Health

EXISTING CONDITIONS  7.4
COMMUNITY CONCERNS  7.7
STRATEGIES  7.9
GOALS & POLICIES  7.22
salto de cama *sm* negligée.
saltón, ona *adj* [ojos] bulging; [dientes] sticking out.
salubre *adj* healthy.
salud ◇ *sf* lit & *fig* health; estar bien/mal de salud to be well/unwell; rebosar de salud to glow with health; beber o brindar a la salud de alguien to drink to sb’s health; curarse en salud to cover one’s back. ◇ *interj*: ¡salud! [para brindar] cheers!; ¡a su salud! your health!; [después de estornudar] bless you!
saludar *vt* to greet; saludar con la mano a alguien to wave to sb; MIL to salute; saluda a Ana de mi parte give my regards to Ana; le saluda atentamente yours faithfully.
 salida *vm* to greet one another.
saludo *sm* greeting; retirarle el saludo a alguien to stop speaking to sb; MIL salute; Ana te manda saludos [en cartas] Ana sends you her regards; [al teléfono] Ana says hello; un saludo
EXISTING CONDITIONS

Issues and Challenges

Laredo’s most common health challenges are the same challenges faced nationwide – diabetes, stress, depression, an aging population, childhood nutrition, and the spread of infectious and preventable diseases. Yet, Laredo is still a young city in terms of its size and it can grow in a way that gives its residents advantages other American cities may never have. At the same time, Laredo faces challenges that are unique to a border community.

Laredo’s geographic location on the United States/Mexico border provides additional challenges and opportunities. Border residents may possess different economies and politics; however, they share a common culture, language, environment, and health status. In general, the United States/Mexico border region is one of the fastest growing areas in the nation, with a majority Hispanic population.

The population in the border region generally has lower educational attainment, lower income status, higher rates of poverty, and a significant shortage of health care providers. These unique border challenges contribute to diminished health, well-being, and access to health care.

Factors Affecting Health

Health is affected by many overlapping factors, some internal, others external. A comprehensive plan may address some of these quite directly, especially those that help create a physical environment that encourages good health rather than one that thwarts it. However, certain factors such as genetics can only be addressed tangentially by this document, if at all.

What is a Health Element?

The Health Element is not meant to function as a Comprehensive Health Plan for the city of Laredo. Up until recently, Municipal or County Comprehensive Plans did not contain elements pertaining to health. Yet, more and more people are beginning to recognize the relationship between health and the built environment, public policy, and the management of the city and its environment. The Health Element seeks to describe these relationships and how they can be improved.
Recreation facilities such as El Cuatro Park in El Rincon del Diablo provide access to exercise.

Recreation trails are disconnected within the city.

Environments like downtown Laredo could be made more walkable and allow shoppers, workers, and inhabitants to get their daily exercise by simply running errands and traveling from one place to another.

Access to Health Care
Webb County is federally designated as a “medically underserved” area. By definition, these are areas or populations that are designated by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services as having: too few primary care providers, high infant mortality, high poverty, and/or a high elderly population. Services that are lacking include primary care, dental services, and mental health.¹

Lack of Health Insurance
Most recent estimates indicate that approximately 32% of adults in Laredo do not have health insurance and approximately 14% of children have no health insurance. Lack of health insurance is a huge barrier to health care and results in reactive health care, not proactive. Lack of health insurance has led to higher rates of severe complications in the border Hispanic population, particularly with diabetes-related complications. Residents without insurance are often forced to manage chronic diseases such as diabetes through emergency room visits versus regular check-ups.²

Access to Nutrition & Exercise
Proper nutrition and adequate exercise are key elements in any healthy lifestyle. Preventing and managing most chronic diseases, particularly diabetes, requires a healthy lifestyle. In Laredo; approximately 33% of the adult population is obese, with another 38% considered overweight. A reported 34% of the adult population participates in no physical activity at all.³ Specific to Laredo, obesity and diabetes are major areas in which such preventative methods as good nutrition and daily exercise could have significant effects on the community.

¹ https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx
**Common Diseases**

**Diabetes**  
Diabetes is a chronic disease that requires regular medical treatment in order to manage its effects and complications. Type 2 diabetes is 2.5% more prevalent among adults along the border than elsewhere in the United States. Type 2 diabetes is two to three times higher in Mexican-Americans, and the mortality rate is higher for diabetic Mexican-Americans than non-diabetic Mexican-Americans. This is particularly important in Laredo given that 95.6% of the population of Laredo is Hispanic.

Existing binational programs for diabetes focus on prevention, diagnosis, and treatment. Basic medical treatment required to manage diabetes includes office visits, quarterly blood work, daily blood sugar testing, annual foot exams, annual vision exams, annual dental exams, and flu and pneumonia vaccinations. This basic care can be extremely costly for even those with insurance to deal with the chronic disease proactively.

**Heart Disease**  
Many behavioral risk factors for heart disease, such as inactivity, smoking, and obesity can be treated through preventative methods. Implementing lifestyle strategies that help residents modify their behavior will have a direct effect on the occurrence and treatment of heart disease.

**Stress**  
Stress is a difficult factor to measure especially when it comes to its effect on our daily lives. However, given the pressures of a family’s normal activities, time to de-stress is not always incorporated. Increased usage of outdoor walking trails and parks facilities is directly related to reducing stress and increasing Vitamin D absorbency.

**Infectious Diseases**  
Specific infectious diseases such as tuberculosis (TB), influenza, and sexually transmitted diseases are prevalent in Laredo. With respect to tuberculosis, both Mexico and the United States consider their southern borders to be areas of the greatest risk for migration of TB patients. So, for Mexico, their common border with the U.S. is not their highest priority for funding TB programs. The opposite is true for the United States.

**Resources**

**United States-Mexico Border Health Commission**  
The United States-Mexico Border Health Commission (USMBHC) is an organization that is dedicated to border regions and optimizing health and quality of life along the border. The USMBHC was established through a binational agreement in 2000 and provides leadership to develop coordinated and binational actions to improve the health of border residents.

