Long-Range Planning for Health, Equity & Prosperity

A Primer for Local Governments

ChangeLab Solutions

Contents

Purpose & Vision 4

Vision 4

Whom this guide is for 4

What you will get out of this guide 5

How to use this guide 6

Definitions of Key Terms 7

Introduction 10

1. What are effective ways to communicate the critical role of planning in creating healthy, prosperous, equitable communities? 12

1.A. Describe planning's long history of shaping places where people live, work, and play in ways that both help and hurt health, prosperity, and equity. 13

1.B. Show how disparities in both community prosperity and health are rooted in the 5 fundamental drivers of health inequity. 20

1.C. Understand planning's power to change how and where the 5 drivers of health inequity restrict prosperity and health. 21

1.D. Describe how health contributes to community prosperity and how prosperity is essential to community health. 22

2. How can you use planning frameworks to help reduce health inequities? 24

2.A. Use place-based planning categories to identify and organize health-promoting policies. 24

2.B. Use long-range plans to coordinate and institutionalize cross-sector actions to achieve health, prosperity, and equity. 35

2.C. Use place-based analyses to identify priority neighborhoods and address the needs of priority populations. 35

3. How can you use public health frameworks to plan for equitable prosperity? 38

3.A. Use a public health approach to help identify and understand the roots of community problems. 38

3.B. Use community health data to help define problems and identify priority areas. 45

3.C. Use health partners to support and extend your work in planning for health equity. 48

4. What are some practical ways to integrate health and equity into your everyday planning practice? **49**

4.A. Humanize your work. 50

4.B. Build equity into the process of drafting long-range plans. 51

4.C. Apply equity principles to community engagement. 55

4.D. Build capacity to support health equity across agencies and departments. 58

5. How can you make sure your long-range plans achieve their intended health equity results? **63**

5.A. Commit to the actions needed to operationalize plan policies. 63

5.B. Actively work to avoid implementation pitfalls that can lead to inequitable consequences. 65

5.C. Base plans on evidence, track progress, and evaluate outcomes. 67

6. Resources **70**

Health equity 70

Planning practice 70

Elements of healthy communities 70

References **71**

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Purpose & Vision

Vision

No one should be disadvantaged in achieving their full health potential because of where they live, who they are, or what social position they occupy. We believe that planners and long-range plans are essential to achieving this vision. To that end, ChangeLab Solutions has created *Long-Range Planning for Health, Equity & Prosperity: A Primer for Local Governments* as a resource to help planners across the country advance this important work. This primer is organized as a series of questions in order to provoke thoughts about how planners can prioritize health and equity in their communities. Taken together, the answers to these questions provide (1) a framework for aligning health equity policies across local government departments and (2) broad guidance on how to begin incorporating equity in long-range community planning, engagement, investment, and evaluation processes.

No one should be disadvantaged in achieving their full health potential because of where they live, who they are, or what social position they occupy.

Whom this guide is for

Long-range planning involves many individuals who work in a variety of institutions, agencies, and organizations across a wide range of sectors. The information in this guide is relevant to all of these individuals. However, the primary audience for this guide is planning decisionmakers in local and regional government as well as the experts that these decisionmakers consult to support their work. Some strategies in this guide fall comfortably within standard planning practice. Other strategies will push against the edges of your practice or beyond, and implementing them effectively will require partnerships with other sectors.

Community sizes and contexts across the country range from small, sparsely populated rural communities to large, densely populated urban global hubs. This guide provides information that applies to all types of community sizes and contexts. However, the guide is primarily intended to be relevant in small to medium-sized communities with populations of 20,000 to 350,000 people. Over 50% of the US population lives in communities of this size, and many of these communities are experiencing the challenges addressed in this guide. This guide is also relevant in counties or regions with a range of community sizes, as well as in neighborhoods that have higher rates of poverty, higher percentages of people of color, or higher rates of poor health outcomes than the large cities they are part of.

What you will get out of this guide

We hope that the guidance in this resource will help local governments across the country promote the health and well-being of all their residents through long-range planning. This primer will help you promote health equity in your community by using several approaches:

1. Understand and explain the power of planning to create healthy, prosperous, equitable communities. This primer provides an overview of the wide range of ways that planning can support or impede health equity (and has done so in the past).
2. Use planning and health concepts to build, maintain, and protect systems and environments that encourage healthy living for everyone. This primer presents frameworks you can use in your long-range plans to align health equity policies across all the interconnected aspects of your community.
3. Integrate health and equity into your everyday practice and decisionmaking, using a set of practical tools.
4. Make sure your long-range plans achieve their intended health, equity, and prosperity results. This primer introduces you to essential actions that support implementation and explains potential barriers to equitable implementation.

