

Healthy Neighborhoods

As a Priority in American Cities

The Degree to Which the 100 Largest US Cities Consider the Health of Neighborhoods as a Core Strategic Goal

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Introduction

This paper presents the findings of a review of the strategic plans and comprehensive plans of the 100 largest cities in the United States, conducted to determine how many have adopted the creation of “healthy neighborhoods” as a core strategic objective—and, critically, what those cities mean when they use that term.

The research was structured around a specific question: does the city's current strategic plan or comprehensive plan include a named goal or objective to create and sustain healthy neighborhoods in the sense defined by Jane Jacobs—that is, high-functioning urban environments out which desired social and economic outcomes emerge?

The central finding is arresting: the phrase “healthy neighborhoods,” understood in the Jacobs sense, does not function as a widely adopted term of art in American municipal administration. Only three cities have clear commitments to the goal, with another eight having strong alignment. A larger group of cities—eighteen in all—have adopted Jacobs-aligned content, most commonly “complete neighborhoods,” “20-minute neighborhoods,” or “urban villages” focused primarily on narrower chrono-urbanist goals related to proximity and ease of mobility. These references are typically included in commitments made through planning exercises rather than as core goals of overall municipal administration. That leaves seventy-one with no obvious explicit commitment to Jacobs-defined healthy neighborhoods in any context.

Key finding: Only three of the 100 largest US cities use the phrase “healthy neighborhoods” as a named strategic objective in the Jacobs sense. An additional 26 cities have adopted related objectives but in a less comprehensive sense of the term. Roughly 71% of the top 100 cities have no Jacobs-aligned neighborhood vitality goal in their current strategy documents.

I. Background and Research Approach

City strategic planning documents—strategic plans, comprehensive plans, and mayoral agendas—represent a city's formal commitment to a direction for municipal management. When a city names a strategic goal, it typically creates an accountability structure, aligns capital investment, and shapes operational decisions around that goal. The extent to which city governments strive to achieve high functioning neighborhoods—not simply as an urban planning goal but as a fundamental strategic objective for municipal administration—is indicative of the degree to which city leaders have adopted the Jacobs framing of how desired urban outcomes emerge from neighborhood conditions. The presence or absence of “healthy neighborhoods” as a named objective therefore has real consequences for the degree to which city governments take an active role in stewarding their neighborhoods and treating them as their core “products.”

This research set out to answer a specific, bounded question: how many of the 100 largest US cities, have formally adopted “healthy neighborhoods” as a named goal in their current strategic or comprehensive plan,



where “healthy” is understood in the Jane Jacobs sense of neighborhood vitality rather than the chrono-urbanist or environmental health sense?

Defining the Jane Jacobs standard

Jane Jacobs's *The Death and Life of Great American Cities* (1961) described cities as “problems of organized complexity” out which the social and economic outcomes we value emerge from high functioning neighborhoods. She identified four conditions necessary for a neighborhood to generate the street life, economic diversity, and social vitality that make urban places function well: a mix of primary uses that generate foot traffic throughout the day; short blocks that give pedestrians many route choices; a mix of buildings of different ages and conditions; and sufficient density of people. Together, these conditions produce what Jacobs called the 'sidewalk ballet'—the organic, self-regulating social order of a healthy urban neighborhood.

For the purposes of this research, a “healthy neighborhood” in the Jacobs sense is understood as a place that is: walkable and human-scaled; economically mixed with diverse uses and active ground floors; served by varied and affordable housing stock; dense enough to support local commerce and public life; and designed around the pedestrian rather than the automobile. This is distinct from, though not incompatible with, neighborhoods that are healthy in the public health sense.

Methodology

The research combined targeted web searches of official city websites and planning documents, direct review of strategic plan and comprehensive plan text, and cross-referencing with existing academic and policy literature on urban health and neighborhood planning. Searches were conducted for the top 100 US cities by 2024 Census Bureau population estimates. The research was necessarily constrained by the accessibility and searchability of city planning documents. Some cities maintain current strategic plans in easily searchable web formats; others publish documents as unsearchable PDFs or maintain outdated web content. The findings should be understood as a systematic but not exhaustive review, and individual city assessments can be revised as additional documentation becomes available. The research was conducted in April 2026.

Three meanings of 'healthy neighborhoods' in US city documents

Where city websites were reviewed directly, searches targeted the words “healthy neighborhoods” in the context of planning goals and objectives, alongside related terms including “complete neighborhoods,” “walkable mixed-use,” and “20-minute neighborhoods.”