The USMBHC developed the Healthy Border 2020: A Prevention and Health Promotion Initiative. The program has five public health priorities of binational concern, including:

- Chronic and degenerative diseases
- Infectious diseases
- Maternal and child health
- Mental health and addiction
- Injury prevention

**City of Laredo Health Department**  
The City of Laredo’s Health Department has a wealth of resources and information that covers all areas of health. Their mission statement is “As a leader in public health, the City of Laredo Health Department is committed to providing culturally competent environment for the residents of Laredo.”

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COMMUNITY CONCERNS

Create Safe Places To Walk and Ride Bikes
Overwhelmingly, residents requested more areas to safely walk and ride their bikes. Citizens had varied suggestions on where and how to improve walkability, but the one area where they agreed was that people should be able to live, walk, and ride their bikes without being afraid.

Many residents felt that there could be better walking and cycling infrastructure in the city. Though this could mean off-road trails and separate lanes, it could also mean streets designed at lower design speeds so that cyclists may share the roadway and pedestrians may feel comfortable using streets as well.

Some residents were just as interested in destination walking and cycling (walking and cycling to accomplish a certain task) as in recreational walking and cycling. Whether residents were “destination” or “recreation” pedestrians and cyclists, all agreed that there was a need for more tree canopy, a more complete trail network, and increased park and recreational space.

Provide More Recreational Opportunities Through More Parks and Green Spaces
Another area suggested by residents to make Laredo a healthier city is the addition of parks, recreational opportunities, and green areas. Public trails and parks should be added along the Rio Grande as well as along the waterways that cut through the city and lead to the Rio Grande. More sports-related activities and family-oriented recreational opportunities should be provided for the general public including safe recreational centers for teenagers.

The city also wants to be more pet-friendly, and residents routinely asked for more dog parks. The community overwhelmingly supported the addition of both traditional and non-traditional parks and recreational areas. Incorporating plazas, walkable urban areas, and tree-lined streets are important elements of encouraging residents to be more active. Increased outdoor activity is one key factor in addressing behavioral health issues.
**Improve Flood Management**
Flooding issues in the colonias are of concern to many homeowners. Standing, stagnant water along the Rio Grande results in mosquito problems and incidents of the West Nile virus and potentially Zika virus. Issues such as flood management and pest control are borderless health issues that require action from both nations.

**Improve Access to Medical Care**
Residents expressed concern regarding the lack of access to medical facilities in Laredo – both physical access and the availability of adequate facilities. Additional hospitals and medical facilities were suggested.

**Maximize the Delivery of Health Services**
There are many health organizations in Laredo that provide vital health services to the community; however, it is difficult to find the specific organization even amongst other non-profit groups. A comprehensive database should be developed for referrals between agencies that includes accurate contact information, and the services they provide.

**Address Specific Diseases & Health Conditions**
Obesity is a citywide risk factor in both adults and children for other chronic diseases. The city should tackle the obesity epidemic through many different avenues.

**Access to Healthy Food Choices**
The community is interested in more opportunities to create community gardens throughout the city. There was also concern for access to healthy food options. A grocery store in the downtown recently closed, and other neighborhoods have limited access to grocery stores.

There is only one prevalent grocery store in Laredo – HEB. Their model for selecting food quality they stock in stores creates inequitable availability of healthier food options for lower income residential neighborhoods. This contributes to health concerns in those areas, plus adds to the factors that keeps the community economically segregated.

The City of Laredo Health Department: “As a leader in public health, the City of Laredo Health Department is committed to providing culturally competent environment for the residents of Laredo.”
STRATEGIES

The Built Environment and its Effect on Health

Lower the Risk of Health Problems Through Walkable Urban Design

Those who live in completely unwalkable sprawl often have to drive for all of life’s daily necessities, including commuting to school and work, purchasing food, attending services at places of worship, visiting friends and relatives, and even visiting health and fitness centers. This, combined with industrialized food distribution networks that facilitate the consumption of unhealthy foods while creating impediments to a healthy diet, can partially explain the rise in obesity and many related conditions.

A sedentary lifestyle and poor diet not only put people at risk for obesity but also at greater risk of diabetes, heart disease, cancers, and depression. Therefore, considering that one’s health may be one’s most precious asset, it would be wise to avoid unwalkable forms of development such as sprawl and instead pursue patterns of development conducive to walking and other forms of physical activity, such as running and cycling.

In order to achieve walkability throughout the city, each neighborhood should be studied in order to determine how it could be made more complete through small interventions. Some may be exclusively residential and may need additional retail or civic uses to achieve equilibrium. Others may have a predominance of workplace or retail and could easily accommodate residences so that households could be within easy walking or short driving distance of these amenities.

It is often not possible to fit all types of uses and buildings within each neighborhood, but if the most important uses, such as places of employment, health care providers, schools, and mixed-use districts are located with transit access, then access to these amenities can be increased for many more users and customers beyond the pedestrian shed.

Another way to shorten walking and cycling distances, and thereby encourage physical activity is by establishing an interconnected network of streets, or grid of streets, to provide multiple direct routes. In addition to streets, a network of open spaces consisting of parks, trails, and cycle tracks can increase convenience for walkers and cyclists and entice people to spend more time outdoors. The less people drive, the more likely air quality and community health will improve, and chronic illness can be reduced.

I think that Laredo has a good amount of grocery stores, what we need more are hospitals. We only have a few major hospitals for all our population.
Safer Streets
One of the leading causes of preventable death in the United States is injury involving a motor vehicle. There are several ways that the design of the built environment can lead to a safer environment.

Intersections and Crossing Distance
From the viewpoint of the pedestrian and cyclist, this includes the provision of clearly marked crosswalks at frequent intervals. Where traffic lights exist, the pedestrian crossing time should be long enough to accommodate even the slowest crossers, such as children or the elderly. Movements and traffic patterns at intersections should be enforced in favor of the pedestrian. Curb-to-curb widths should be minimized in order to shorten crossing distances and increase the sense of “visual friction” and spatial enclosure along the street, leading to slower vehicular speeds. Intersections can be designed with tighter turning radii so that drivers must put on the brakes to make a turn.

