
Healthy Spaces: Legal Tools, Innovations, and Partnerships

Rita-Marie A. Brady, Joanna L. Stettner, and Liz York

Healthy spaces have a direct public health impact on people's everyday lives. Using examples in domestic and international settings, this discussion illustrates how a wide spectrum of legal tools ranging from voluntary guidelines in the federal workplace, certification programs, and model codes create positive public health outcomes. This discussion further examines how the fields of law, public health, and architecture intersect to provide innovative tools to advance health equity by attaining the highest level of health for all people.¹

Healthy Spaces within the Federal Workplace

Often improving public health involves multiple disciplines and is cross-functional. One example is the federal food system. Workers often note that some federal cafeterias offer limited healthy options and sometimes cafeterias are not operationally efficient. The Centers

for Disease Control and Prevention's (CDC) health scientists, food service experts, architects, engineers, and lawyers collaborated to improve the health and sustainability aspects of the federal food service at CDC with the goal of helping other non-federal workplaces do the same through Food Service Guidelines (Guidelines).² They identified foods and layouts that support healthy eating, along with potential legal risks and contractual issues that could ensue. This was translated into tangible ideas and practices, such as: (1) renovating kitchens to provide more refrigeration for fresh foods; (2) arranging shelves and salad bars to offer the healthiest items first to customers; (3) outlining options for Energy Star food service equipment (a voluntary program from the U.S. Environmental Protection Agency (EPA), symbolizing energy efficiency); and (4) promoting practices that save water and reduce waste.³ While the multidisciplinary team identified and negotiated for innovative ideas, the

Rita-Marie A. Brady, J.D., M.P.H., earned her undergraduate degree from Santa Clara University, Santa Clara, California. She completed a dual degree program at Emory University in Atlanta, Georgia with an M.P.H. (global health concentration) from Rollins School of Public Health and a J.D. from Emory University School of Law, with a human rights certificate from Emory University's Institute of Human Rights. Ms. Brady began working at the Centers for Disease Control and Prevention (CDC) in 2007 under the Emerging Leaders Program and subsequently worked in the areas of: fiscal integrity, appropriations, and risk management and is currently a general attorney with the CDC Branch, Public Health Division, HHS Office of the General Counsel and is a member of the Public Health Promotion and Information Legal Team. **Joanna L. Stettner, J.D.**, earned her undergraduate degree from the University of Michigan, Ann Arbor, and her J.D. from Emory University School of Law in Atlanta, Georgia. She is a Senior Attorney with the Office of the General Counsel, Centers for Disease Control and Prevention (CDC), Public Health Division, HHS and provides legal advice to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). She also provides guidance to CDC on a wide variety of legal issues including: statutes and federal authorities affecting CDC; intellectual property; grants regulations and policies; and collaborations with non-governmental partners. **Liz York, F.A.I.A.**, is a LEED-AP Fitwel Ambassador and serves as Chief Sustainability Officer and Associate Director for Quality and Sustainability for the Centers for Disease Control and Prevention. She is a registered architect, and holds a Bachelor of Science and a Master of Architecture, both from the Georgia Institute of Technology in Atlanta, Georgia. She has received two White House awards for Sustainability, been named to the Atlanta Business Chronicle's Sustainability Who's Who, and has been recognized by the American Institute of Architects as a Fellow for her work to impact health and well-being by empowering architects to build better environments.

actual implementation of these ideas into federal food service practice presented challenges.⁴

The Randolph-Sheppard Act seeks to improve the health and well-being of blind members of society by giving them first right of refusal to run and operate any federal food service cafeteria or vending outlet on federal properties.⁵ The law further provides for a priority for blind persons, licensed by a state agency, in the operation of vending facilities on federal property.⁶ Not all vendors may be familiar with sustainability enhancements nor are they experts in nutrition and healthy eating. The team of experts identified nutrition and other requirements they wanted to see in food service, but questions remained concerning how to implement these features so that they become commonplace in federal food service remained. Instead of mandating federal food service bidders to meet

Fitwel exemplifies the importance of interdisciplinary partnerships and while use of logos to promote public health messages is a newer approach, it can be an effective and innovative way to message health.

stringent new requirements, the team approached the issue with flexibility. The legal team advised on applicable legal requirements and provided guidance on legal avenues to consider. Nutritionists, food service experts, and architects interviewed food service vendors to understand their challenges and issues. The team gained needed insight and was able to move forward by incorporating options and training for vendors into the Guidelines. These Guidelines help vendors provide healthier choices while still meeting their own revenue requirements. The Guidelines are voluntary and spell out nutritional content and items that meet healthy standards, offering helpful guidance to train and collaborate with the vendors. The Guidelines provide an opportunity for discussion of nutrition and sustainability issues in a streamlined format that allows for compromise throughout the process. Vendors are encouraged to try new ideas at their own pace, while gauging interest by the employees who dine at their venues. Changes either show their value to the vendors or they are adjusted based on workplace needs. The Guidelines have been implemented across the federal foodservice landscape and are a model emulated by college campuses and other institutional organizations.