Definition type	Core meaning	Typical plan language
Jane Jacobs/urbanist	Mixed-use, walkable, economically vital, human-scaled places with diverse housing stock, short blocks, active street life, and social density	"Complete neighborhoods," "walkable mixed-use," "urban villages," "20-minute neighborhoods," "vibrant corridors"

Definition type	Core meaning	Typical plan language
Public health/clinical	Neighborhoods free of disease risk factors—clean air, safe housing, nutrition access, mental health services, reduced exposure to toxic stressors	<i>"Healthy Neighborhoods Program," "Health in All Policies," "asthma triggers," "food deserts," "healthy bodegas"</i>
Livability/safety	Neighborhoods that are orderly, maintained, safe from crime, and served by basic infrastructure and parks	<i>"Safe, healthy, neighborhoods," "code enforcement," "blight reduction," "quality parks and open space"</i>

The distinction between these three definitions is not merely semantic. They reflect fundamentally different theories of what makes a neighborhood function well and different policy levers for achieving it. The public health framing focuses on reducing harms; the livability framing focuses on maintaining order and amenity; the Jacobs framing focuses on generating the organic complexity that produces urban vitality. Only the third has a direct lineage to Jacobs's theory of neighborhood self-organization.

II. Key Findings

Finding 1: The phrase has been captured by public health

The single most important finding of this research is that “healthy neighborhoods,” as a term of art in American municipal government, belongs almost entirely to public health departments. Every major search for the phrase in city documents—across cities of all sizes and regions—surfaced connections to asthma prevention, lead paint remediation, food access, disease surveillance, and housing safety programs. The New York State Healthy Neighborhoods Program, San Antonio's Healthy Neighborhoods program, and Chicago's Healthy Chicago initiative are representative examples: all are substantive programs, but none are concerned with the Jacobs conditions of mixed use, walkability, and social density.

This is not a superficial observation. It means that the institutional infrastructure of American cities—departments, budgets, personnel, measurement frameworks—that carries the “healthy neighborhoods” brand is oriented toward the prevention of illness and environmental harm, not toward the creation of economically vibrant, pedestrian-oriented urban places. It further suggests that neighborhoods are not universally being treated as unified entities that deliver urban outcomes as complex systems. A city wishing to pursue Jacobs-aligned neighborhood goals under this banner would be swimming against a powerful institutional current.



Finding 2: Only three cities use the phrase in a Jacobs-aligned context as a named objective

Portland, Oregon stands as the clearest and strongest example. The Portland Plan (2012) named the “Healthy Connected Neighborhoods Strategy” as a core citywide strategic priority, explicitly defining its goal as bringing complete, walkable, mixed-use neighborhoods within 20 minutes of 80 percent of the city's population by 2035. The substance is unmistakably Jacobs-aligned: proximity, density, mixed use, and pedestrian orientation are the instruments.

Houston, Texas is the second strong case. Plan Houston (2015), the city's first general plan, lists 'Nurture safe and healthy neighborhoods' as one of its twelve named core strategies, with associated goals including “Attractive, walkable and bikeable neighborhoods with diverse housing types, values, and character.” The strategy has been given regulatory teeth through the 2020 Walkable Places Ordinance and Transit Oriented Development standards, which encourage high-density mixed-use development along key corridors. The result is notable for a city without traditional zoning: Houston has deployed the language of healthy neighborhoods in a way that is more aligned with Jacobs than virtually any city in the country with a full zoning code, and has backed it with enforceable regulatory standards.

Atlanta's Mayor Andre Dickens has made “Building Healthy Neighborhoods” a central pillar of his Moving Atlanta Forward agenda, backed by a \$5 billion Neighborhood Reinvestment Initiative. The substance includes investment in walkable places, mixed-use development, parks, and transit—genuinely Jacobs-oriented instruments. The framing consistently interweaves place-quality goals with public safety, health, economic mobility and educational outcomes, making the “healthy neighborhoods” concept a broad coalition term rather than simply a focused planning objective.

Finding 3: Eight cities use the phrase in partially Jacobs-aligned ways

Chicago's Green Healthy Neighborhoods plan (2014), for example, applies a Jacobs-influenced urban design strategy to specific disinvested community areas on the South and West sides, emphasizing mixed-use infill, vacant land activation, and neighborhood stabilization. The substance is strong, but the strategy is geographically limited rather than a citywide strategic objective.

