



The Community & Health Benefits of **GREENING ACTION NAME**

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Prepared for: **AUDIENCE NAMES**

Last Updated: **DATE**

Did you know your zip code determines more of your health than your genetic code? Where and how we live in and around **our neighborhood** may determine our community's health, environmental quality, and our ability to thrive. Studies of human vulnerability suggest that communities that are consistently exposed to air pollution and extreme heat encounter more health-related challenges than all other environmental factors combined.¹

When more people have access to trees, trails, parks, and other natural areas, there are measurable improvements in mental health, physical activity, social cohesion, air quality, water quality, and other social determinants of health. This report² summarizes some of the benefits the **GREENING ACTION NAME** efforts are generating now, and into the future.

GREENING ACTION NAME Goals

LIST GOALS HERE

Our Community, Our Neighborhood

INSERT A DESCRIPTION OF THE PLACE/COMMUNITY YOU WHERE YOU WANT TO LINK YOUR GREENING ACTION AND HEALTH. IF YOU CAN, DESCRIBE THE PHYSICAL LOCATION (E.G., ZIP CODES AND

¹ Cutter, S. et al. (2003) "Social Vulnerability to Environmental Hazards." Social Science Quarterly, 84(2): 242-261.; Klinenberg, E. (2002). Heat wave: A social autopsy of disaster in Chicago. Chicago: University of Chicago Press.; Polsky et al., 2003. The Vulnerability Scoping Diagram (VSD). Global Environmental Change 12; 1211-1229.

² This Community Health and Nature Benefits summary was created using a template developed by the Willamette Partnership with support from the Nature's Impact on Human Health Project Team sponsored by the USDA Forest Service and The Nature Conservancy and Willamette Partnership. The template is adaptable for a range of communities and greening action types. See Appendix A for more on how to use the template.

BOUNDARIES; WHO LIVES THERE; WHAT SOME OF THE MAJOR HEALTH RISKS/NEEDS ARE). THIS SECTION SHOULD ALSO SET UP WHY ACTION IN THIS PLACE MATTERS. IF YOU NEED HELP WITH NEIGHBORHOOD STATISTICS, CAN LOOK TO THE [AMERICAN COMMUNITY SURVEY](#), [COUNTY HEALTH RANKINGS](#), OR THE [COMMUNITY HEALTH NEEDS ASSESSMENTS](#) FOR YOUR LOCAL HOSPITAL OR COUNTY PUBLIC HEALTH DEPARTMENT.

EXAMPLE LANGUAGE

The Jade District is located on Portland's east side (Census Tracts 83.01, 16.02, and 6.01) where about 14,000 people live in a 2 square mile area bordered by the 205 freeway, 82nd Avenue, and other high volume transit corridors. The Jade District is one of the most ethnically and linguistically diverse zip codes in Oregon (53% residents of color), and there are active community leaders and community-based organizations. But there are significant health challenges. For example, asthma rates ranged from 13.8-18.4% in this area, compared to 8.9% for all of Multnomah County, and on average, one in two Jade District residents using Medicaid visit the emergency room each year.

In 2016, a coalition of community, city, nonprofit, and other organizations launched the Jade District Greening effort to help address these challenges.

The Survey & How We Gathered Information on Community, Health, and Nature

During **TIME PERIOD**, **ORGANIZATION PARTNERS** surveyed **XX** community members **who benefitted from / participated in** the greening activities completed in the community and neighborhood. The survey asked questions about how often people used parks and greenspaces, the activities they did for fun in those places, and barriers to accessing parks and greenspaces. The survey also asked about how time in greenspaces made people feel, and how connected they were to neighbors and their community. Finally, the survey asked how people's health and wellbeing has changed, and a little bit about their demographics. The survey was designed to start a conversation in the community about how parks and greenspaces are connected to mental health, social cohesion, and reduced threats from extreme heat.