Healthy Buildings in a Domestic Setting

Another way to build health into everyday life is to encourage the design of healthy buildings. Americans spend approximately 90% of their time indoors; hence, promoting healthy buildings can be an innovative and important way to promote health.⁷ The U.S. Surgeon General's report *Healthy and Safe Community Environments* promotes the design of healthy housing and the integration of health strategies into decision-making as ways to develop healthy community environments.⁸ There are many tools available to encourage the design of buildings that embrace healthy behaviors. For instance, Fitwel, a program and brand developed by the CDC, the General Services Administration (GSA), and New York City, offers a low-cost, science-based certification, which provides incentives for improving healthy features in workplaces and multifamily residential buildings.⁹

Fitwel's operation is also a partnership between government, CDC and GSA, and a non-governmental organization (the Center for Active Design, "CfAD") which includes a multidisciplinary team composed of health scientists, architects, and lawyers. Health scientists and architects helped identify appropriate strategies to incorporate into the certification while the legal team trademarked the Fitwel logo, drafted licensing agreements, and assessed other legal issues. As a result, buildings that include certain science-based features, both inside and outside the facility, that promote healthy living, including, lactation rooms, routes to public transit, encouraging safe street infrastructure and a tobacco-free policy, may be able to include the Fitwel or other similar certification mark on their building. Having such a logo on buildings where people live and work signifies a commitment to health.

The Fitwel logo symbolizes seven health impact categories including reducing morbidity and increasing healthy food options. While the logo is a CDC trademark, CDC and GSA underwent an objective review process to license the logo to CfAD allowing the non-profit to launch the innovative initiative to workplaces and multifamily residential buildings. Branding healthy buildings through logo use can generate enthusiasm for public health programs through identification of something "your target audience can identify with and aspire to..."¹⁰ Logos and branding are innovative legal tools that enable the public to connect public health to their everyday lives. An article in the *Stanford Social Innovation Review* asserts that use of brands for nonprofits can "create greater social impact" and sees branding as an "emerging paradigm" where

brands have a “broader and more strategic role ... in expressing an organization’s purposes, methods, and values.”¹¹ There also appears to be growing evidence that branded health messages may change behaviors, particularly in nutrition and tobacco control.¹²

Fitwel exemplifies the importance of interdisciplinary partnerships and while use of logos to promote public health messages is a newer approach, it can be an effective and innovative way to message health.

Partnerships in Global Settings

The use of legal tools for public health interventions in a global landscape is varied. The spectrum of international instruments can range from treaties, multi-lateral agreements, guidance, and declarations. As discussed above, legal tools lend themselves to a holistic partner-based approach. This spectrum also allows actors at city, state, and national levels to develop practices and interventions that are best suited to the needs of the communities impacted.

Legal Partnerships

One natural legal partnership that appears to evolve from this arena is in the field of architecture. This is illustrated in the growth and use of the International Building Code (IBC).¹³ The language and terminology of a model code is a concept that is not new to attorneys who are familiar with the use of model laws and codes within the legal discipline. Tools such as the Yokohama Strategy, an early instrument in international natural disaster risk reduction, illustrates the significance of engaging local community actors (and a bottom up approach) when developing strategies that may ultimately result in bi-lateral agreements and other legal tools.¹⁴

The IBC is a model code developed by the International Code Council in 1997 and is updated every three years.¹⁵ The preface of IBC lends itself to application as a cross-disciplinary tool for public health outcomes. It states “this code is founded on the principles intended to encourage the use and reuse of existing buildings that adequately protect public health, safety, and welfare...”¹⁶ The IBC’s applicability as a legal tool is evidenced by its use in fifty US states and several territories as the basis for building code laws and regulations.¹⁷ It also provides the model or inspiration for codes in global settings as varied as Abu Dhabi (United Arab Emirates), Saudi Arabia, Mexico, Georgia, Jamaica, Honduras, and the Caribbean Common Market.¹⁸ The IBC is also relied upon for voluntary compliance in sustainability and preparedness initiatives, risk management, and facilities management within both industry and academia.¹⁹

