



OPEN ACCESS

EDITED BY
Md. Omar Sarif,
Hiroshima University, Japan

REVIEWED BY
Javed Mallick,
King Khalid University, Saudi Arabia
Md Nawaj Sarif,
Rashtriya Raksha University, India

*CORRESPONDENCE
David B. Buller
✉ dbuller@kleinbuendel.com

RECEIVED 22 January 2025

ACCEPTED 25 June 2025

PUBLISHED 14 July 2025

CITATION

Buller DB, Kinsey A, Sullivan T, Gruetter P, Morrissey-Basler MC, Buller ID and Heckman CJ (2025) Descriptive analysis of municipal policies addressing shade in eight southwest and northeast states in the United States.

Front. Public Health 13:1565251.

doi: 10.3389/fpubh.2025.1565251

COPYRIGHT

© 2025 Buller, Kinsey, Sullivan, Gruetter, Morrissey-Basler, Buller and Heckman. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Descriptive analysis of municipal policies addressing shade in eight southwest and northeast states in the United States

David B. Buller^{1*}, Alishia Kinsey¹, Taylor Sullivan¹, Phoebe Gruetter², Margaret C. Morrissey-Basler³, Ian D. Buller⁴ and Carolyn J. Heckman⁵

¹Research, Klein Buendel, Inc., Golden, CO, United States, ²Science Department, Science Park High School, Newark, NJ, United States, ³Department of Health Sciences, Providence College, Providence, RI, United States, ⁴Public Health and Scientific Research, DLH, LLC, Bethesda, MD, United States, ⁵Behavioral Sciences Section, Cancer Prevention and Control Program, Rutgers Cancer Institute, Rutgers University, New Brunswick, NJ, United States

Introduction: Shade is an essential environmental feature to prevent heat illnesses and skin cancer. Written policies related to shade were described in municipalities in four southwest and four northeast U.S. states.

Method: Municipal codes, planning documents, and manuals/guidelines from municipalities ($N = 48$) in eight U.S. states were coded for content related to shade by research assistants. They used a standardized protocol to assign numeric codes to each document to assess type of document, type of shade, location, resource allocation, accountability, and design standards. Results were summarized using descriptive statistics.

Results: Three quarters of municipalities (75.0%) had a policy document that addressed shade, including municipal codes (54.2%), planning documents (29.2%), and manuals/guidelines (12.5%). Protecting from heat (31.3%) was mentioned in policies more than protecting from ultraviolet radiation (8.3%), as was natural shade (56.3%) rather than constructed shade (25.0%). Policies prescribed several design standards, most frequently shade material, proportion of area covered, and attractiveness. Half (50.0%) of municipalities mentioned accountability for shade in the policy, but only a third (35.4%) addressed resource allocation. Regional differences were seen in policy document type, shade type, locations, design standards, and resource allocation.

Discussion: Many municipalities had policies that mentioned shade, but only a minority of policies indicated that the purpose of the policy was protection from heat or ultraviolet radiation. In northeast municipalities, which can have local home rule traditions, policies on shade appeared almost entirely in municipal codes. Southwest municipalities often included policies in planning documents that may have less legal force than municipal codes.

KEYWORDS

shade, policy, municipalities, environment, heat illness, skin cancer

1 Introduction

Shade is an essential environmental feature for public health (1), as extreme heat events linked to climate change (2) contribute to heat illnesses (e.g., heat syncope, heat exhaustion, and heat stroke) and death (3) and acute and chronic ultraviolet radiation (UV) exposure causes persistent high skin cancer (melanoma and keratinocyte cancers) incidence and deaths (4, 5). The U.S. Centers for Disease Control and Prevention (6, 7) (CDC) recommends using shade to manage body temperature to prevent heat illnesses and to reduce solar UV exposure to prevent skin cancer (7–10). Shade has several advantages for personal protection from heat and UV: being inexpensive, requiring little planning, being attractive, enhancing comfort, and impinging minimally on outdoor activities. Shade is desired by many Americans (11–15) and may be used when provided in public open spaces (16–18).

Many adults and children in the United States may have limited access to shade, particularly in neighborhoods with racial and ethnic minorities and low-income residents (19, 20), producing environmental shade disparities. Racial and ethnic minority and low-income populations are at disproportionately high risk for heat illnesses (21, 22) and skin cancer due to lack of access to shade and other cooling methods (23, 24), low-income outdoor jobs (25), low access to dermatologists, few skin exams, late diagnosis of skin cancer (26–32), and infrequent personal sun protection (33–36).

Public policy is an important strategy for providing shade in public spaces and addressing shade equity more generally (37, 38). Policy can elevate shade on community leaders' agendas, achieve equitable distribution of shade by neighborhood, and motivate investment in shade despite its costs. Shade policy has received little research attention in public health (20).

This paper examined written policies related to shade in municipalities in four southwest and four northeast U.S. states, using legal mapping methods that described the type of documents and content. The authors were located in these two regions and the regions had differing climates and ambient UV levels. Municipalities administer public open spaces and parks. These areas are often community-oriented, within walking distance for 75% of residents, contain venues for outdoor recreation/leisure activities [and physical activity (39–45)] that expose users to heat/UV, and are used by all age, race, ethnic, and income groups (although use may be statistically low by older individuals and Black people) (39, 43, 45–49).