Demographics: Example Case Statements You Might Include

[Can include these here, but also try and disaggregate the statements below by demographic category that corresponds to health and racial inequity in your study area]

Respondents represented a **mix/a specific section of the population** in the **PLACE NAME**. **[Data Source: Assessment Questions 36-40]**. Most lived within a 10 minute walk of the **EVALUATED GREENSPACE** **[Data Source: Assessment Question 4]**. For example, **X%** of respondents identified as people of color, **Y%** as people younger than 25, and **Z%** as people older than 60. **X%** earned less than the **local/federal poverty level/median household income**. **X%** of respondents identified as female, **Y%** as male, **Z%** as transgender, and **A%** as non-binary. **[Data Source: Assessment Questions 36-39]**. About **X%** of people had completed high school, some college, or graduated from college.

On average, people had lived in the neighborhood for **X** months and **Y** years. **[Data Source: Assessment Questions 40-41]**.

Greening Benefits Summary

Between **START DATE** and **END DATE**, partners **DESCRIBE GREENING ACTIONS SUCH AS # TREES PLANTED, SQ FT OF NEW GREENSPACE RESTORED OR PROTECTED, AND INTERACTIONS WITH COMMUNITY MEMBERS/VOLUNTEERS**. Going forward, greening partners will continue efforts to increase and steward greenspace in the **PLACE NAME** and refine the ways they monitor, measure, and model the many benefits of their work.

Reducing Environmental Exposures: Example Case Statements You Might Include

Last year, the National Weather Service issued **X Excessive Heat Warnings**, and that high heat can be bad for our health. When it is really hot out, people cope in a lot of ways, such as **COPING 1, COPING 2, and COPING 3**. [Data Source: Assessment Question 21].

And as people are living through heat waves, they are **XXXX** worried about the impact of that heat on their health on average. They are also **YYYY** worried about the health of their family, and **ZZZZ** worried about the health of others in their community. [Data Source: Assessment Question 19]. Those worries have **gotten better/stayed the same/gotten worse** on average since implementing the greening actions above. One person said, "INSERT QUOTE FROM OPEN-ENDED QUESTION 20". Another mentioned, "INSERT QUOTE FROM OPEN-ENDED QUESTION 20". But people think there are important things that can be done to lessen the impacts of heat, such as **THEME 1, THEME 2, or THEME 3 FROM QUESTION 22**.

At the current pace of greening, canopy cover is likely to increase **X%** above **BASE YEAR** levels (from **Y%** to **Z%** cover) by **FUTURE YEAR**.

In the next 20 years³, we expect those trees to create a **X** degrees Fahrenheit cooling effect and a **2.9** ppb reduction (about **13%** from current) in NO2 exposure. [Data Source: ENVI-MET MODEL RESULTS & OTHER MODELS].

Just the reduction in NO2 exposure alone could annually reduce **XX** cases of exacerbated asthma when planted trees are mature in 2040. [Data Source: BENMAP].

It is estimated that a **X%** increase in canopy cover would reduce pollutant loads for sediment, nutrients, and metals by **X%** by 2040⁴. [Data Source: iTree].

If the greening effort increases its pace to meet the City's **XX%** canopy goal, we estimate a **XX%** reduction in stormwater flow and pollution loading. [Data Source: iTree].

The estimated value of each street tree based on water, air quality, and heat benefits would be about **\$XXX**/tree. [Data Source: iTree].

Community Engagement: Example Case Statements You Might Include

³ In the next 20 years (2040), we expect planted trees to be at 35% of their mature height and canopy spread.

⁴ Total 2014-2018 plantings are estimated to reduce pollutant loads by 0.05%.

The **ORGANIZATION NAME** is using a community-centered approach to greening, which is engaging an array of community members and leaders. For instance, they led a **GREENING ACTION NAME** which engaged about **XXXX** volunteers over **XXXX** hours to do **XXXX** activities.