This primer will help you promote health equity in your community.

If you are a city or town manager; planning, housing, or community development director; or other decisionmaker in your local or regional government, we hope this primer inspires you to strengthen your department's protocols and practices in order to embrace health and equity. And we hope it helps you convince your elected and appointed officials to commit to health equity in your community's long-range plans and policies.

If you are a principal planner, senior planner, or other staff member who manages projects such as neighborhood plans, street improvements, transportation plans, or community workshops, we hope this primer gives you a better understanding of how your work might be helping or hurting health equity in your community.

If you sit on a town, city, county, or regional council; planning commission; board of aldermen; or board of supervisors or if you hold another elected or advisory position, we hope this primer inspires you to commit your community to health equity through your community's long-range plans and policies.

If you are a partner, consultant, or advocate, we hope this primer helps you understand how you can support, influence, or advocate for actions to address health and equity concerns in your community's long-range planning processes, documents, and implementation actions.

How to use this guide

This primer comprises a set of questions you may have about planning for health and equity. While you can read the document from beginning to end, each section and subsection is intended to stand on its own. Thus, you can start with the question that is the most relevant to you right now. You can also follow the links throughout this guide, which will take you to additional resources for deeper dives on various topics.

Regardless of where you start, **please read the Definitions of Key Terms section first**, to familiarize yourself with the key terms that are used throughout this guide. Clear definitions of these terms are important to ensure a shared understanding of the concepts that are presented.

This guide is intended to be the hub for a series of supplemental resources in ChangeLab Solutions' library. These resources will provide more detailed guidance on specific health and equity issues, such as

- How to integrate equity into the planning process;
- How each element of a community affects health equity — and how those elements relate to each other;
- Model policies that implement the frameworks in this document.

Definitions of Key Terms

Community

- A group of people who are located in a particular geographic area or political jurisdiction, or
- A group of people who share a common identity or characteristic but might not be located in a single geographic area

Health

- A state of complete physical, mental, spiritual, cultural, and social well-being, not merely the absence of disease or infirmity[1,2]

Health disparity

- A difference in health between different populations, neighborhoods, or communities

Health equity

- A "state in which everyone has the opportunity to attain full health potential and no one is disadvantaged in achieving this potential because of social [or economic] position or any other socially defined circumstance"[3]

Health inequity

- A health disparity resulting from systemic barriers to education, employment, housing, income, self-determination, and other elements needed to attain full health[4]
- "Differences in health that 'are not only unnecessary and avoidable but, in addition, are considered unfair and unjust' "[5]

Long-range plans

- Documents that establish a community's vision or goals and include a set of strategies, policies, and other interventions intended to shape the pattern, design, and function of that community in ways that will meet future needs. Long-range plans typically have planning horizons of 10 to 20 years or more and are generally adopted by a governmental body such as a city council, planning commission, or board of supervisors.

Talking about equity requires sensitivity. These definitions might not be perfect, but we have tried to use terms and definitions that are strengths-based and that avoid the negative and pathologizing connotations that other words may represent.

Long-range plans can focus on a single topic or address a range of topics; types of long-range plans include but are not limited to comprehensive plans, general plans, master plans, regional plans, community plans, neighborhood plans, station area plans, campus plans, specific plans, strategic plans, economic development plans, revitalization plans, and capital improvement plans.

Planner

- An employee of a local, regional, or state government or agency who engages in the planning, design, and/or regulation of one or more elements of their community; or a private consultant or researcher who supports that work

Planning (aka city planning, community planning, regional planning, urban planning, urban design, long-range planning, land use and transportation planning, advance planning)

- A set of actions that we, as a society, do collectively to shape the pattern, design, and function of human settlements
- A set of public institutions that are charged with forecasting a community's future needs (eg, land use, infrastructure, systems, social, economic) and working together to develop a vision, goals, strategies, and policies to meet those needs

Typical departments that participate in planning include planning, housing, transportation, public works, engineering, community development, building services, redevelopment, parks and recreation, and the city manager's office. Additional agencies that participate in planning include metropolitan and regional planning organizations, counties, redevelopment agencies, housing authorities, regional special purpose agencies such as air and water quality agencies, and community development corporations.