2 Method

The WCG IRB determined that this study is not human subjects research. It did not involve human participants, so IRB approval was not required.

2.1 Sample of municipalities

A sample of municipalities from eight states (Arizona, Colorado, Connecticut, New Jersey, New Mexico, New York, Pennsylvania, and Utah) in two regions of the United States (i.e., southwest and northeast) ($N = 48$) were selected. Regions were selected for their proximity to the authors and differences in climate, topography, and

latitude to improve generalizability. The southwest states have dry climates, many hours of sunshine, very warm to hot temperatures during summer months, and are located at low latitudes, which produce dangerously high temperatures and UV. By contrast, the northeast states have humid climates with cloud cover and intermittent precipitation. Humidity can contribute to high heat exposure. All of the states have experienced summer heat waves, and UV levels are sufficiently high in summer months to sunburn the skin even on cloudy days.

Municipalities were selected in a two-step process. First, a list of all municipalities in each state was obtained and stratified into three groups based on population size—49,999 or less, 50,000–99,999, and 100,000 or more. In the second step, the largest municipality by population was selected with certainty in each state—Phoenix, Denver, Bridgeport, Newark, Albuquerque, New York City, Philadelphia, and Salt Lake City, respectively and then to ensure representativeness within each state, one city was randomly selected from the largest group and two cities each from the two smaller groups, yielding six municipalities per state (two large, two medium, and two small population cities). This produced a sample of municipalities stratified by state and population size.

2.2 Municipal shade policy collection and coding

Municipal codes, planning documents, and manuals/guidelines were examined, and those containing language related to shade were collected from each municipality. These documents were located using a Google search engine and municipal websites, using the search terms, shade, policy, parks, and recreation. The full text of the policy document was obtained. Policies were initially read by a research assistant who assigned content codes using a pre-set coding protocol. The research assistant met with the first author to review and refine categories and address uncertainties in codes. A second research assistant was trained to code policies by reviewing the definitions and categories and being presented with examples. The first research assistant verified the second assistant's policy codes, resolving disagreements through discussion. A third independent research assistant coded policy documents from three cities to estimate inter-rater reliability. Cohen's kappa, which assesses amount of agreement beyond chance between raters in categorical measures, was 0.73 and indicated substantial agreement (50).

2.3 Shade policy coding protocol

A coding protocol containing five categories was developed by modifying our previous assessments of workplace and school sun safety policy and from a review of the municipal policy documents by the senior author. The categories and their codes are as follows:

- i Type of document (municipal/city/zoning code, planning document [master plan, general plan, or community plan], manual/guideline).
- ii Type of shade (natural [trees, other vegetation], built [shade structure, building, pavilions, shelters], not specified).

- iii Location (park [urban, community, neighborhood, dog, skate, recreation], public open space/areas, playground [children's play equipment], picnic area, sitting area/benches, work area, break/lunch area, athletic field, retail shopping area, parking area, sidewalks/pathway/pedestrian areas, entrances, streets, community plaza/courtyards, paved surfaces).
- iv Resource allocation and accountability (personnel or methods for implementing or monitoring policy) for shade.
- v Design standards (shade pattern, avoidance of ice/snow, tree canopy coverage, tree selection, heat sink area/island, percent of shade coverage, percent of natural shade, and climate considerations [snow or ice build-up]).

2.4 Statistical analysis

Given the small sample of municipalities and policy documents in just eight states (which limited statistical power for inferential statistics), we calculated descriptive statistics for each coding category (counts and percentages) using MS Excel Version 16.91 (RRID:SCR_016137).

3 Results

3.1 Profile of the sample of municipalities

The $N = 48$ municipalities were located in the West and Northeast Census regions within the United States. They ranged in size from 246 to 8,258,025 residents (Arizona 670–1,643,899; Colorado 1,240–713,453; Connecticut 19,008–148,028; New Jersey 1,813–304,960; New Mexico 1980–561,368; New York 1,001–8,258,035; Pennsylvania 246–1,550,542; Utah 9,159–207,677) (51). The municipal populations across the eight states included white (3.0 to 98.0%), Hispanic (0.0 to 77.2%), and African American (0.0 to 80.6%) residents (52, 53). Maximum temperatures in the eight states in July 2024 ranged from 84.0°F (Colorado) to 99.5°F (Arizona) (54). The average maximum UV Index in June from 2006 to 2023 varied by region from 10 to 13 in the southwest states to 6 to 7 in the northeast states (55).

3.2 Presence of policy on shade

Our search identified policy documents with content related to shade in 77.1% of the municipalities (Table 1). The policies were present mostly in municipal codes, ordinances, and planning documents (e.g., master plans), with a small number of cities including shade policies in guideline documents.

3.3 Policy purpose and content

Table 1 summarizes codes for policy purpose and content. A third of the policies had the stated purpose of protecting individuals from excessive heat but very few (4 of 48 documents) specified the purpose of protecting people from UV. The majority of policies pertained to the use of natural shade, while a quarter mentioned built or constructed shade. Overall, the most common locations for shade were parks and sidewalks or streets, with playgrounds mentioned in only about a fifth of policies.

TABLE 1 Content of policies on shade in municipalities in southwest and northeast U.S. states.