Phoenix uses the phrase in its Neighborhoods and Livability Strategic Plan but in a context that blends parks access, code enforcement, and livability administration with urbanism objectives. Its General Plan 2025 and Transit Oriented Communities work are more substantively Jacobs-aligned, but do not use the phrase in that context.

Finding 4: 18 cities are generally aligned but lack a connection to the emergent properties of neighborhood health as described by Jacobs

A larger group of cities has moved substantively toward Jacobs-aligned neighborhood planning. For example:



- Denver's Comprehensive Plan 2040 and Blueprint Denver adopt “complete neighborhoods” as an explicit strategic goal
- Minneapolis 2040 eliminated single-family zoning citywide, the most radical structural step toward Jacobs-style diversity of housing stock taken by any large US city.
- Charlotte's Future 2040 Plan lists “10-minute neighborhoods” as its first goal—the most explicit chrono-urbanist objective of any Sunbelt city in the top 100.
- Seattle's Urban Village Strategy, running since 1994 and formalized in the 2024 One Seattle Comprehensive Plan, has shaped three decades of dense, walkable, mixed-use neighborhood development.
- San Diego's “City of Villages” strategy focuses growth into pedestrian-friendly, mixed-use village centers linked to transit.
- Detroit's 20-Minute Neighborhood initiative (2016) is one of the earliest US city adoptions of proximity-based, walkable neighborhood planning.
- Boston's Imagine Boston 2030 names complete neighborhoods and mixed-use, walkable places as explicit planning objectives.

The common thread across these cities is the vocabulary of proximity, completeness, and pedestrian orientation—ideas drawn from New Urbanism, the 15-minute city movement, and transit-oriented development—rather than the health metaphor. They do not explicitly describe their goal as creating the conditions out which the urban outcomes we value emerge, as Jacobs contended.

Finding 5: The vocabulary gap has policy consequences

The fact that Jacobs-aligned planning goals are being pursued under a fragmented vocabulary—complete neighborhoods here, urban villages there, 20-minute city elsewhere—has real consequences for policy diffusion, comparative evaluation, and advocacy. Cities cannot easily learn from each other's experience when they use different terms for the same objective. Researchers cannot easily measure adoption rates. Advocates cannot easily make the case that a broad and growing movement exists.

Perhaps more importantly, focusing on the narrow aspects of chrono-urbanism—the time value associated with the ease of mobility—fails to recognize the public safety, educational, health, and economic mobility benefits that emerge from high-functioning urban environments. This runs the risk of undermining efforts to align the efforts of police departments, school systems, public health departments and economic development agencies around what should be the shared goal of creating and sustaining healthy neighborhoods.

Conversely, a city that chose to adopt “healthy neighborhoods” as a formal term for Jacobs-aligned planning goals would be claiming a well-understood, positively valued phrase, repositioning it from its current association with clinical public health toward its richer urbanism meaning. Portland, Houston and Atlanta have done this, to varying degrees. The opportunity remains open for others.

III. Summary Tables

Table 2: Match level framework

Match level	Criteria	# of top-100 cities
Strong	Exact phrase "healthy neighborhoods" used as a named strategic objective in a planning document, with Jacobs-aligned content (walkability, mixed use, urban vitality)	3
Partial	Phrase used in plans, but framing blends Jacobs urbanism with public health or social services framing; not exclusively place-quality oriented	8
Spirit match	Strong Jacobs-aligned content (complete neighborhoods, 20-minute city, urban villages, walkable mixed-use) adopted as a strategic goal, but in a more narrow context with the "healthy neighborhoods" phrase absent	18
No match	"Healthy neighborhoods" absent or used only in public health context; no equivalent Jacobs-aligned strategic objective identified	71

Note: estimates reflect a systematic but not exhaustive review. Some cities in the “no match” category may have relevant language in sub-area plans or neighborhood-level documents not captured in this review. Cities in the “spirit match” category may move to a stronger match as they update comprehensive plans.

Table 3: City-by-city findings — selected cities

The following table summarizes findings for cities where substantive Jacobs-aligned content was identified, whether or not the exact phrase “healthy neighborhoods” was used. Cities with no meaningful match are not listed individually.