Priority neighborhoods or populations

- Areas or groups of people that are important to support because (1) they have a higher risk of experiencing health inequities than the rest of the community; (2) they have a high percentage of structurally disadvantaged people; and/or (3) they have been historically underserved and deprived of investment

Prosperity

- "The condition of being successful or thriving"[6]

Public health

- A set of actions that we, as a society, do collectively to ensure the conditions for people to be healthy[7]
- A set of public institutions that are charged not merely with treating illness or disease but with ensuring that everyone is as healthy as possible

Social determinants of health

- The cultural, social, political, economic, ecological, and physical settings and circumstances that affect our health by shaping where and how we live, work, learn, and play. They determine our daily experiences, our physical and emotional well-being, how long we live, and our ability to change the quality and course of our lives.[8–11]

Structurally disadvantaged people or populations

- People who face systemic barriers to health and prosperity due to discrimination based on attributes such as social class, race or ethnicity, gender, educational attainment, and neighborhood of residence. More recent efforts have expanded these attributes to include sexual orientation,[12] gender identity (cis vs. transgender),[13] indigeneity,[14] and disability status.[15]

Underserved and disinvested neighborhood or community

- A neighborhood or community that has historically received scarce or insufficient public-sector and private-sector investment and services relative to their needs, due to structural racism or other factors linked to power and influence

Introduction

There's no ignoring this fact: the way we've planned our cities and communities is widening disparities in health and wealth. Past generations of planners certainly played a central role in creating this problem, yes. But it is up to today's planners to take responsibility and do something about these growing inequities. Grounded in the daily reality of planning practice, this resource was created to help you change the inequitable distribution of healthy environments, economic resources, and opportunity in your community.

Public health concerns were one of the primary catalysts that precipitated the birth of modern city planning in the early 20th century. Nascent zoning and financing practices excluded communities of color and people with low income from accumulating wealth through homeownership and from living in the healthy neighborhoods built following World War II. During this era, when planners emphasized development, investment, and revenue, the built environment failed to meet the needs of all but the most enfranchised residents. This emphasis contributed directly to the cycle of health and wealth inequality that continues to the present day.

The way we've planned our cities and communities is widening disparities in health and wealth.

Today, communities face new challenges. In response, city planning is changing before our eyes. Planners are now asking new questions: Why do cities with strong economies struggle to extend that prosperity to everyone in the community? How do we empower those who have been historically excluded from policy and decisionmaking processes? And how can we create policy that views housing, food, transportation, education, and jobs as fundamental elements of people's health and well-being?

Rather than zeroing in on a single health or planning outcome, planners in the 21st century can better serve their communities by taking a wide view of how places are experienced differently by different people and how those experiences affect their opportunities to live a healthy, prosperous life. Planning to eliminate dangerous intersections, unhealthy stores and restaurants, peeling lead paint, contaminated water, and air pollution simply is not enough to address the breadth and complexity of the health and equity challenges that communities face.

By shifting our frame, we see that answering these new questions requires us to confront deep structural drivers of inequity — like discrimination, poverty, lack of economic and educational opportunity, uneven power, and governance that limits meaningful participation.

These structural drivers result in disproportionate burdens not just of poor health but of all kinds of inequities across communities. The challenge for planners, therefore, is to find ways to change these unequal distributions.

This primer provides guidance on how to do just that. Structured as answers to a series of questions about equity, health, and opportunity that planners might ask in confronting this work, this resource offers detailed solutions and practical, real-world examples from around the country. In particular, this guide centers on incorporating health and equity considerations into everyday planning practices throughout the policy process, community engagement, capacity building, implementation, and more.

The challenge for planners is to find ways to change the unequal distribution of the structural drivers of inequity.

ChangeLab Solutions is committed to creating healthier communities for all by advancing equitable laws and policies and prioritizing communities whose residents are at highest risk for poor health. Health inequities did not occur overnight. And they did not happen by accident. Health inequities were created over time through segregation, discriminatory policymaking and laws, and related gaps in opportunity and investment. By shifting the focus of planning to equity, planners can create cities where anyone, regardless of race or socioeconomic status, can live a prosperous, healthy life. Please join us in moving this important work forward as you use the information in this primer to guide your planning practice.