Policy information	Southwest States	Northeast States	Overall
<i>N</i> of municipalities	24	24	48
	<i>N</i> (%)	<i>N</i> (%)	<i>N</i> (%)
Policy present	19 (79.2)	18 (75.0)	37 (77.1)
Type of Policy			
Municipal/city/zoning code	6 (25.0)	20 (83.3)	26 (54.2)
Planning document [master, general, or community]	13 (54.2)	1 (4.2)	14 (29.2)
Manual/guideline	5 (20.8)	1 (4.2)	6 (12.5)
Policy content			
Purpose of policy			
Heat	8 (33.3)	7 (29.2)	15 (31.3)
UV	2 (8.3)	2 (8.3)	4 (8.3)
Type of shade			
Natural	10 (41.7)	17 (70.8)	27 (56.3)
Built	10 (41.7)	2 (8.3)	12 (25.0)
Placement of shade			
Park	17 (70.8)	6 (25.0)	23 (47.9)
Playground	8 (33.3)	1 (4.2)	9 (18.7)
Dog park	1 (4.1)	0 (0.0)	1 (2.0)
Sports area	4 (16.7)	0 (0.0)	4 (8.4)
Walking trail	3 (12.5)	0 (0.0)	3 (6.3)
Sidewalks/streets	1 (4.1)	16 (66.7)	17 (35.4)
Resource allocation for shade	13 (54.2)	4 (16.7)	17 (35.4)
Accountability for shade provision	12 (50.0)	12 (50.0)	24 (50.0)
Design standards for shade			
Size	8 (33.3)	3 (12.5)	11 (22.9)
Shade material	6 (25.0)	17 (70.8)	23 (47.9)
Surface type	2 (8.3)	0 (0.0)	2 (4.2)
Heat sink/island location	4 (16.7)	0 (0.0)	4 (8.3)
Proportion of area covered	2 (8.3)	12 (50.0)	14 (29.2)
Publicly accessible	13 (54.2)	1 (4.2)	14 (29.2)
Attractiveness	13 (54.2)	5 (20.8)	18 (37.5)
Safe use of area	11 (45.8)	0 (0.0)	11 (22.9)
Climate considerations (snow/ice)	4 (16.7)	4 (16.7)	8 (16.7)

Half of the policies described a procedure for assessing accountability for implementing the shade policy but only a third mentioned how resources were to be allocated for shade provision.

Many policies prescribed design standards for the shade that provided functional, aesthetic, or quality frameworks for shade (56). Shade material was specified in nearly half of the policies, while 3 out

of 5 policies specified the proportion of an area to be shaded and that the shade must be publicly accessible. A third of policies described ways to make the shade attractive, but only about a quarter indicated that shade should be designed to be safe to use. Considerations related to the local climate conditions, such as not contributing to snow or ice build-up, shading locations that were known to be heat sinks or heat islands, and the type of surface under the shade, were infrequently mentioned in the policies.

3.4 Regional differences in shade policies

A similar number of municipalities in the southwest and northeast states had policies related to shade and only a limited number of policies mentioned heat or UV protection. Policies were most commonly written in city codes in the northeast states (83.3%) and planning documents in the southwest states (54.2%) (Table 1). However, policies in southwest municipalities mentioned built shade much more than those in northeast states, where natural shade was far more likely to be described. Also, policies in the northeast states mostly mentioned shade along sidewalks or streets; policies in southwest states designated shade for parks. The southwest states also mentioned playgrounds, sports areas, and walking trails, but the policies in the northeast states did not. The design standards differed by region, too, with more northeast municipalities having policies that described the type of shade material and proportion of shaded areas covered, while southwest municipalities had policies specifying size, public accessibility, attractiveness of shade design, and safe use of shaded areas. Climate considerations were mentioned infrequently in both the southwest and northeast states; areas with heat sinks or heat islands were only included in policy documents in southwest municipalities. More southwest municipalities had policies that addressed resource allocation than northeast municipalities, although half of municipalities in both regions had policies that placed similar moderate emphasis on accountability (how was policy implementation and effectiveness monitored) for implementation of the policy.

4 Discussion

Municipalities play a key role in providing safe outdoor spaces. This study sought to describe how U.S. municipalities in two regions of the United States addressed the provision of shade in public areas and if policies were designed for protection from the hazards of heat and UV. Most of the 48 municipalities examined in the American southwest and northeast had a policy document that addressed shade, although the purpose was not usually described as intended for protection from heat or UV. The low latitudes, higher elevations, higher temperatures, and more sunny days in the southwest states might lead us to expect more shade policies in that region than in northeast states. However, shade may be a desirable environmental feature in all regions for UV and heat protection and also for physical and mental health and social cohesion. The publicity focused on the rising numbers of extreme heat events (2) may explain why protection from heat was much more commonly mentioned than protection from UV. UV also may be seen as having less immediate acute harm (i.e., sunburn) than heat illness, which can be acutely life-threatening. Several childcare centers,^{98,99} schools, swimming pools, and

playgrounds in the United States^{84,100,101} and Australia¹⁰²⁻¹⁰⁴ have shade policies (57–71) but this was one of the first assessments of policies at the municipal level.