Health: Example Case Statements You Might Include

The science shows that there is a connection between more time in nature and better health. **X%** of respondents agreed with that sentiment, using words such as, “**QUOTE 1, QUOTE 2, AND QUOTE 3.**” **Y%** did not feel there was a link, using words such as, “**QUOTE 1, QUOTE 2, AND QUOTE 3.**” [Data Source: Assessment Question 32]

X% of people responded believed their health was at risk living in their community. **Y%** did not feel that way. Some of the reasons people felt at risk included, “**REASON 1, 2, or 3.**” [Data Source: Assessment Question 15]

Nature Experiences: Example Case Statements You Might Include

Survey respondents spend **a lot** of time out in parks and greenspaces in a typical month (**XX** days a month on average in 2019 compared to **YY** days a month in the same month in 2020) [Data Source: Assessment Question 2]. The **INSERT SOCIOECOLOGICAL DISRUPTION** **has/has not** changed how often people are using parks and greenspaces, and how long they spend in parks and greenspaces. Since March 2020, **X%** of respondents are spending more than 30 minutes on a typical day out in parks and greenspaces, which is **more/less/about the same** as before the **INSERT SOCIOECOLOGICAL DISRUPTION**. [Data Source: Assessment Question 26.]

Some of the most popular activities included **ACTIVITY 1, ACTIVITY 2, ACTIVITY 3** [Data Source: Assessment Question 5]. More recently (i.e., in the most current month), respondents are spending **less** time, about the same, or more time in the **EVALUATED GREENSPACE**. [Data Source: Assessment Question 6] For people spending more time, the reasons included, “**REASON 1, 2, AND 3.**” [Data Source: Assessment Question 7.] For people spending less time, the reasons included, “**REASON 1, 2, AND 3.**” [Data source: Assessment Question 17.]

It’s not always easy for people to get outdoors. Some of the most common barriers survey respondents identified include **BARRIER 1, BARRIER 2, AND BARRIER 3**. [Data Source: Assessment Question 16 and 17.]

Social Cohesion: Example Case Statements You Might Include

On average, people are **not connected/connected** to their neighborhood. And in the last 30 days there is **more/less/about the same** connection, on average, as compared to the same time last year. On average people felt like they **did/did not** belong in this neighborhood. **Similarly/Conversely**, people felt they **did/did not** have a say about what goes on in their neighborhood. For people who participated at any level in a community group, there was a **stronger/weaker/similar** average sense of belonging and ability to have a say as compared to people who said they had not been active with a community group. [Data Source: Assessment Question 10].

People **like** living in their neighborhood, especially **X, Y, and Z**. [Data Source: Assessment Question 9].

Appendix A: About this Template

Communities across the country are actively working to improve greenspace — planting and protecting trees, removing pavement to create pocket parks and gardens, installing green infrastructure as part of water, transportation, or housing development, and reclaiming land as neighborhood parks. These are but a few examples of the ways communities are seeking to improve human health outcomes through nature. To support these efforts, communities are seeking tools to help measure the benefits of their work and provide:

1. Estimates of anticipated health and environmental outcomes from proposed greening;
2. Another way to prioritize siting and types of greenspaces; and
3. A way to track and communicate progress over time.

This template is designed as a way for community groups, cities, and/or coalitions working to increase urban greenspace to communicate the multiple benefits of their activities. **It is meant as a starting point only.** Any language can be adjusted to meet the needs of a particular community. This template was developed by the Willamette Partnership with support from the Nature's Impact on Human Health Project Team sponsored by the USDA Forest Service and The Nature Conservancy. Any of it can be adjusted as needed.

The template was built using the experiences of measuring outcomes in Portland's Jade District. Our hope was that each of these building blocks will let communities measure and communicate their work in ways that advance justice and equity, expand their access to new funding streams, and continue to root work in the needs and values of their community.

The template was designed to communicate community-level improvements from greening. There are tools to look at citywide health and environmental data (e.g., EnviroAtlas⁵, iTree), but there are limited tools to look at smaller scales that also incorporate local data. At the time of the release of this template, there is limited data that allows accurate prediction of how specific green interventions influence specific human health outcomes (e.g., depression and physical activity). Many health variables are also shaped by social determinants, such as employment, race, transportation, and other systems (McGinnis, Williams-Russo, & Knickman, 2002), making it difficult to tease out any causal relationships between greening and health, presently.

Grey boxes, like this one, provide background and instructions for completing the template, or sample text that can be adapted. The words and sections highlighted in **BLUE TEXT** are likely places where you will want to add detail, insert, and change text.

⁵ <https://www.epa.gov/enviroatlas>