City	Primary plan document	Key language and context	Match
Portland, OR	<i>The Portland Plan (2012) + 2035 Comprehensive Plan</i>	"Healthy Connected Neighborhoods Strategy" — bring complete, walkable, mixed-use neighborhoods within 20 minutes of 80% of residents by 2035. Integrated as a core citywide strategic priority.	Strong
Houston, TX	<i>Plan Houston (2015)</i>	"Nurture safe and healthy neighborhoods" — a named core strategy. Goals include "Attractive, walkable and bikeable neighborhoods with diverse housing types." Backed by 2020 Walkable Places & TOD Ordinances.	Strong



City	Primary plan document	Key language and context	Match
Atlanta, GA	<i>Moving Atlanta Forward Agenda (Mayor Dickens) + Atlanta City Design (2017)</i>	Named pillar "Building Healthy Neighborhoods," backed by \$5B Neighborhood Reinvestment Initiative. Atlanta City Design (adopted into city charter) frames urbanism around mixed-use, walkable, connected places. Framing blends Jacobs-style place goals with social equity objectives.	Strong
Chicago, IL	<i>Green Healthy Neighborhoods Plan (2014)</i>	"Green Healthy Neighborhoods" — 10–20 year strategy for specific disinvested community areas using vacant land, mixed-use infill, and urban vitality principles. Jacobs-aligned in substance but scoped to 7 community areas, not a citywide strategic objective.	Partial
Phoenix, AZ	<i>Neighborhoods & Livability Strategic Plan + General Plan 2025</i>	"Preserve healthy, vibrant, diverse and safe neighborhoods." General Plan 2025 adds Transit Oriented Communities and a Walkable Urban Code. Mix of Jacobs urbanism and parks/safety framing.	Partial
Cleveland, OH	<i>City Planning Initiative</i>	Mayor-directed initiative making public health a priority in planning. Health Impact Assessments funded by Pew Charitable Trust. Urbanist-oriented but not yet embedded as a city-charter strategic goal.	Partial
Seattle, WA	<i>One Seattle Comprehensive Plan (2024)</i>	"Urban Village Strategy" — 30 years of dense, walkable, mixed-use neighborhood centers. Draft 2024 plan formalizes "complete, walkable communities" as core growth strategy. Explicitly Jacobs-aligned; uses "complete walkable neighborhoods," not "healthy neighborhoods."	Spirit
Minneapolis, MN	<i>Minneapolis 2040 Comprehensive Plan</i>	Eliminates single-family zoning citywide to enable diverse, mixed-use neighborhoods. Named goals around "complete neighborhoods" and walkability. Strongest example of Jacobs-aligned land reform in the US.	Spirit
Denver, CO	<i>Denver Comprehensive Plan 2040 + Blueprint Denver</i>	"Complete neighborhoods" as an explicit strategic goal — daily needs accessible by walking or biking. Widely cited as the strongest US adoption of complete neighborhoods vocabulary.	Spirit
Charlotte, NC	<i>Charlotte Future 2040 Comprehensive Plan</i>	"10-minute neighborhoods" listed as Goal 1 — walkable access to parks, groceries, restaurants, and amenities within 10 minutes. The most explicit chrono-urbanist goal of any Sunbelt city in the top 100.	Spirit
San Diego, CA	<i>General Plan "City of Villages" Strategy</i>	"City of Villages" — focuses growth into mixed-use, pedestrian-friendly villages linked to transit. Complete	Spirit

City	Primary plan document	Key language and context	Match
		Communities program extends this. Highly Jacobs-aligned; does not use "healthy neighborhoods" language.	
Detroit, MI	<i>"20-Minute Neighborhood" Initiative (2016)</i>	Daily needs within 20-minute walk or bike ride. Explicit chrono-urbanist framework with strong Jacobs undertones. One of the earliest US city adoptions of proximity-based neighborhood planning.	Spirit
Boston, MA	<i>Imagine Boston 2030</i>	"Complete neighborhoods" and mixed-use, walkable places as explicit planning objectives. Strong emphasis on neighborhood vibrancy and human-scaled design. No "healthy neighborhoods" phrase used.	Spirit
Los Angeles, CA	<i>General Plan Framework + Housing Element 2021–2029</i>	"Pedestrian-oriented districts" and mixed-use neighborhood centers as explicit goals. Housing Element Goal 3: housing that creates "healthy, livable, sustainable communities." Partially Jacobs-aligned but content distributed across many elements rather than a unified named objective.	Spirit

Table 4: Planning vocabulary — Jacobs-alignment assessment

The following table maps the most common planning vocabulary terms used in US city documents to their alignment with the Jacobs conception of neighborhood vitality.