Many shade policies were contained in municipal codes that had legal force, especially in the northeast states. There may be strong home rule traditions in northeast states that result in more regulatory autonomy, so there was a tendency to write shade policies in municipal codes (72). By comparison, a number of policies in southwest states were in plans and guidelines that may be more advisory or impact decision-making but have less influence on public or private actions because they do not have the force of law. Converting shade plans to ordinances or codes may make them more influential. Also, it may be useful to advocate for adoption of shade policies by multiple governmental units (73), including counties, states, or special districts (e.g., for recreation), especially in regions where local autonomy for municipalities is less favored, coordination of programs among governmental units is weak, and management of land use varies. Interventions should consider other factors that can affect regulations such as land use development history, community culture, partnerships, collaborations, social capital, and governmental capacity (74), as well.

Advocating for public policy is an important strategy for addressing shade inequity observed in some municipalities (37, 38), especially given a recent estimate that deaths from extreme temperature days will increase disproportionately among Hispanic and non-Hispanic Black adults in the mid-21st century (75). Individuals in lower socio-economic (SES) groups also may be a greater risk for heat-related illnesses than higher SES groups (76). Lack of access to shade has been cited as one cause of these disparities (23, 24). Adopting shade policy can elevate shade on community leaders' agenda. Policies might require audits of existing shade to identify areas with shade disparities and direct resources to achieve equitable distribution of shade by neighborhood. Policies that identify and prescribe resource allocation may also help ensure that municipalities invest in shade to reduce inequities, despite costs of natural (planting and maintaining trees/other vegetation) and built shade (constructing shade structures). Adding shade requirements for building and development plans may be one way to share costs of addressing shade disparities with owners of private parcels. Costs of shade have received little attention except as a component in a few sun safety interventions (77–79), despite the United Nations' recent prediction that substantial public investments will be needed for climate change adaptation (80). Cost information should be studied and shared to help with decision-making about and implementation of shade policy once it is adopted. Data on geographic distribution of heat illness and skin cancer incidence could be used to direct investment in shade in neighborhoods experiencing high health risks and disparities. Finally, many shade policies focused on natural shade (i.e., planting trees and other vegetation) that can take years to produce effective shade, so policies should focus on low-cost built shade which can provide immediate solar protection and requires low-cost maintenance.

4.1 Limitations

A limitation of this analysis was the focus on municipalities in just eight states in the United States. We attempted to improve representativeness and generalizability by using randomization to select municipalities, employing stratification to include cities of

various sizes, from small to very large, and examining municipalities in two regions with different climates. Future research should obtain a larger sample from all regions of the United States and might consider stratifying on or assessing other factors that affect environmental (latitude for UV levels or temperature) or population (income) risk. Some municipal policies could have been missed with our online search strategies. Coverage biases might be reduced in the future by using legal research services (e.g., Municode; Westlaw) or contacting municipalities. We also focused our attention only on heat and UV protection as the purpose of policy, not on other physical and mental health or social cohesion benefits of shade. The analysis also relied on legal mapping procedures assessing the municipal codes and planning documents rather than the interpretation of policies and steps taken to implement them by city officials and employees charged with applying the policies. Finally, our analysis was descriptive, because the small sample of municipalities limited statistical power.

4.2 Conclusion

Shade and shade policy have received little research attention in public health (20), representing sizable practical and theoretical gaps in the literature on heat illness and skin cancer prevention. The majority of municipalities assessed had some type of policy on shade, although few were intended to protect from heat or UV, many over emphasized natural shade rather than constructed shade, and they varied in location and design standards for shade. Further research is needed on public policy and shade to make successful practical and political arguments for adopting or strengthening shade policies and investing public funds in providing shade. How shade policy affects actual shade availability has not been analyzed, nor have interventions to increase shade policy and implementation. Efforts to publicize the health benefits of shade and the public's desire for shade in public spaces may help raise shade on public agendas for municipal decision-makers. Past research has assessed sentiment toward shade (11–15) but not whether residents support public funding for it and how shade policy affects public health outcomes. With 2024 being the warmest year on record globally (81), several prolonged extreme heat events (2), and high prevalence of heat-related illnesses and mortality (82), as well as melanoma and other skin cancers (4, 5), research and advocacy on shade and other community-based strategies to prevent heat illness and skin cancer is urgently needed.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

Ethical review and approval was not required for the study of human participants in accordance with the local legislation and institutional requirements. Written informed consent from the patients/participants or patients/participants legal guardian/next

of kin was not required to participate in this study in accordance with the national legislation and the institutional requirements.

Author contributions

DB: Conceptualization, Methodology, Project administration, Writing – original draft. AK: Data curation, Methodology, Writing – review & editing. TS: Data curation, Investigation, Validation, Writing – review & editing. PG: Data curation, Investigation, Writing – review & editing. MM-B: Conceptualization, Visualization, Writing – review & editing. IB: Conceptualization, Visualization, Writing – review & editing. CH: Conceptualization, Project administration, Visualization, Writing – review & editing.

Funding

The author(s) declare that financial support was received for the research and/or publication of this article. The research was funded by Klein Buendel, Inc. and a grant from the U.S. National Cancer Institute to the Rutgers Cancer Institute, Rutgers University (P30CA072720, PI Steven Libutti). The funder (Klein Buendel, Inc.) was not involved in the study design, collection, analysis, interpretation of data or the writing of this article.