Roundabouts
Roundabouts, when designed correctly, minimize head-on and broad-side type accidents by causing drivers to deflect and decelerate at intersections. They also have been shown to reduce pedestrian fatalities when installed.

Sidewalks
Sidewalks in urban areas should be wide, generally protected from moving traffic lanes by a zone of parked cars, street trees, and a curb.

Block Size
Blocks should be small, implying a finely grained network of interconnected streets. This minimizes the walking, cycling, and driving distance between origin and destination. It also results in frequent intersections that can calm traffic.

Grid of Streets
A more dispersed pattern of narrow streets lessens the need for large arterial roadways. Large, wide arteries are barriers to pedestrian and cyclist movement; they may sever neighborhoods from other neighborhoods by discouraging pedestrians who wish to reach shared amenities such as schools, retail, or parks.

Slow Streets
Slower design speeds, as well as slower posted speeds, can reduce crashes between vehicles and pedestrians but also will result in less grave injuries in vehicle-to-vehicle crashes.

Healthy street designs acknowledge the needs of the most vulnerable segments of the population, such as children, the elderly, and the disabled. Additional information may be found in the Mobility and Urban Design Chapters.

Safe Routes to School
When designing neighborhoods, decision-makers should ask, “Can a child easily walk from any house to a school, playground, or tot-lot without crossing a street more than two lanes wide?” There is a national trend of less children walking to school every year, but in Laredo there have been efforts to keep community schools that allow a larger portion of their students to have the ability to walk or ride their bikes to school.
Improving Air Quality
Respiratory ailments can be lessened by reducing vehicular emissions and their underlying causes. Ozone, carbon monoxide, particulate matter, and nitrogen oxides are produced by the combustion engines of cars, trucks, and other vehicles. Such pollutants can be reduced by providing a neighborhood and citywide urban structure where walking, cycling, or transit usage are viable alternatives to cars and by continuing to work on decreasing border wait times to reduce idling trucks.

Many other choices in building maintenance and operation can improve air quality and user comfort.

- Schools should feature no-idling zones.
- Interior finishes such as wood, stone, and tile may be cleaner than carpets, which may harbor allergens and insects.
- Pest control and cleaning fluids and powders should be organic or non-toxic.
- Paints and other interior finishes should contain low volatile organic compound (VOC).
- HVAC, plumbing, and septic tank systems should be regularly maintained.
- Increasing the extent of smoke-free environments, both in buildings and in public spaces, along with an expanded campaign against smoking and vaping, will continue to discourage this health threat.
- Pulmonary and cardiovascular diseases are linked to both polluted air and smoking.
- Sulfur dioxide, largely a result of fossil fuel-burning power plants, can be addressed by emphasizing renewable energy rather than carbon-intensive modes for producing energy.

Reducing Acoustical and Light Pollution
Noise and light pollution can be environmental stressors and can affect sleep patterns. Sleep is an important regenerative and healing activity for the human body. Alert drivers and operators of heavy machinery cause fewer accidents than sleep-deprived ones do.

Airports, construction sites, wide roads, highways, and freeways can generate tremendous acoustical pollution. Each of these can minimize acoustical pollution through different strategies.

- Developers and the city also have a responsibility to encourage development in areas that are less likely to be affected by flight paths according to the airports acoustical profiles for take-off and landing approaches study.
- Construction sites should concentrate louder activities during daylight hours.
- Major highways and interstate freeways should be planned with acoustical barriers.
- Lighting on thoroughfares and upon private property should be designed with dark sky principles in mind. This entails providing no more luminosity than that which is necessary and also entails preventing upward glare. Downward-pointing lanterns and subtle lighting can help prevent disruptions to circadian rhythms for trees, animals, and humans.
Ultraviolet Exposure
While vitamin D deficiency poses health risks, excessive exposure to ultraviolet spectrum rays does as well. Even one blistering sunburn in childhood can increase the risk of developing skin cancer in adulthood. In order to reduce the risk of skin cancer, it is important that shade be increased. While clothing and sunblock offer a first line of defense against UV rays that may lead to melanoma and other malignancies, the urban environment can also contribute to reducing exposure.

In parks, playgrounds should be shaded either by trees or by canvas shading devices. Routes to and from parks, mixed-use centers, and ideally, all streets, should offer some degree of shade. This can be best accomplished by establishing a tree canopy. Where this may be difficult due to irrigation needs and soil conditions, buildings can provide shade as well. By minimizing setbacks from the sidewalk, avoiding parking lots between the street and building, incorporating tall garden walls, arcades, colonnades, awnings, galleries, balconies, and other integrated sheltering features, architecture can provide shade for the public realm where there is a lack of trees like in the downtown.

The U.S. Department of Public Health provides recommendations regarding how to avoid dehydration, sun-sickness, and other conditions that are common on hot, sunny days.

Safer Water
Drinking water in Laredo currently receives fluoride treatment, which contributes to dental health. Water quality should be monitored frequently for both contaminants and pathogens. A certain amount of chlorine is desirable in order to disinfect water and to improve taste and odor. Pathogens that are removed by chlorination and other disinfection processes include bacteria, protozoa, and viruses. Water utilities also test for a number of inorganic chemicals and monitor water to ensure that levels do not exceed certain limits.

Reducing the Risk of Infection and Poisoning
The U.S. Department of Public Health has emphasized the concept of “preparedness,” or readiness to confront infectious outbreaks or bio-terrorist attacks. The Department maintains information on the major infectious agents such as anthrax, botulism, plague, pneumonic plague, smallpox, and tularemia. It provides similar information on toxins such as chlorine, ricin, and sarin, along with isolation and quarantine protocols. Aside from infectious agents and toxins that can be used in an attack, the Department has published instructions on food preparation and food safety. There is also information regarding how to avoid and respond to household poisoning events and proper disposal of hazardous chemicals. The city’s epidemiology division focuses on the prevention, detection, and investigation of communicable diseases and environmental hazards in Laredo and Webb County.