1. What are effective ways to communicate the critical role of planning in creating healthy, prosperous, equitable communities?

A. Describe planning's long history of shaping places where people live, work, and play in ways that both help and hurt health, prosperity, and equity.

B. Show how disparities in both community prosperity and health are rooted in the 5 fundamental drivers of health inequity.

C. Understand planning's power to change how and where the 5 drivers of health inequity restrict prosperity and health.

D. Describe how health contributes to community prosperity and how prosperity is essential to community health.

Planning involves a wide spectrum of stakeholders from residents to their elected officials, from business owners to their workers, from investors to their customers, from anchor institution officials to government agency staff, and everyone in between. All of these stakeholders may have different perspectives, opinions, and needs when it comes to questions about what the future of their community should look like. One of planners' central roles is helping these stakeholders come to shared agreements about these questions. When people confront planning issues that affect their health or that have implications for their community's prosperity, it can be highly personal, sensitive, and emotional. As a result, it might be difficult to find common ground and build support for a health and equity agenda. How you communicate with stakeholders about the role that planning plays in creating healthy, prosperous, and equitable communities can make or break a planning process. What are effective ways to frame health and equity issues in order to build broad community support for the actions that are needed to address those issues?

1.A. Describe planning's long history of shaping places where people live, work, and play in ways that both help and hurt health, prosperity, and equity.

Planners often focus on creating prosperous communities. Land use regulations are one familiar tool they use to accomplish this goal — for example, by designating land for retail development that will generate sales tax revenue; identifying sites for housing and office development; ensuring sufficient parking to serve residents, employees, or shoppers; or regulating density to ensure that population growth is matched by appropriate construction of infrastructure. But those were not the problems that land use regulations were originally created to solve. Land use planning was created to protect public health, preserve community character, and promote social well-being. However, as planning successfully addressed these problems, new challenges emerged. And the problems that planners viewed as most pressing evolved over time. Today, planners continue to grapple with problems caused by past planning and investment while also facing pressing new issues.

Late 19th and early 20th centuries: Protecting public health through the City Beautiful movement and by limiting exposure to hazards and infectious disease

City planning was born as a response to public health concerns.[16-20] In the late 19th and early 20th centuries, city planners were faced with dangerous public health risks caused by rapid urbanization and industrialization: garbage accumulating in the streets, unsanitary water systems;[21] smokestack factories right next to homes, horse manure from pre-car modes of transportation, conflicts between pedestrians and new "mechanized vehicles" (eg, cars),[20] limited sewer systems and public urination, overcrowded households and substandard housing, and fire-prone building construction.[22-24]

As the fields of biology and medicine discovered the mechanisms for transmission of infectious diseases and the dangers of exposure to toxins, early planners reasoned that "industrial areas must be independent of the residential areas, and separated from one another by a zone of vegetation."[20] Planners prevented the spread of infectious diseases and epidemics by planning and building infrastructure such as sanitary sewers that limited exposure to waste and protected against cholera epidemics. They established building codes to prohibit the use of hazardous construction materials and to ensure minimum levels of structural integrity, access to light and air, and fire safety.[19] And through the City Beautiful movement, they promoted good *quality of life* through grand parks, monuments, and beautification.

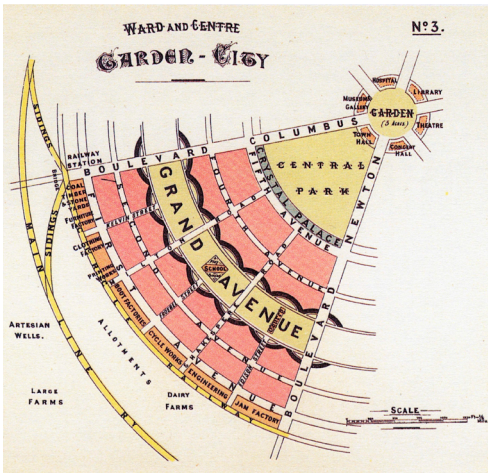


Diagram illustrating a city of grand parks, avenues, and civic monuments with agriculture, industry, and railroads separated from residential districts

Source: **Ebenezer Howard.** *Garden Cities of To-Morrow*. London: Swan Sonnenschein & Co., 1902.