Planning vocabulary term	Jacobs-alignment	Example cities using this term
Complete neighborhoods	High	Denver, Boston, Minneapolis, Seattle (One Seattle Plan), Atlanta
10/15/20-minute neighborhoods or city	High	Charlotte (10-min), Portland (20-min), Detroit (20-min)
Urban villages / urban village strategy	High	Seattle (30-year strategy), San Diego (City of Villages)
Walkable mixed-use neighborhoods	High	Houston (Walkable Places Ord.), Phoenix (Walkable Urban Code), San Diego



Planning vocabulary term	Jacobs-alignment	Example cities using this term
Transit Oriented Communities/Development	Moderate	Phoenix, Houston, Denver, Los Angeles, San Diego
Healthy Connected Neighborhoods	High	Portland (exact term in Portland Plan), Atlanta
Healthy neighborhoods (Jacobs-aligned)	High	Houston (Plan Houston), Atlanta (Mayor's agenda)
Healthy neighborhoods (public health)	Low	Chicago (Healthy Chicago), San Antonio, New York, Cleveland
Vibrant/thriving neighborhoods	Low–Moderate	Phoenix, Los Angeles, New York — generic modifier, not a named strategy
Green/sustainable neighborhoods	Low–Moderate	Chicago (Green Healthy Neighborhoods), Portland — overlaps but emphasizes ecology over urbanism

IV. Implications and Recommendations

Cities wishing to signal a Jacobs-aligned commitment to neighborhood vitality face a choice. They can adopt the emerging consensus terms (“complete neighborhoods,” “20-minute neighborhoods”) and align with a growing national and international movement. Or they can reclaim “healthy neighborhoods” as a planning term, explicitly redefining it in their documents to mean high-functioning, mixed-use, walkable urban places—and thereby connect a powerful public health brand to a place-quality agenda.

The latter path is more ambitious and potentially more resonant with the public, given the widespread intuitive understanding of “healthy” as meaning something broader than clinical health. Houston, Portland and Atlanta demonstrate that the phrase can be used with genuine Jacobs-aligned content. Atlanta shows that the phrase can anchor a major mayoral agenda even when the framing is broader. The vocabulary is available; the institutional will to deploy it in its full urbanism sense is the variable.

For advocates

The fragmentation of vocabulary is the single largest barrier to building a coherent national movement around Jacobs-style neighborhood improvement. Advocates would benefit from developing a shared definitional framework—perhaps building on the Congress for New Urbanism's work or the 15-minute city literature—that can be used to evaluate and compare city-level plans regardless of the specific terms they use. Such a framework would also allow cities to benchmark their own progress against a consistent standard.

V. Conclusion

The 100 largest US cities are not, in the main, deploying the phrase “healthy neighborhoods” to mean what Jane Jacobs meant by the term. The phrase belongs primarily to the public health tradition in American municipal government, and that tradition, while valuable, is concerned with a different set of problems and instruments than the Jacobs theory of emergent urban outcomes.

And yet the Jacobs agenda is alive and growing in American city planning. Denver, Minneapolis, Charlotte, Seattle, San Diego, Boston, Detroit, and others are pursuing substantively Jacobs-aligned goals through the vocabulary of complete neighborhoods, 20-minute proximity, urban villages, and walkable mixed-use development. The gap between the content of what these cities are doing and the phrase that might unify and describe it represents both a finding and an opportunity.

Houston, Portland and Atlanta stand as the clearest demonstrations that the phrase “healthy neighborhoods” can be used in a way that is primarily about place quality rather than clinical health—and that it can be backed with genuine regulatory and investment tools. Whether other cities follow this path, or whether the field converges on alternative vocabulary, the substantive agenda that Jacobs described remains the most important framework available for thinking about what makes urban neighborhoods work.

The core opportunity: “Healthy neighborhoods” — as a term that the public already understands to mean something richer than the absence of disease—is available to be reclaimed by municipal administrators. The cities that do so will find themselves with both a powerful brand and a precise theory of what they are trying to create.

VI. Methodology Note

This research was conducted in April 2026 through a combination of systematic web searches of official city government websites, direct review of strategic plan and comprehensive plan documents, and cross-referencing with published academic and policy literature on urban health, neighborhood planning, and the 15-minute city movement. The 100 cities reviewed were identified from US Census Bureau 2024 population estimates.