HOT TOPICS

Suburban Sprawl is Linked to Chronic Health Problems

The public health community has long accepted that the congested conditions of urban living increase the risk for certain diseases. Congress has also recognized this risk, and has focused on legislation to improve conditions in order to combat these diseases. But results of a new RAND study, the first of its kind, suggest that suburban sprawl is also linked to a number of chronic health conditions.

Using a sprawl index—a composite measure of population density, land use mix, street accessibility, and the concentration of services in central areas—the researchers ranked 38 metropolitan areas from most to least sprawling: Riverside-San Bernardino, California had the highest level of sprawl and New York City had the least. Findings showed that people who live in areas with the most suburban sprawl are more likely to report chronic health problems such as high blood pressure, arthritis, headaches, and breathing difficulties, but no more likely to report mental health problems. These differences persisted even when accounting for such factors as age, ethnic background, and economic status, which are known to affect health.

Why does sprawl contribute to poorer health? The research finds that more sprawling areas discourage walking and force dependence on cars. Supporting this suggestion is the finding that those most affected by suburban sprawl are the poor and the elderly, who lack the resources to overcome the limitations of their environments.

READ MORE: Suburban Sprawl Linked to Chronic Health Ailments

Making the Best Use of Research: Lessons from the UK

A few years ago, Congress committed itself to double the funding for research at the National Institutes of Health (NIH). A concern of any organization or government that invests in research is the return on that investment. However, when assessing basic biomedical research, a number of barriers must be overcome, including the time required for returns to occur and the linkage of returns to specific research. The Arthritis Research Campaign (ARC) of the UK commissioned RAND to evaluate the long-term outcomes of ARC-funded research to improve understanding of how research is translated from “bench to bedside,” by examining 16 diverse studies drawn from research conducted in the early ‘90s.

The evaluation was carried out using the “payback model,” which uses 5 linked categories of “payback,” (the ways that research contributes to society): knowledge production (e.g., journal articles); research targeting and capacity building; informing policy and product development; health and health sector benefits; and wider economic benefits.

Among the study’s findings: research payback varies widely and is not always immediately obvious; research translation is the result of individual effort, supporting the encouragement of partnerships among researchers, practitioners, policymakers, and industrialists; short, focused grants provide value for the money; flexibility in funding encourages creativity, benefiting both Principal Investigator and the funder; and, the payback framework could be used to manage future research.

READ MORE: The Returns from Arthritis Research

Confronting the Barriers to Accessing High-Quality Health Care for Children

The unique health care needs of children are shaped by their rapid growth and development as well as by vulnerability, dependence, and, too often, poverty. Children need a health care system that is both protective and preventive, that helps families anticipate needs, identifies problems as they arise and monitors them, and coordinates needed services.

Analyzing the current system for children, a RAND researcher and his colleague at UCLA have sought to understand just where this system has succeeded—and failed. What was identified is a series of points at which children fall out of the health care system as they encounter barriers to needed care. Termined “voltage drops” because of the similarity to the voltage drops that occur when electricity meets resistance, these barriers include: access to insurance coverage, enrollment in available insurance plans, access to covered services, consistent access to primary care, access to specialist referrals, and receipt of high-quality care.

While Congress has tried to address some of these issues by creating the State Children’s Health Insurance Plan (SCHIP) to insure children from low-income families, many children still lack coverage—which may be the greatest impediment to obtaining appropriate care. In a given year, about one-fourth of U.S. children are without health insurance. Even when insurance is available, further barriers can affect enrollment and access to care. If children do have full access to health care, specific efforts are needed to guarantee that they receive high-quality care.

READ MORE: “Voltage Drops” in Children’s Health Care

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