Insects and Illness
Other forms of infrastructure can influence mortality rates from infectious diseases. For instance, certain areas prone to mosquito infestation and West Nile and Zika viruses can benefit from drainage improvements to prevent flooding and standing water.
Reducing Exposure to Harmful Elements

Lead
Laredoans are exposed to lead through a number of different ways.

• One of these is the leaching of lead from corroding plumbing systems. Infants who consume formula may be exposed to unsafe levels of lead in water.

• Paint chips, dust, and other particles containing traces of lead are sometimes directly inhaled. Chipping, decaying, or crumbling paint from pre-1978 paint jobs should receive special scrutiny, as most lead-based paints were used before this year.

• Soils near major roadways and highways may contain traces of lead from when leaded gasoline was used. These areas should be avoided for planting food gardens.

Radon
Radon is a radioactive gas that is odorless, tasteless, and invisible. Radon is the second leading cause of lung cancer. It can build up inside a home that is not well ventilated without anyone knowing. Inhalation of radon gas can increase the risk of lung cancer, while ingesting radon in water can lead to cancer of the stomach. Testing for radon is the first step in reducing households’ exposure. The city should continue to work with Webb County in order to monitor radon levels and educate citizens on how to test and mitigate for radon.

Reducing Risks Associated with the Electrical Grid
Updating the aging electrical grid can potentially reduce several environmental risk factors. Risk of electrocution can be minimized by placing utilities underground. Where they are located above ground, transmission lines and wires should be installed at the rear property lines, in alleys, or rear easements. By removing electrical lines from the front property lines, shade trees may be planted along the street without regard to conflicts with overhead wires. This does not eliminate the need to be aware of underground utilities when planting trees near the front property line. High tension wires and major electrical easements should be located at greater distances from neighborhoods. Also, where such easements already exist, a buffer zone well beyond the width of the easement should be set aside in order to keep residents at a safe distance from electromagnetic fields.

The U.S. Department of Public Health provides instructions for how to respond to downed power lines.
Nutrition

Increase Access To Quality Food Sources
Laredo residents should have immediate access to affordable and nutritious food. Limited access to nutritious food and relatively easier access to less nutritious food may be linked to poor diets which ultimately lead to obesity and diet-related diseases.

The city could use economic development tools and site facilitation to promote the location of grocery stores within close proximity to underserved areas.

In conjunction, the city could work with local transit providers to facilitate access to food shopping for low-income residents through incentives. The city could encourage farmers’ markets, like the one hosted by the Laredo Main Street, and other healthy food retailers to accept federal nutrition programs like WIC and SNAP.

Access to Local Food
Laredo and its surrounding areas have traditionally been used for ranching rather than farming. Overtime, ranching can strip the nutrients from soil making the option of switching to farming difficult and expensive. As a result, there are very few food producing farms in the Laredo region. This can make access to local food very difficult. The city should look for ways to encourage small producers and home and community gardens to increase access to healthy, local food.

Farmers’ Markets
Access to local produce could be improved through traditional produce stands, food coops, and additional farmers’ markets. Modern zoning codes and standards typically prohibit road side produce stands. Laredo Main Street hosts a monthly farmers’ market in Jarvis Plaza downtown. Laredo should encourage the establishment of more farmers’ markets within close proximity to residential areas.

Incentivize Corner Stores
Laredo should work to incentivize the development and operation of corner stores throughout the city that provide quality food options to help balance the current limited options.

Home and Community Gardens
Community gardens should be encouraged throughout the city on both private and public lands to give citizens the opportunity to grow their own food. Community gardens in city parks and schools can provide nutritious food for neighborhood families. Often used as a catalyst for neighborhood and community development, community gardens also provide opportunities for recreation, exercise and education.

Currently, community gardens are not allowed in public parks. In order to encourage better access to quality food sources, Laredo should consider allowing garden activities in public parks.

Community Food Assessment
Community food assessment (CFA) is a tool to locate and identify “food deserts,” which are districts that have little or no access to fresh and healthful food. Commonly, food deserts are characterized by a lack of farmers’ markets, no grocers that carry whole food products, and a reliance upon outlets such as fast food restaurants and gas stations, which often supply highly processed food laden with sodium, sugars, and fats.

City leaders and community leaders can use CFAs to focus on those areas that need rebalancing of the “foodscape.”
Community Gardens & Farmers’ Markets

Allow local residents and service organizations to develop community gardens within existing parks. A community garden provides a catalyst for neighborhood and community development. In addition to producing nutritious and affordable food, community gardens stimulate social interaction and beautify neighborhoods.

A community-managed garden could be the foundation of a neighborhood sustainable food program. Produce from the garden could be sold at a local farmers’ market, utilized in educational programs such as youth cooking classes and other entrepreneurial efforts. A community garden could create income opportunities and economic development within neighborhoods.

Infill housing, community gardens, and a farmers’ market fill vacant parcels while providing food and economic development to the neighborhood. Regulations need to allow community gardens, sales pavilions, and civic buildings for community supported agriculture and neighborhood events.
Mental Health

Psychological & Emotional Well-being

Much of a person’s emotional and psychological well-being is a result of internal conditions that are related to the structure and chemistry of the brain and which are shaped by life’s experiences. Yet, there are occasions in which external events and patterns may either help or thwart this type of well-being. It is important that decision-makers are aware of the social implications of each proposed change to the physical environment.

For example, the physical framework of neighborhoods should be inclusive of different generations and household types. The presence of grandparents and great-grandparents can help both the younger members of the family as well as the elderly. The younger relatives are able to learn oral traditions, culinary traditions, and benefit from the advice and wisdom of their older relatives. The elderly are able to rely upon younger generations for support and fellowship, rather than be left in isolation. A high degree of social interaction may be correlated to longevity.