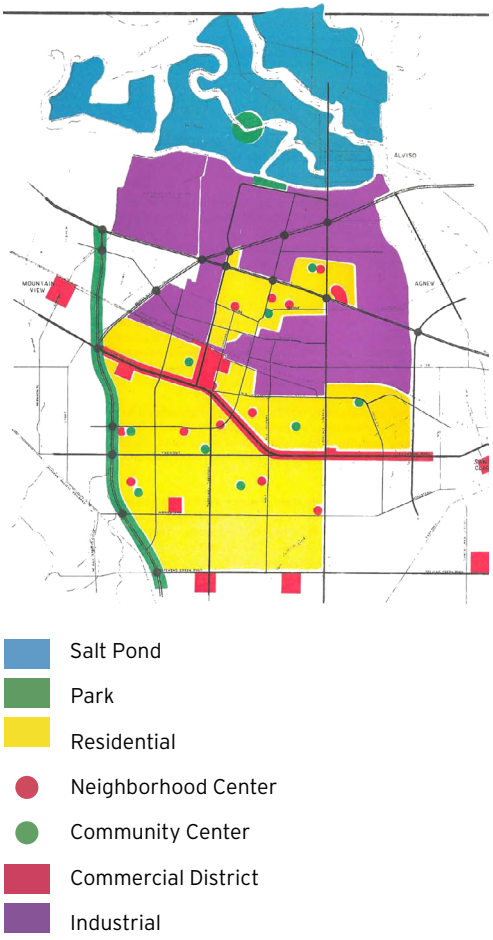
These spatial and built environment approaches to public health have been incredibly effective at limiting unsafe construction and exposure to toxic substances, controlling airborne and waterborne disease,[17,25] and preventing injuries, as well as reducing chronic diseases related to contaminated air and water such as asthma, lung disease, gastrointestinal illness, reproductive problems, neurological disorders,[26] and cancer.[27] All of these benefits are still with us today. However, the zoning and infrastructure strategies that protect some neighborhoods from hazards have also been used as tools for policy-driven segregation.

Mid-20th century: Pursuing growth and prosperity

Starting with changing patterns of real estate development enabled by automobiles, trucks, and buses in the 1920s and 1930s and magnified by the economic boom following World War II, planners' primary focus shifted from health, orderly construction, and quality of life to prosperity through economic development. Applying newly developed planning principles, they used comprehensive plans, land use–based zoning (aka *Euclidean zoning*), and capital improvements to spur housing and commercial real estate investment, to build streets and utilities infrastructure, to increase retail sales and tax revenue, and to attract businesses and create jobs.

Plenty of open and undeveloped lots and farmland were available for development of new suburbs that surrounded cities. Developers took advantage of that available land, using federal subsidies, tax incentives, and financial systems that favored detached single-family homes,[28] commercial strip retail,[29] and suburban office parks.[30] Planners responded to this demand by zoning for low-density development and separated uses, as well as building a network of streets and highways designed primarily for cars. These policies and investments combined to create widespread low-density, auto-oriented suburbs.[31,32] In the decades to come, planners would face new challenges created by this pattern of development, which eventually would be characterized by many as undesirable *suburban sprawl*.

The emphasis on development, investment, and revenue did more than just move health out of planners' spotlight. In some places, development came at the expense of fiscal sustainability. Real estate investment, appreciation, and tax revenue generated by suburban sprawl have failed to cover local governments' increasing costs of building and maintaining infrastructure and providing the basic services necessary to support continued growth.[33,34] The following section describes how this focus on economic development also combined with discrimination to institutionalize segregation in powerful and deep-seated ways. We are still feeling the effects today.



Example of mid-20th century land use–based planning practices

Source: 1954 General Plan for the City of Sunnyvale.

Mid–20th century: Perpetuating segregation and destroying neighborhoods of color

Almost two decades of suburbanization occurred before the Civil Rights Act of 1964, the Voting Rights Act of 1965, and the Fair Housing Act of 1968. Planners in this period were working in an era when some types of racial and socioeconomic segregation were legal and accepted by the community at large. Furthermore, in many ways, the elected officials who had control over land use decisions and their middle- to upper-class white voting constituents saw this segregation as synonymous with prosperity.