Acknowledgments

The authors thank Anna Mitarotondo for her assistance with the policy identification.

Conflict of interest

DB receives a salary from Klein Buendel, Inc. and his spouse and children are owners of Klein Buendel, Inc. IB receives a salary from DLH, LLC and is an owner of Klein Buendel, Inc. AK and TS receive a salary from Klein Buendel, Inc.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

References

- Kántor N, Chen L, Gál CV. Human-biometeorological significance of shading in urban public spaces—summertime measurements in Pécs, Hungary. *Landsc Urban Plan.* (2018) 170:241–55. doi: 10.1016/j.landurbplan.2017.09.030
- World Meteorological Organization. (2024). State of the global climate 2023. Available online at: <https://wmo.int/publication-series/state-of-global-climate-2023> [Accessed November 14, 2024].
- Centers for Disease Control and Prevention. (2024). Provisional mortality on CDC WONDER online database. Available online at: <https://wonder.cdc.gov/controller/datarequest/D176?sessionId=927010B9ADBC65AC7E6B68644414> [Accessed May 1, 2024].
- American Cancer Society. (2024). Cancer facts & figures 2024. Available online at: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acf.pdf> [Accessed May 31, 2024].
- National Cancer Institute. (2024). Cancer stat facts: melanoma of the skin. SEER. Available online at: <https://seer.cancer.gov/statfacts/html/melan.html> [Accessed May 15, 2024].
- Centers for Disease Control and Prevention. (2024). Preventing heat-related illness. Available online at: https://www.cdc.gov/extreme-heat/prevention/?CDC_AAref_Val=https://www.cdc.gov/disasters/extremeheat/heattips.html [Accessed May 21, 2024].
- Centers for Disease Control and Prevention. (2023). Reducing risk for skin cancer. Available online at: https://www.cdc.gov/skin-cancer/prevention/?CDC_AAref_Val=https://www.cdc.gov/cancer/skin/basic_info/prevention.htm [Accessed March 1, 2024].
- National Integrated Heat Health Information System. (2024). Who is at risk to extreme heat. Available online at: <https://www.heat.gov/pages/who-is-at-risk-to-extreme-heat> [Accessed May 1, 2024].
- Occupational Safety & Health Administration. (2024). Heat illness prevention. Available online at: <https://www.osha.gov/heat> [Accessed May 1, 2024].
- American Cancer Society. (2023). Can melanoma skin cancer be prevented. Available online at: <https://www.cancer.org/cancer/types/melanoma-skin-cancer/causes-risks-prevention/prevention.html> [Accessed May 1, 2024].
- Mackay C. (2018). Sun-shading at the water's edge. National Institute of Water and Atmospheric Research. Available online at: https://niwa.co.nz/sites/default/files/Mackay_Sunshade%20at%20water.pdf [Accessed May 1, 2024].
- Bloch S. (2019). Shade: it's a civic resource, an index of inequality, and a requirement for public health. Shade should be a mandate for urban designers. *Places J.* Available online at: <https://placesjournal.org/article/shade-an-urban-design-mandate/?cn-reloaded=1#0> [Accessed May 1, 2024].
- Tabatabaie S, Litt JS, Muller BHF. Sidewalks, trees and shade matter: a visual landscape assessment approach to understanding people's preferences for walking. *Urban For Urban Green.* (2023) 84:127931. doi: 10.1016/j.ufug.2023.127931
- Vanos JK, Herdt AJ, Lochbaum MR. Effects of physical activity and shade on the heat balance and thermal perceptions of children in a playground microclimate. *Build Environ.* (2017) 126:119–31. doi: 10.1016/j.buildenv.2017.09.026
- Lanza K, Alcazar M, Durand CB, Salvo D, Villa U, Kohl HW. Heat-resilient schoolyards: relations between temperature, shade, and physical activity of children during recess. *J Phys Act Health.* (2023) 20:134–41. doi: 10.1123/jpah.2022-0405
- Buller DB, English DR, Buller MK, Simmons J, Chamberlain JA, Wakefield M, et al. Shade sails and passive recreation in public parks of Melbourne and Denver: a randomized intervention. *Am J Public Health.* (2017) 107:1869–75. doi: 10.2105/AJPH.2017.304071
- Dobbinson SJ, White V, Wakefield MA, Jansen KM, Livingston PM, English DR, et al. Adolescents' use of purpose built shade in secondary schools: cluster randomised controlled trial. *BMJ.* (2009) 338:b95. doi: 10.1136/bmj.b95
- Dobbinson SJ, Simmons J, Chamberlain JA, MacInnis RJ, Salmon J, Staiger PK, et al. Examining health-related effects of refurbishment to parks in a lower socioeconomic area: the ShadePlus natural experiment. *Int J Environ Res Public Health.* (2020) 17:6102. doi: 10.3390/ijerph17176102
- Schinasi LH, Kanungo C, Christman Z, Barber S, Tabb L, Headen I. Associations between historical redlining and present-day heat vulnerability housing and land cover characteristics in Philadelphia, PA. *J Urban Health.* (2022) 99:134–45. doi: 10.1007/s11524-021-00602-6
- Turner VK, Middel A, Vanos JK. Shade is an essential solution for hotter cities. *Nature.* (2023) 619:694–7. doi: 10.1038/d41586-023-02311-3
- Jia YA, Rowlinson S, Ciccirelli M. Climatic and psychosocial risks of heat illness incidents on construction site. *Appl Ergon.* (2016) 53 Pt A:25–35. doi: 10.1016/j.apergo.2015.08.008
- Petitti DB, Harlan SL, Chowell-Puente G, Ruddell D. Occupation and environmental heat-associated deaths in Maricopa county, Arizona: a case-control study. *PLoS One.* (2013) 8:e62596. doi: 10.1371/journal.pone.0062596