Often relatives, whether they be elderly or not, can assist with child-care for working parents. Whether or not this is for pay, a physical framework that acknowledges these demands on modern families and facilitates interdependencies can help lessen the pain of finding good quality, affordable child care.

The Psychological Structure of Community

“The life, work, and happiness of all societies depend on certain ‘psychological structures’ which are infinitely precious and highly vulnerable. Social cohesion, cooperation, mutual respect, and above all, self-respect, courage in the face of adversity, and the ability to bear hardship – all this and much else disintegrates and disappears when these ‘psychological structures’ are gravely damaged. A man is destroyed by the inner conviction of uselessness. No amount of economic growth can compensate for such losses – though this may be an idle reflection, since economic growth is normally inhibited by them.”


Conventional vs. Traditional Neighborhoods

Conventional, gated subdivisions that feature one house type and price point repeated by the hundreds and that are built for one demographic or income group, do not offer the same flexibility as do the diverse and traditionally designed neighborhoods. Often, downsizing households such as empty nesters cannot find high-quality, smaller, low-maintenance homes. Young singles or couples who wish to live independently, but in close proximity to parents or siblings, often cannot do so due to monocultural subdivisions. Homes for the elderly and assisted-care facilities can be designed to appear as cheerful and home-like as any other house on the block, even if they are a bit larger.

By including a range of housing types and sizes in close proximity to each other in each neighborhood, neighborhoods can allow families with different housing needs to live close to one another. This can help maintain family and community stability.
Multi-generational Housing
Houses can be designed with “granny flats,” “in-laws quarters,” or other spaces that can provide privacy but togetherness for extended, multi-generational families living together. “Family compounds” or courtyard homes can also feature multiple household units that can be built incrementally, often around a common patio or yard.

Reducing Commutes
Time is a scarce resource for families. Reducing average commuting times should be a long-term goal for Laredo. By providing housing in close proximity to workplaces, there is a better chance that one would be able to shorten commutes and perhaps switch to walking, cycling, or transit. Also, new workplaces should be located along existing or planned transit corridors. When the design and siting assumes that all users will drive, most users probably will drive. When a project is designed and sited with other modes of travel in mind, then there is a chance that they will be activated as well.

Each district should be studied to determine how it can be made more balanced in order to shorten commutes and encourage walking. The notion of “bedroom communities” should be phased out in Laredo; neighborhoods should be regarded as not merely places where families sleep, but where they may satisfy many of their daily needs, which may even include their places of employment.

Neighborhood Schools
Nurturing school environments can also assist in psychological and emotional well-being. Though the trend has been towards ever larger school campuses which may have thousands of students, many studies show that smaller schools may be better. While the economy of scale would seem to show that larger campuses perform better, student performance is optimal in smaller, more approachable school buildings and campuses. School buildings should be embedded thoughtfully within neighborhoods or between neighborhoods. “Safe Routes to School” provides guidance on the proper integration of schools into the community fabric.

Sick building syndrome (in which mildew, mold, and other respiratory irritants accumulates in ducts) has been attributed to the windowless, sealed designs that characterize many modern schools. Not only do sick-buildings seem to contribute to asthma, but windowless classrooms may also work against alertness. All classrooms should have operable windows.

Mental Health & Substance Abuse Facilities
Providers of mental health care or substance-abuse professionals such as psychiatrists, psychologists, counselors, and nurses should be able to attend to patients in dignified, easy-to-access locations that remove the stigma and therefore a major barrier to treatment or rehabilitation.

Laredo has limited to no “big city” outdoor recreation for my children.

Having some more farmers’ markets would be a healthier way of getting our fruits and vegetables than having to get them from HEB or Walmart.
Visitability and the Disabled

Visitability is an important consideration for inclusive, multi-generational development. Over a home’s lifespan it may accommodate many different families, each having different needs. Creating basic access at the time of construction costs relatively little compared to the cost of a future retrofit. If a building or dwelling is to be made visitable, the following design considerations are informed by ADA requirements but which also take into account the formation of legible street walls, aesthetics of ramps, and the shallow setbacks and elevated finished floors that are desirable urban environments:

• There should be provided one zero-step entrance from an accessible path at the front, side, or rear of each building.

• There should be a half or full bath provided on the first story of each visitable unit.

• All first floor interior doors (including bathrooms) should provide at least 32 inches of clear passage.

Configurations

There are many methods with which visitability to residential units can be achieved while maintaining an elevated finished floor, which is vital to privacy in urbanized areas.

• On alley-served lots: the ground may be sloped or raised to provide a zero-step entrance at the rear, convenient to parking. This may be accomplished by grading the alley or lane higher than the thoroughfare by sloping individual lots toward the alley or lane or by providing well-integrated rear-access ramps.

• Well-integrated ramps may be provided at the side of the unit, leading to a side or rear porch. For apartment and townhouses side or rear ramps are encouraged to be shared between units. The entrance to the ramp at the sidewalk could be through a doorway or integrated into the building design as an archway.

• In cases where visitability cannot be met by rear grading or access ramps, one alternative is to provide an at-grade entrance at the front of the building with an exterior stair leading to the entrance of the unit above.
Access

**Improve Access To Health Care Facilities**
Support initiatives and programs that improve access to health care facilities and health care professionals. Transit linkages should be added to improve the physical access to health care facilities by all residents.

Currently, the main hospital in Laredo is located north in the city. This adds time to emergency services which could be what separates life and death. Additional hospital and health care locations should be investigated to promote the health of all neighborhoods in Laredo.

Access to social services should be considered at a neighborhood level in order to better address the needs of the local community. Having neighborhood-scaled location of services promotes the effective use of these services through easy access by reducing the need to plan for long trips and further reducing dependence on the car for personal health. Locations should be determined by investigating current conditions and identifying locations with the greatest need.

Certain related services may benefit from being located in relative proximity to each other. Other services may better serve the community by consolidating local, state and federal offices; however each consolidated initiative requires thorough study to evaluate its effectiveness as some states have discovered anticipated cost savings do not get realized or may be minimal.