First through racially restrictive covenants on what type of development was allowed or whom property owners could sell to and then through exclusionary zoning and redlining, wealthy white suburban homeowners used their voting power to restrict public and multifamily housing projects in their communities. This type of housing was associated with people of color, people with low income, and lower property values.[35–38] In fact, restricting the construction of apartment houses in neighborhoods consisting of detached single-family homes was one of the primary motivations and justifications for early zoning. Segregation was so strongly intertwined with planning and real estate investment that more than 98% of all federally insured home loans between 1945 and 1959 went to whites to purchase homes in newly constructed suburbs.[39]

These social perspectives were reinforced by biased contemporary research about the public health impacts of the built environment. For example, the American Public Health Association (APHA) was an influential advocate of government policies relevant to improving community health.[41] In 1948, APHA's Committee on the Hygiene of Housing (APHA-CHH) had formalized guidelines that elevated single-family suburban homes as physically, mentally, and socially healthier than urban multifamily development.[41,42]

Throughout the 1950s and 1960s, planners labeled neighborhoods with crumbling streets, unmaintained parks, low-performing schools, dilapidated homes, and high crime rates as "blighted."[43] Prevailing perspectives, such as those expressed in the APHA-CHH guidelines, characterized these neighborhoods as diseased, infected, and decaying.[44] It did not matter that the root of the problems experienced in underserved neighborhoods was discrimination-driven disinvestment. The solution to blight — championed by planners such as Robert Moses — was to "tear down every building in the slums and put up new ones on less land."[45] In this way, planners used both economic revitalization and health as justifications for redeveloping structurally disadvantaged, underserved, and disinvested neighborhoods through *urban renewal*.

Far from solving the problem, urban renewal made the situation worse. First, it displaced many residents with low income and residents of color from their neighborhoods. By 1962, over 600 cities had federally backed

Supreme Court institutionalizes economic segregation through zoning

The 1926 opinion in *Euclid v. Ambler Realty* stated, "With particular reference to apartment houses, it is pointed out that the development of detached house sections is greatly retarded by the coming of apartment houses, which had sometimes resulted in destroying the entire section for private house purposes; that in such sections, very often, the apartment house is a mere parasite, constructed to take advantage of the open spaces and attractive surroundings created by the residential character of the district...."[40]

Public health language used to justify urban renewal

A 1944 memorandum on postwar urban housing by the United Auto Workers stated, "The spread of blight will be just as fatal to the city as the spread of cancer is to the individual and the treatment must be just as thorough."[41]

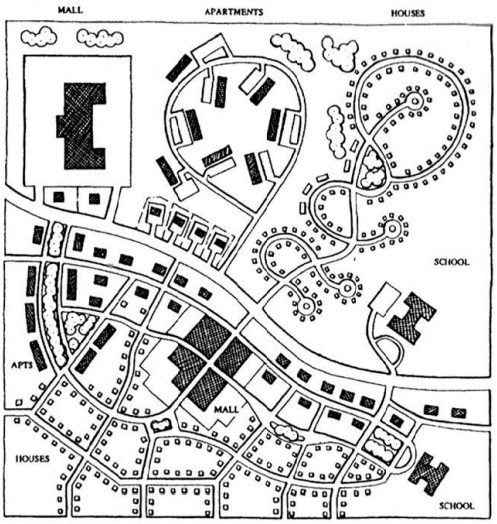
urban renewal projects that were on track to displace 4 million people, and 80% of those displaced were African American.[46] Unfortunately, "health departments failed to uphold their legal responsibility to ensure that relocated families received safe, affordable housing alternatives."[41] Without supports or protections, those who were displaced had little choice but to move to other structurally disadvantaged and disinvested neighborhoods. Second, the new construction did not address the fundamental, underlying reasons that these neighborhoods had high rates of poverty and poor health: lack of high-quality education and job opportunities, insufficient investment in needed services and infrastructure, and community trauma. In fact, opponents of urban renewal such as Jane Jacobs asserted that slum clearance compounded these problems by destroying the "social capital of the city."[45] Planning and investment decisions such as urban renewal are prime examples of the cycle of structural discrimination and inequity that has driven decades of growing health disparities and intergenerational poverty in low-income communities and communities of color.

Late 20th century: Gaining new perspectives on urbanism, and planning for placemaking

By the 1980s and 1990s, planners faced the reality that decades of suburban sprawl had created widespread dependence on cars.[31,32] Public space was dwindling in the suburbs, which were increasingly dominated by two-car garages, fenced yards, parking lots, and narrow strips of landscaping along the edges of commercial properties. Generic, mass-produced strip retail, chain stores, built-to-specification office parks, and housing tracts made it increasingly difficult to distinguish one community from any other community. Communities were experiencing a loss of identity.