- Harlan SL, Brazel AJ, Prashad L, Stefanov WL, Larsen L. Neighborhood microclimates and vulnerability to heat stress. *Soc Sci Med.* (2006) 63:2847–63. doi: 10.1016/j.socscimed.2006.07.030
- McGeehin MA, Mirabelli M. The potential impacts of climate variability and change on temperature-related morbidity and mortality in the United States. *Environ Health Perspect.* (2001) 109 Suppl 2:185–9. doi: 10.1289/ehp.109-1240665
- U.S. Bureau of Labor Statistics. (2024). Labor force statistics from the current population survey. Table 18. Available online at: <https://www.bls.gov/cps/data.htm> [Accessed May 1, 2024].
- Imahiyerobo-Ip J, Ip I, Jamal S, Nadiminti U, Sanchez M. Skin cancer awareness in communities of color. *J Am Acad Dermatol.* (2011) 64:198–200. doi: 10.1016/j.jaad.2010.02.012
- Coups EJ, Stapleton JL, Hudson SV, Medina-Forrester A, Natale-Pereira A, Goydos JS. Sun protection and exposure behaviors among Hispanic adults in the United States: differences according to acculturation and among Hispanic subgroups. *BMC Public Health.* (2012) 12:985. doi: 10.1186/1471-2458-12-985
- Harvey VM, Oldfield CW, Chen JT, Eschbach K. Melanoma disparities among US Hispanics: use of the social ecological model to contextualize reasons for inequitable outcomes and frame a research agenda. *J Skin Cancer.* (2016) 2016:1–9. doi: 10.1155/2016/4635740
- Hu S, Soza-Vento RM, Parker DF, Kirsner RS. Comparison of stage at diagnosis of melanoma among Hispanic, black, and white patients in Miami-Dade County, Florida. *Arch Dermatol.* (2006) 142:704–8. doi: 10.1001/archderm.142.6.704
- Bradford PT. Skin cancer in skin of color. *Dermatol Nurs.* (2009) 21:170–8.
- Culp MB, Lunsford NB. Melanoma among non-Hispanic black Americans. *Prev Chronic Dis.* (2019) 16:E79. doi: 10.5888/pcd16.180640
- American Cancer Society. (2021). Cancer facts & figures for Hispanic/Latino people 2021–2023. Available online at: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-hispanics-and-latinos/hispanic-latino-2021-2023-cancer-facts-and-figures.pdf> [Accessed May 1, 2024].
- Coups EJ, Stapleton JL, Hudson SV, Medina-Forrester A, Rosenberg SA, Gordon MA, et al. Linguistic acculturation and skin cancer-related behaviors among Hispanics in the southern and western United States. *JAMA Dermatol.* (2013) 149:679–86. doi: 10.1001/jamadermatol.2013.745
- Calderón TA, Bleakley A, Jordan AB, Lazovich D, Glanz K. Correlates of sun protection behaviors in racially and ethnically diverse U.S. adults. *Prev Med Rep.* (2019) 13:346–53. doi: 10.1016/j.pmedr.2018.12.006
- Pichon LC, Corral I, Landrine H, Mayer JA, Norman GJ. Sun-protection behaviors among African Americans. *Am J Prev Med.* (2010) 38:288–95. doi: 10.1016/j.amepre.2009.10.041
- Buchanan Lunsford N, Berkot J, Holman DM, Stein K, Prempeh A, Yerkes A. Skin cancer knowledge, awareness, beliefs and preventive behaviors among black and Hispanic men and women. *Prev Med Rep.* (2018) 12:203–9. doi: 10.1016/j.pmedr.2018.09.017
- Tripp MK, Watson M, Balk SJ, Swetter SM, Gershenwald JE. State of the science on prevention and screening to reduce melanoma incidence and mortality: the time is now. *CA Cancer J Clin.* (2016) 66:460–80. doi: 10.3322/caac.21352
- Hill D, Dobbinson S, Makin J (2009). Interventions to lower ultraviolet radiation exposure: education, legislation and public policy. ASCO 2009 education book, melanomas/skin cancer. 526–531.
- Derosé KP, Han B, Williamson S, Cohen DA. Racial-ethnic variation in park use and physical activity in the city of Los Angeles. *J Urban Health.* (2015) 92:1011–23. doi: 10.1007/s11524-015-9994-8
- Godbey GC, Caldwell LL, Floyd M, Payne LL. Contributions of leisure studies and recreation and park management research to the active living agenda. *Am J Prev Med.* (2005) 28:150–8. doi: 10.1016/j.amepre.2004.10.027
- Tinsley HEA, Tinsley DJ, Croskeys CE. Park usage, social milieu, and psychosocial benefits of park use reported by older urban park users from four ethnic groups. *Leis Sci.* (2002) 24:199–218. doi: 10.1080/01490400252900158
- Reed JA, Price AE, Grost L, Mantinan K. Demographic characteristics and physical activity behaviors in sixteen Michigan parks. *J Community Health.* (2012) 37:507–12. doi: 10.1007/s10900-011-9471-6
- Carlson SA, Brooks JD, Brown DR, Buchner DM. Racial/ethnic differences in perceived access, environmental barriers to use, and use of community parks. *Prev Chronic Dis.* (2010) 7:A49.
- Paxton R, Sharpe P, Granner M, Hutto B. Associations of sociodemographic and community environmental variables to use public parks and trails for physical activity. *Int J Health Promot Educ.* (2005) 43:108–16. doi: 10.1080/14635240.2005.10708051
- Floyd MF, Spengler JO, Maddock JE, Gobster PH, Suau LJ. Park-based physical activity in diverse communities of two U.S. cities: an observational study. *Am J Prev Med.* (2008) 34:299–305. doi: 10.1016/j.amepre.2008.01.009
- Floyd MF, Taylor WC, Whitt-Glover M. Measurement of park and recreation environments that support physical activity in low-income communities of color: highlights of challenges and recommendations. *Am J Prev Med.* (2009) 36:S156–60. doi: 10.1016/j.amepre.2009.01.009