**Physical Access to Medical Care**
Medical care can be accessed at several different types of facilities including hospitals, clinics, urgent care clinics, doctor’s offices, and laboratories. These should be distributed throughout the city. Land should be set aside for health-related buildings when planning new development. Larger health care providers, such as hospitals, should be located on major corridors and transit routes so that they can be more accessible to a larger base of patients.

Efficient and compact multi-story buildings should be the norm rather than low-slung campuses. When siting hospitals along transit-served corridors, parking footprint can be reduced, thereby lessening the costs of development. Savings in the development of hospital sites can potentially contribute to savings in the overall cost of the service.

Likewise, hospitals can be designed to allow for views and sunlight for each patient. By using courtyards and smaller building footprints than conventional large floor-plate hospital designs, daylight can be brought into interior spaces.

**Emergency Vehicle Access**
One strategy that could reduce mortality is the reduction of response times for emergency vehicles. Fire trucks, ambulances, and police vehicles would benefit from an open network of interconnected streets that offer multiple routes for accessing properties.

Caution must be taken in not designing streets only for the occasional passage of emergency vehicles. By increasing turning radii at intersections or excessively widening standard curb-to-curb dimensions, streets may inadvertently become speedways that are more dangerous for residents on a day-to-day basis. Strategies to accommodate emergency response vehicles without sacrificing pedestrian safety include:

- Recognize the difference between actual and effective turning radius.
- Use mountable curbs or clear-zones.
• Eliminate curbs at corners of “shared-space” intersections.
• Provide staging areas for fire trucks at key mid-block locations rather than widening the entire block frontage.
• Eliminate speed bumps and speed humps, which are particularly disliked by paramedics and ambulance drivers as they may needlessly shake patients and equipment. A better strategy for traffic calming is to build in a high degree of spatial enclosure rather than retrofit or “hobble” streets with bumps.
• Minimize dead-ends, cul-de-sacs, gated subdivisions, and promote interconnected street networks.
• Downsize fire trucks so that they fit the street dimensions found in traditional and historic neighborhoods, rather than designing streets and intersections to fit the vehicle. Distribute smaller fire stations with fewer and smaller trucks in neighborhoods rather than consolidating them in larger facilities.
• Reduce the risk of fire by using non-combustable and soakable construction materials and deploying sprinklers in buildings rather than relying solely upon fire hydrants to douse fires.
• Educate homeowners on the importance of keeping and knowing how to use fire extinguishers, establishing escape routes, minimizing the use of bars on windows, and other methods for reducing the risk of fire in the home. Many risks arise from the use of cooking appliances, cigarettes, lighters, matches, candles, and faulty electrical systems. Maintaining smoke detectors and changing their batteries are also necessary habits which each household and business should cultivate.


If on-street parking is not present, then a mountable curb or clear zone can create the appearance of a tighter turning radius to which most drivers would adhere, although a large vehicle could easily and quickly cross it in an emergency.

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Partnerships and Programming

**Partner With The School Districts To Promote Healthy Living**

Strategic partnerships with the school district can be effective in preventing health-related problems through the built-environment and educational programs. Childhood Obesity health issues are very complex and require complex solutions. The most effective strategies have come from a combination of strategies including the built environment, lifestyle changes and better access to facilities.

**National Safe Routes to School**

The City of Laredo has a commitment to neighborhood schools and allowing kids the opportunity to either walk or ride their bikes to school. The city should expand its commitment with the National Safe Routes to School (SRTS) program. Federal funds are distributed to states based on student enrollment. These funds may be used for both infrastructure projects and non-infrastructure activities.

**Transportation Alternatives Program**

The Transportation Alternatives Program (TAP) should continue to be promoted in maintaining safe paths to school through the implementation of multi-modal facilities.

**Coordinated Approach to Child Health**

The State’s Coordinated Approach to Child Health (CATCH) program is a coordinated school health program designed to promote physical activity, healthy food choices, and prevent tobacco use in elementary school aged children. Establishing healthy habits in childhood can promote behavioral changes that carry into adulthood. There are multiple sources for CATCH grants and mini-grants available at the state and federal level.

**Recipe for Success**

The Recipe for Success (RFS) Foundation in Houston has been successfully increasing the number of servings of fruit and vegetables school children consume each day. RFS is attempting to prevent childhood obesity by changing the way kids eat. Through the program, Houston-area students grow, harvest and prepare their own dishes. RFS offers hands-on nutrition education through after school sessions, summer camps and nutrition education classes for parents.

**Use Health Impact Assessments (HIA’s) For Reviewing & Addressing Health Issues**

HIA’s are a systematic method for reviewing the health issues facing a population. Assessments establish agreed priorities and resource allocation that will improve health and reduce inequalities. HIA’s are used to determine the priority of local health service needs. An HIA should be performed for each new large scale development studying the potential effects upon physical activity, availability of nutritious foods, and other health consequences on the population in the area of the new project.


**Include Health Officials In Planning Decisions**

Support the participation of public health officials in land use decisions and transportation planning to help identify and mitigate potential health problems. The formation of a Land Use and Health Team should be explored in order to educate and engage the community regarding the effect of community design upon health.

One model program that could be researched is in Ingham County, Michigan. Their team is increasing awareness in local planning and development communities and among residents about the correlation of land use and health issues.
GOALS & POLICIES

Overall Goal
Improve the overall physical and mental health of Laredo citizens by increasing the quality of life in the region.

Regional Collaboration
Goal 7.1: Address the health needs of all residents in the region through collaboration and coordination among local, state, and binational entities.

Policy 7.1.1: Partner with local, state, and binational entities to prevent health-related problems through prevention programs and policies.

Policy 7.1.2: The Planning Department should educate developers, neighborhood associations, and other building permit applicants for major projects on the connection between the built environment and public health.

Environmental Risk Factors
Goal 7.2: Reduce exposure to environmental risk factors.