In response, planners looked back to their City Beautiful roots, adopting new best practices such as *placemaking* and New Urbanism.[47,48] These planning practices used street design, public space design, and architecture to reintroduce a sense of place to communities. They used form-based codes to make it easier to build mixed-use and infill projects and to ensure that new buildings were consistent with existing community character, thus maintaining neighborhood property values.[49] And they began to employ land use regulations and transportation infrastructure to build "traditional neighborhoods" where people could get out of their cars and back into their communities.[50]

Although these practices were shifting planning back toward public health, they were not set up to deal with the racial and socioeconomic segregation or displacement issues that can be caused by placemaking, neighborhood investments, or market-driven gentrification. In addition, there continued to be tension in regard to building healthy communities. On one side, there were these planning best practices. On the other side, community opposition to development, discriminatory land use policies,



Traditional neighborhood vs. suburban sprawl

Source: Duany A, Plater-Zyberk E, Speck J. *Suburban Nation: The Rise of Sprawl and the Decline of the American Dream*. New York, NY: North Point Press; 2000.

and tax reforms (such as the Tax Reform Act of 1986, which incentivized corporate capital investments over rental real estate investment) hindered multifamily construction.[29,51,52]

Late 20th century: Discovering connections between planning, climate change, and epidemics of chronic disease

As planners were reconnecting with placemaking in the late 20th century, public health practitioners were moving beyond a focus on preventing infection and communicable diseases to focus more broadly on preventing chronic health problems such as obesity, diabetes, and heart disease[53] and addressing the broader social determinants of health at the root of these diseases. What they found changed how planners viewed connections between the built environment and health. In addition, global warming was entering the public consciousness.[54,55] Consequently, long commutes, food deserts, traffic congestion, and growing vehicle emissions caused by suburban sprawl were seen as central and significant contributors to both a rising health crisis and global warming.[56–59]

The way these planning, health, and environmental trends converged led to increased coordination between planning and public health. Planning was identified as a strategy both to reduce chronic disease and to curb global warming.[62] For example, the Ahwahnee Principles for Resource-Efficient Communities provided a blueprint for *smart growth*: promoting mixed-use, transit-oriented development and improving streets to support walking, biking, and transit; reducing driving; increasing access to spaces for exercise; expanding access to healthy foods; and conserving resources.[63] In other words, planners rediscovered planning practices that could reshape communities in ways that strengthen community identity, support people's ability to eat healthily and be active, and combat climate change, all at the same time.[59]

The National Public Health Service begins to look at the connections between place and health

1967: Securing Health in Our Urban Future: A Report to the Surgeon General[60]

"In cooperation with other Federal agencies, encourage and assist the integration of health problem profiles with other urban community studies."

1979: Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention[61]

"In this century we have witnessed a remarkable reduction in the life-threatening infectious and communicable diseases."

"The increased attention now being paid to exercise, nutrition, environmental health and occupational safety testify to their interest and concern with health promotion and disease prevention."

Early 21st century: Facing technological change, urbanization, gentrification, and displacement

The turn of the century saw a seismic shift in how people lived in their communities and where they chose to live, due to new technologies (eg, smartphones, internet retail); changing workplaces (eg, offshoring, digital manufacturing, remote working); and shifting lifestyle preferences (eg, empty nesters and millennials moving to city centers and urban neighborhoods). Because of these trends, the type of development that planners needed to plan for was also changing. Although rural America had been steadily losing population since the mid–20th century, demand for auto-oriented suburban single-family homes did not go away. On the other hand, demand for walkable, transit-oriented, active, mixed-use neighborhoods and workplace districts grew

rapidly.[71] In addition, as communities of all kinds grew, they had less and less vacant land for new buildings. Therefore, planners increasingly looked to accommodate continued growth and investment through infill development.[72]

In the 2000s, an oversupply of low-density, auto-oriented suburbs converged with increasing demand for and an undersupply of environmentally friendly, pedestrian-friendly urban places. This demand was reinforced by national migration trends. Rural communities had been losing population in general and young adults in particular.[73] At the same time, recent college graduates, aging empty nesters, and highly educated, high-wage workers were increasingly concentrating in or near downtowns and other walkable neighborhoods in urban metro areas across the country.[74–76] These circumstances created powerful opportunities for planners to revitalize and redevelop historically disinvested neighborhoods.[77] Not only did these neighborhoods have lower land values, but often they were older neighborhoods that were originally built in a pre-car or streetcar era and thus easily supported the walkable, mixed-use infill development that was in demand.