Multi-Level Actors

Lessons learned from other disciplines are key to developing legal innovations for healthy spaces. Local actors also serve as key players. For instance, the Dutch city of Rotterdam has been recently hailed in popular media for the work of city officials, architects, community planners, and other local actors for its “resilience planning efforts.”²⁰ As an industrial port city located below sea level, Rotterdam has developed a myriad of initiatives illustrated in a recent *New York Times* piece which explained:

It [Rotterdam] has pioneered the construction of facilities like those parking garages that become emergency reservoirs, ensuring that the city can prevent sewage overflow from storms now predicted to happen every five or 10 years. It has installed plazas with fountains, gardens and basketball courts in underserved neighborhoods that can act as retention ponds. It has reimaged its harbors and stretches of its formerly industrial waterfront as incubators for new businesses, schools, housing and parks.²¹

Rotterdam’s approach to healthy spaces has been studied for application in such locations as New Orleans and Bangladesh.²²

Conclusion

Voluntary guidelines in the federal workplace, certification programs, as well as model codes and multi-level actors are all examples of tools that can help foster health both domestically and globally. Finally, in the examples provided here, lawyers were central members of the team in advising on applicable laws, model codes, and helping to promote health-related certification programs.

Note

The views expressed in this article are those of the authors and do not constitute statements of policy or necessarily represent the views of the U.S. Department of Health and Human Services (HHS) or the Centers for Disease Control and Prevention (CDC).

The authors have nothing to disclose.

References

1. P. Braveman, E. Arkin, T. Orleans, D. Proctor, and A. Plough, *What Is Health Equity? And What Difference Does a Definition Make?* (Princeton, NJ: Robert Wood Johnson Foundation, 2017): at 2 (health equity defined in part as “everyone has a fair and just opportunity to be healthier”).
2. U.S. Department of Health and Human Services: Food Service Guidelines Federal Working Group, *Food Service Guidelines for Federal Facilities*, 2017, available at <https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf> (last visited March 20, 2019).

3. *Id.*
4. *Id.*
5. 20 U.S.C. § 107 (2018).
6. *Id.*
7. J. Allen, "Building Evidence for Health, Active Design," *Harvard T.H. Chan School of Public Health, Center for Health and the Global Environment*, May 2018, available at <<https://buildingevidence.forhealth.org/>> (last visited March 20, 2019).
8. U.S. National Prevention Council, *National Prevention Strategy: Healthy and Safe Community Environments*, May 2014, available at <<https://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-safe-environments.pdf>> (last visited March 20, 2019).
9. Fitwel, available at <<https://fitwel.org/>> (last visited November 15, 2018).
10. W. D. Evans, "Branding Public Health: Child and Adolescent Health, Substance Dependence," speech at the Lerner Center for Public Health Promotion, Columbia Mailman School of Public Health, December 1, 2014.
11. N. Kylander and C. Stone, "The Role of Brand in the Non-profit Sector," *Stanford Social Innovation Review*, Spring 2012, available at <https://ssir.org/articles/entry/the_role_of_brand_in_the_nonprofit_sector#> (last visited March 20, 2019).
12. W. D. Evans, J. Blitstein, J. Hersey, J. Renaud, and A. Yaroch, "Systematic Review of Public Health Branding," *Journal of Health Communication* 13 (2008): 721-741, at 739.
13. International Code Council, *2018 International Existing Building Code*, 2017, available at <https://codes.iccsafe.org/content/IEBC2018/PREFACE?site_type=public> (last visited March 20, 2019).
14. World Conference on Natural Disaster Reduction, May 23-27, 1994, *Yokohama Strategy and Plan for Action for a Safer World*, at 11, available at <https://www.unisdr.org/files/8241_doc6841contenido1.pdf> (last visited March 20, 2019).
15. See ICC, *supra* note 13.
16. *Id.*
17. B. Kelechava, "2018 International Building Code (ICC IBC-2018)," *American National Standards Institute Blog*, available at <<https://blog.ansi.org/2017/11/2018-international-building-code-icc-ibc/#gref>> (last visited March 20, 2019).
18. *Id.*
19. *Id.*
20. M. Kimmelman, "The Dutch Have Solutions to Rising Seas. The World Is Watching," *New York Times*, June 15, 2017, available at <www.nytimes.com/interactive/2017/06/15/world/europe/climate-change-rotterdam.html> (last visited March 20, 2019).
21. *Id.*
22. *Id.*