Policy 7.2.1: Reduce risk of injury and fatality due to vehicular accidents.

a. Lower design speeds on existing and proposed streets and highways.
   i. Retrofit streets to be more pedestrian-friendly.
   ii. Include on-street parking and street trees as barriers between pedestrians and moving travel lanes and which increase visual friction to discourage speeding.
   iii. Include wide sidewalks and narrower travel lanes.

b. Convert signalized or geometrically complex intersections to modern roundabouts or fully-circulating intersections in order to reduce or eliminate turn-lanes, slow traffic while improving flow, and reduce the incidence of broadside and head-on collisions.

c. Increase the frequency of crosswalks and increase signal time in favor of pedestrians crossing streets, especially multi-lane arterials and other major streets.

d. Minimize crossing distance at intersections with pedestrian refuges, bulb-outs, speed tables, and other strategies.

e. Promote the use of woonerfs, shared spaces, curbless streets, and stripe-free zones as ways to create very traffic calmed residential streets that need less right-of-way than conventional streets.

f. As silent hybrids and electric vehicles become more common, expand the city’s use of Audible Pedestrian Signals (APS) to assist blind pedestrians at intersections and crosswalks.

Policy 7.2.2: Reduce exposure to air pollution.

a. Minimize VMT through increased walking, cycling, and transit usage. Strategies to accomplish this are found in the Land Use Patterns, Mobility, and Urban Design Chapters.

b. Work with federal entities to reduce bridge congestion, especially by means other than road widening which would increase polluting idling.
**Policy 7.2.3:** Reduce exposure to excess ultraviolet rays.

a. Provide for shade along sidewalks and pedestrian pathways with one or more of the following: high degree of spatial enclosure formed by buildings and narrow right-of-way, street trees, canopies, awnings, colonnades, arcades, and galleries.

b. Provide shade devices for playgrounds to protect children from sunburn and increased risk of skin cancers.

c. Educate citizens on the importance of sunscreen, clothing, and avoiding peak sunlight hours for outdoor activity as a first line of defense against melanoma and other skin cancers.

d. Educate citizens on the need for adequate exposure to sunlight in order to avoid Vitamin D deficiencies and how to achieve this without damaging the skin.

e. Plan to tackle tree attrition and replacement by conducting a tree/canopy survey of parks and other public spaces, with annual updates.

**Policy 7.2.4:** Increase access to safe water.

a. Continue to monitor water for contaminants.

b. Continue to educate citizens and visitors on practices that reduce groundwater pollution, such as proper disposal of medicines, chemicals, batteries, and hazardous materials.

**Policy 7.2.5:** Reduce infectious and communicable diseases and infection.

a. Coordinate with the Department of Public Health and its efforts to combat the spread of infectious diseases.

b. Map disease clusters.

c. Coordinate with governmental entities south of the border to identify and prevent pathogens that may spread in either direction across the border.

d. Support efforts to immunize the uninsured and underinsured population of Laredo and the surrounding areas and to prevent the spread of vaccine-preventable diseases in all ages.

e. Support efforts to educate and test for HIV, syphilis, and other STDs, in addition to education and provision of contraceptives.

f. Support efforts to halt the spread of tuberculosis.

g. Support dental care programs for children.

**Policy 7.2.6:** Reduce exposure to heavy metals, radon, lead, and mercury.

a. Embrace clean, renewable energy generation.

b. Monitor levels of radon and educate households on how to test for and mitigate radon gas.

c. Educate households, contractors, and real estate professionals on how to identify, remove, or stabilize lead-based paints and other sources of lead in construction.
Policy 7.2.7: Reduce risks associated with the electrical grid.
   a. Support the electric company’s instructions on how to respond to downed power lines.
   b. Strengthen the electrical distribution grid.
   c. Locate electrical wires at rear property lines or in alleys or rear easements in order to lessen conflicts between street trees and electrical infrastructure while reducing the blight caused by overhead wires.
   d. Provide incentives for the relocation of existing above ground electrical wires underground.
   e. Reduce exposure to electromagnetic fields by locating residences at a safe distance from high voltage transmission lines and easements.

Policy 7.2.8: Continue to develop animal care and control services including education and animal population control practices accessible to the public.

Physical Activity Goal 7.3: Encourage physical activity through the design of the built environment.

Policy 7.3.1: Study existing neighborhoods for deficiencies.
   a. Determine if residents can easily walk to retail, especially a grocer, where they may obtain daily necessities.
   b. Determine if residents are less than a five-minute walk from public facilities such as schools, parks, libraries, and transit stops.
   c. Work with communities to increase density, connectivity, and completeness (mixture of uses).

Policy 7.3.2: Adjust land development regulations and zoning policies in order to make neighborhoods more complete, walkable and connected.

Policy 7.3.3: Improve existing and new streetscapes so that traffic speeds are reduced and pedestrians’ and cyclists’ comfort and safety is increased.
   a. Utilize the Complete Streets approach to pedestrian and bike accommodation.

Policy 7.3.4: Design new neighborhoods to be amenity-rich, mixed-use, interconnected, dense, and compact. Neighborhoods should be able to supply most of life’s daily necessities on foot or on bike, with easy access to transit service. Streets should be designed with low-design speeds.

Policy 7.3.5: Integrate walkable neighborhood design according to techniques and policies described in Land Use Patterns and Urban Design Chapters.

Policy 7.3.6: Work with Parks and Leisure Services Department, and TxDOT where appropriate, to increase pedestrian and cyclist connectivity across natural and man-made barriers such as freeways, ravines, river beds, canyons, and arroyos. Provide a shorter and more convenient route for non-motorized traffic across barriers.
Policy 7.3.7: Work with Parks and Leisure Services Department, and TxDOT where appropriate, to invest in a recreational infrastructure that provides not only recreational walking, jogging, and cycling, but also may provide an alternative to car trips. Such infrastructure may include trails (multi-use, hiking, equestrian, jogging), cycle tracks, bike lanes, parks, and restored or conserved wild areas. Use the Rio Grande and stream networks as a multi-use recreational amenities.

Policy 7.3.8: Work with Parks and Leisure Services Department to integrate fixed, durable outdoor fitness equipment in parks that allow for flexibility and resistance training.