47. Cronan MK, Shinew KJ, Schneider I, Stanis SA, Chavez D. Physical activity patterns and preferences among Latinos in different types of public parks. *J Phys Act Health*. (2008) 5:894–908. doi: 10.1123/jpah.5.6.894
48. Stodolska M, Shinew KJ, Acevedo JC, Izenstark D. Perceptions of urban parks as havens and contested terrains by Mexican-Americans in Chicago neighborhoods. *Leis Sci*. (2011) 33:103–26. doi: 10.1080/01490400.2011.550220
49. Mowen AJ, Barrett A, Pitas N, Graefe AR, Taff BD, Godbey G (2015). Americans' use and perceptions of local recreation and park services: a nationwide reassessment. National Recreation and Park Association. Available online at: https://www.nrpa.org/uploadedFiles/nrpa.org/Publications_and_Research/Research/Park-Perception-Study-NRPA-Full-Report.pdf [Accessed December 3, 2024].
50. Cohen J. A coefficient of agreement for nominal scales. *Educ Psychol Meas*. (1960) 20:37–46. doi: 10.1177/001316446002000104
51. U.S. Census Bureau. (2024). Resident population for incorporated places in the United States: April 1, 2020 to July 1, 2023 (SUB-IP-EST2023-POP). Available online at: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html> [Accessed December 3, 2024].
52. U.S. Census Bureau. (2024). P9: Hispanic or Latino, and not Hispanic or Latino by race. Available online at: <https://data.census.gov/table/DECENNIALDHC2020.P9?q=Race%20and%20Ethnicity&g=160XX00US0420750,0455000> [Accessed December 3, 2024].
53. U.S. Census Bureau. (2024). QuickFacts. Available online at: <https://www.census.gov/quickfacts/fact/table/> [Accessed December 3, 2024].
54. National Centers for Environmental Information. (2024). Climate at a glance statewide time series. Available online at: <https://www.ncei.noaa.gov/access/monitoring/climate-at-a-glance/statewide/time-series> [Accessed December 3, 2024].
55. U.S. Environmental Protection Agency. (2024). Sun safety monthly average UV index 2006–2023. Available online at: <https://www.epa.gov/sunsafety/sun-safety-monthly-average-uv-index-2006-2023> [Accessed December 3, 2024].
56. American Institute of Architects. (2023). What are design standards and how are they used in your project? Available online at: <https://learn.aiacontracts.com/articles/what-are-design-standards-and-how-are-they-used-in-your-project/> [Accessed June 16, 2025].
57. Stanton WR, Saleheen HN, O'Riordan D, Roy CR. Environmental conditions and variation in levels of sun exposure among children in child care. *Int J Behav Med*. (2003) 10:285–98. doi: 10.1207/S15327558IJBM1004_1
58. Harrison SL, Saunders V, Nowak M. Baseline survey of sun-protection knowledge, practices and policy in early childhood settings in Queensland, Australia. *Health Educ Res*. (2007) 22:261–71. doi: 10.1093/her/cyl068
59. Elliott T, Glanz K, Nehl EJ. Characteristics of swimming pools with high rates of objectively measured sunscreen use. *J Am Acad Dermatol*. (2009) 60:684–8. doi: 10.1016/j.jaad.2008.08.003
60. Buller DB, Geller AC, Cantor M, Buller MK, Rosseel K, Hufford D, et al. Sun protection policies and environmental features in US elementary schools. *Arch Dermatol*. (2002) 138:771–4. doi: 10.1001/archderm.138.6.771
61. Buller DB, Buller MK, Reynolds KD. A survey of sun protection policy and education in secondary schools. *J Am Acad Dermatol*. (2006) 54:427–32. doi: 10.3316/ielapa.457874670531903
62. Dobbins SJ, Peipers AM, Borland R, Nolan KM. Are Victorian primary schools SunSmart? The ongoing development of the SunSmart schools program. *Health Promot J Austr*. (2000) 10:43–50.
63. Jones SB, Beckmann K, Rayner J. Australian primary schools' sun protection policy and practice: evaluating the impact of the national SunSmart schools program. *Health Promot J Austr*. (2008) 19:86–90. doi: 10.1071/HE08086
64. Gartland D, Dobbins S. (2004). The sun protection environment at swimming pools in Victoria, 2000–2001. The Cancer Council Victoria. SunSmart Evaluation Studies No. 7.
65. Reynolds KD, Buller DB, French SA, Buller MK, Ashley JL. School sun-protection policies: measure development and assessments in two regions of the United States. *J Sch Health*. (2012) 82:499–507. doi: 10.1111/j.1746-1561.2012.00729.x
