between urban form and neighborhood social cohesion. Sustain Cities Soc. 2023;99. doi:10.1016/j.scs.2023.104903

¹⁸² Frank LD, Iroz-Elardo N, MacLeod KE, Hong A. Pathways from built environment to health: A conceptual framework linking behavior and exposure-based impacts. Journal of Transport and Health. 2019;12:319-335. doi:10.1016/j.jth.2018.11.008

¹⁸³ Pérez E, Braën C, Boyer G, et al. Neighbourhood community life and health: A systematic review of reviews. Health Place. 2020;61:102238. doi:10.1016/j.healthplace.2019.102238

¹⁸⁴ Environmental Protection Agency. Smart Growth and Transportation. March 2024. Accessed June 13, 2024. https://www.epa.gov/smartgrowth/smart-growth-and-transportation

¹⁸⁵ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 2245425678

¹⁸⁶ National Institute of Environmental Health Sciences. Air pollution and your health. 2024. www.niehs.nih.gov/health/topics/agents/air-pollution

¹⁸⁷ Kousis I, Pisello AL. For the mitigation of urban heat island and urban noise island: Two simultaneous sides of urban discomfort. Environmental Research Letters. 2020;15(10). doi:10.1088/1748-9326/abaa0d ¹⁸⁸ Frank LD, Iroz-Elardo N, MacLeod KE, Hong A. Pathways from built environment to health: A conceptual framework linking behavior and exposure-based impacts. Journal of Transport and Health. 2019;12:319-335. doi:10.1016/j.jth.2018.11.008

¹⁸⁹ Sonta A, Jiang X. Rethinking walkability: Exploring the relationship between urban form and neighborhood social cohesion. Sustain Cities Soc. 2023;99. doi:10.1016/j.scs.2023.104903

¹⁹⁰ Negev M, Zea-Reyes L, Caputo L, Weinmayr G, Potter CA, de Nazelle A. Barriers and Enablers for Integrating Public Health Cobenefits in Urban Climate Policy. Annu Rev Public Health. Published online 2021. https://api.semanticscholar.org/CorpusID: 2245425678

¹⁹¹ Davies RG, Barbosa O, Fuller RA, et al. City-wide relationships between green spaces, urban land use and topography. Urban Ecosyst. 2008;11(3):269-287. doi:10.1007/s11252-008-0062-y

¹⁹² Tewahade S, Li K, Goldstein RB, Haynie D, Iannotti RJ, Simons-Morton B. Association between the built environment and active transportation among U.S. adolescents. J Transp Health. 2019;15. doi:10.1016/j.jth.2019.100629