Policy 7.3.9: Encourage workplace fitness by including fitness centers within or in close proximity to employment centers.

Policy 7.3.10: Encourage employers to remove subsidies for parking and provide financial incentives to cycling, transit, and walking as a commuting alternative.

Policy 7.3.11: Encourage the inclusion of showers, lockers, and changing areas at places of employment.

Policy 7.3.12: Create “visitable” building types for the disabled that also satisfy the goal of creating walkable street frontages.

Policy 7.3.13: Create safe routes to school using mapping tools, the planning of street networks, and walkable and multimodal street designs.

Policy 7.3.14: Encourage schools to provide open campuses. At a minimum, recreational fields should be open to the community after school hours and on weekends.

Obesity & Chronic Illnesses

Goal 7.4: Help reduce obesity and the chronic illnesses associated with obesity, such as Type 2 Diabetes, cancers, and heart disease.

Policy 7.4.1: Create recommendations to improve nutrition and increasing physical activity, and making policy recommendations toward obesity prevention.

Policy 7.4.2: Map citywide prevalence of diabetes and examine where diabetes-related services (such as dialysis, insulin, and diet counseling) are needed.

Policy 7.4.3: Map cancer clusters in order to identify anomalies and environmental factors such as carcinogens.

Basic Nutritional Needs

Goal 7.5: Create a food system in which city residents can meet their proper nutritional needs.

Policy 7.5.1: Encourage local groceries and convenient stores to stock nutritional food across all stores.

Policy 7.5.2: Initiate research, policies, and programs that increase food security, improve health outcomes, and create social and economic opportunities to attempt to ensure that every resident has access to fresh, healthy, and affordable food.

a. Perform Community Food Assessments to determine where “food deserts” exist in Laredo. Target food deserts as areas to start focusing food production, farmers’ markets, and small community-based grocers.
b. Ensure that schools have access to organic and unprocessed whole food products. Incorporate cultivation plots on school grounds for the education of students and to potentially supply schools, food banks, needy households, and local retailers with fresh produce.

c. Ensure that Homeowner’s Associations do not prohibit food production and the growing of crops such as fruits, vegetables, and herbs in front, back, or side yards.

d. Encourage Parks and Leisure Services Department efforts to integrate food gardens into parks.

e. Encourage development of community food gardens through grant or partner funding.

f. Improve access to direct or whole sale buying for low-income and limited-mobility residents.

g. Remove barriers to the raising of poultry on private lots in suburban areas.

h. Continue to ensure that food service establishments and grocery stores are inspected by a registered sanitarian at least twice each year.

i. Continue to support the Women, Infants, and Children Program (WIC) and Supplemental Nutrition Assistance Program (SNAP) to improve the nutrition of vulnerable members of the population.

**Policy 7.5.3:** Promote responsible parenting and family planning including non-pharmaceutical-based methods.

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**Psychological Well-Being**

**Goal 7.6:** Encourage psychological and emotional well-being.

**Policy 7.6.1:** Coordinate with the health care providers, psychologists, and researchers to provide therapy for sufferers of stress, depression.

**Policy 7.6.2:** Seek to reduce commuting times to maximize quality time with friends and family.

**Policy 7.6.3:** Seek to improve sleep by reducing light and acoustical pollution.

   a. Enact a Dark Sky Ordinance in the city.

   b. Erect acoustical barriers and implement sound mitigation.

   c. Locate residential areas at a safe distance from major sound and light polluters or limit hours and levels of illumination to allow for a period of darker skies between midnight and sunrise.

   d. Discourage commercial uses that have intrusive levels of lighting from locating adjacent to residential land uses.

**Policy 7.6.4:** Encourage residential building types that accommodate extended or non-conventional households.

**Policy 7.6.5:** Encourage small schools embedded within the neighborhood fabric rather than large drive-only campuses.

**Policy 7.6.6:** Strengthen extended support networks by reducing land use patterns that lead to social isolation.

**Policy 7.6.7:** Integrate assisted-living facilities into neighborhood fabric and design them as dignified home-like facilities.
Policy 7.6.8: Continue to educate patients and family members of patients on the symptoms, therapy, rehabilitation, and medications associated with mental health disorders.

Substance Abuse
Goal 7.7: Discourage substance abuse.

Policy 7.7.1: Work on policies to discourage retailers of alcohol and tobacco products within the sight of school entrances or access points.

Policy 7.7.2: Expand no-smoking zones to outdoor public spaces that are owned by the city.

Policy 7.7.3: Enforce existing laws related to sale and use of tobacco and alcohol to minors.

Policy 7.7.4: Collaborate with local and binational entities to discourage and prevent the trade of drugs and arms across the border.

Policy 7.7.5: Encourage programs focused upon drug counseling, rehabilitation, and sobriety.

Policy 7.7.6: Support efforts to educate and prevent the use of tobacco.

Access to Health Care
Goal 7.8: Improve access to medical care.

Policy 7.8.1: Distribute primary care offices, clinics, and laboratories, amongst the various districts and neighborhoods that make up the city. Encourage consolidation of major medical facilities to create efficiencies in providing care.

Policy 7.8.2: Locate medical care providers and human services at transit locations.
  a. Encourage medical providers to locate at stations or bus stops with reduced parking footprints.

Policy 7.8.3: Allow access by emergency response vehicles without sacrificing walkable, traffic-calmed street designs.

Policy 7.8.4: Achieve a sufficient medical provider-to-patient ratio.
  a. Collaborate with private, non-profit, and other governmental entities to establish and implement a method for recruiting and retaining medical providers.
  b. Increase quality of life and housing options throughout the city as a means of attracting health care practitioners.

Policy 7.8.5: Engage the philanthropic and private sector to develop and sustain the expansion of the health care industry.

Policy 7.8.6: Complete the development of the laboratory response network at the Laredo Health Department for local, regional, and international disease control.

Policy 7.8.7: Promote the integration of disease self-management and behavioral health screening, and education into primary care.