66. Walkosz BJ, Buller DB, Andersen PA, Wallis A, Buller MK, Scott MD. Factors associated with occupational sun-protection policies in local government organizations in Colorado. *JAMA Dermatol*. (2015) 151:991–7. doi: 10.1001/jamadermatol.2015.0575
67. Berteletti J, Buller DB, Massie K, Ashley J, Liu X, Reynolds KD. Sun protection policies in public school districts with elementary schools in California. *JAMA Dermatol*. (2018) 154:103–5. doi: 10.1001/jamadermatol.2017.3725
68. Walkosz BJ, Buller DB, Buller MK, Wallis A, Liu X. Senior managers' awareness of sun protection policy predicts implementation of worksite sun safety in a randomized trial. *Am J Ind Med*. (2019) 62:893–900. doi: 10.1002/ajim.23033
69. Buller DB, Walkosz BJ, Olivas S, Eye R, Liu X, Kinsey A, et al. Association of occupational sun safety policy and actions in state transportation sector in the United States. *Am J Ind Med*. (2021) 64:274–82. doi: 10.1002/ajim.23214
70. Wei G, Hennessy K, Turner K. Sun safety policies among school districts in the US: findings from a national survey. *Skinmed*. (2022) 20:47–56.
71. Peconi J, Lanyon K, Tod D, Driscoll T, Prathap S, Watkins A, et al. Are Welsh primary schools Sunproofed? Results of a national survey, part 1: scoping the landscape of sun safety policies in Wales. *Clin Exp Dermatol*. (2024) 49:566–72. doi: 10.1093/ced/llad458
72. Berman D. State and local politics. 9th ed. New York: Routledge (2000).
73. Schlager E, Blomquist W. (2000). Local communities, policy prescriptions, and watershed management in Arizona, California, and Colorado. Constituting the commons: crafting sustainable commons in the new millennium. In: The eighth biennial conference of the International Association for the Study of common property; May 31–June 4; Bloomington, Indiana.
74. Mockrin MH, Fishler HK, Stewart SI. Does wildfire open a policy window? Local government and community adaptation after fire in the United States. *Environ Manag*. (2018) 62:210–28. doi: 10.1007/s00267-018-1030-9
75. Khatana SAM, Szeto JJ, Eberly LA, Nathan AS, Puvvula J, Chen A. Projections of extreme temperature-related deaths in the US. *JAMA Netw Open*. (2024) 7:e2434942. doi: 10.1001/jamanetworkopen.2024.34942
76. O'Neill MS, Zanobetti A, Schwartz J. Modifiers of the temperature and mortality association in seven US cities. *Am J Epidemiol*. (2003) 157:1074–82. doi: 10.1093/aje/kwg096
77. Meenan RT, Reynolds KD, Buller DB, Massie K, Berteletti J, Buller MK, et al. Economic evaluation of a sun protection promotion program in California elementary schools. *Am J Health Promot*. (2020) 34:848–56. doi: 10.1177/0890117120905217
78. Meenan RT, Walkosz BJ, Buller DB, Eye R, Buller MK, Wallis AD, et al. Economic evaluation of an intervention promoting adoption of occupational sun protection policies. *J Occup Environ Med*. (2019) 61:978–83. doi: 10.1097/JOM.0000000000001707
79. Buller DB, Buller MK, Meenan R, Cutter GR, Berteletti J, Eye R, et al. Design and baseline data of a randomized trial comparing two methods for scaling-up an occupational sun protection intervention. *Contemp Clin Trials Commun*. (2020) 97:106147. doi: 10.1016/j.cct.2020.106147
80. United Nations Environment Programme. (2023). Adaptation gap report 2023: underfinanced. Underprepared. Inadequate investment and planning on climate adaptation leaves world exposed. Available online at: <https://www.unep.org/resources/adaptation-gap-report-2023> [Accessed March 1, 2024].
81. World Meteorological Organization. (2025). WMO confirms 2024 as warmest year on record at about 1.55°C above pre-industrial level. WMO; Geneva, Switzerland. Available online at: <https://wmo.int/news/media-centre/wmo-confirms-2024-warmest-year-record-about-155degc-above-pre-industrial-level> [Accessed February 13, 2025].
82. Vaidyanathan A, Malilay J, Schramm P, Saha S. Heat-related deaths-United States, 2004–2018. *MMWR Morb Mortal Wkly Rep*. (2020) 69:729–34. doi: 10.15585/mmwr.mm6924a1