Following a half century of white, middle-class suburbanization, many of these disinvested urban neighborhoods were home to high percentages of people of color and people with low income. But most market-driven plans to revitalize these neighborhoods in the early 2000s did not include sufficient requirements for new housing or protection for existing affordable housing. As a result — as in the era of urban renewal — wealthy investors, financiers, and home buyers benefited, while many people of color and people with low income were displaced. This repeated history of displacement driven by government planning and investment is a major reason that residents in disinvested neighborhoods across the country mistrust local government plans and oppose neighborhood revitalization.[78]

Congested freeways, climate change concerns, and market demand resulted in *smart growth* and transit-oriented development (TOD) as planning best practices at the turn of the 21st century. At the same time, planning for TOD in auto-oriented suburbs was politically challenging. Many residents of auto-oriented suburbs associated growth with increased congestion. Others associated high-density multifamily housing and public transit with poverty, crime, and blight. These perceptions have been behind much of the opposition to any form of increased density, TOD, or affordable housing in wealthy low-density neighborhoods. This opposition has added to the rising cost of living and displacement in walkable urban places, where demand for housing has risen faster than new housing can be supplied, driving up prices. At the same time, ongoing gentrification and displacement have played a significant part in undermining affordable housing and exacerbating racial and socioeconomic segregation in communities across the country.[79,80] Together, these trends are perpetuating segregation, widening housing disparities, and increasingly cutting people with low income and people of color off from healthy, prosperous neighborhoods.

Examples of how connections between the built environment and active living, healthy eating, and climate change were viewed in the late 20th century

Active living. People living in highly walkable, mixed-use communities are more than twice as likely to get the recommended amount of daily exercise as those living in auto-oriented, single-use areas.[64] Increasing access to parks can increase physical activity by 25–48%.[65]

Healthy eating. The presence of a supermarket in a neighborhood is linked to higher fruit and vegetable consumption and reduced prevalence of overweight and obesity.[66–68]

Climate change. Nationally, transportation is the largest contributor to greenhouse gas emissions. Transportation emissions, primarily from engines burning fossil fuels, account for about 29% of emissions.[69] And transportation is a primary source of smog and toxic air pollution.[70]

Mapping gentrification and displacement

Organizations across the country are beginning to use a range of metrics to understand the dynamics of gentrification and displacement. For examples, see web resources from the **Urban Displacement Project, Eviction Lab**, and the **Anti-Eviction Mapping Project**.

Today: Addressing interconnected social, economic, and health challenges in a time of change

Today, the challenges that planners face have expanded to include a broad range of social, economic, and health issues from climate change to technology change, from chronic disease to intergenerational poverty, from disenfranchisement to displacement, from disinvestment to community violence. These challenges underscore how place-based health risks extend far beyond the direct physical hazards or physical barriers to healthy living that planners have dealt with in the past (see section 1.B to learn more). Planning to eliminate dangerous intersections, unhealthy restaurants, peeling lead paint, contaminated water, and air pollution simply is not enough to address the breadth and complexity of the health and equity challenges that communities face.

We have learned that health is the cumulative result of all our daily experiences of the world around us. If we can move through the spaces where we live, work, play, worship, and learn without trouble and if we can easily get the things we need, then our world feels safe, familiar, and supportive. But this is not always the case. Sometimes, the world around us makes our lives more difficult, scares us, and even hurts us. In these situations, the environment is hazardous to our health. Being victimized or exposed to violence is an obvious example of a traumatic experience that hurts health. But many less obvious experiences — such as eviction, homelessness, poverty, extreme weather, suspension from school, and chronic unemployment — can have similar effects. People of color and people with low income are more likely to be exposed to these types of unhealthy experiences.[81]

Transforming communities in ways that will reduce negative, unhealthy experiences or increase positive, healthy experiences is a central challenge that planners face today. This challenge is especially pressing in the neighborhoods where unhealthy experiences are the most common and are causing the most harm. Addressing the challenge requires interdisciplinary, community-driven long-range plans. The rest of this guide provides concepts, tools, and guidance to help planners understand how to increase health and prosperity in priority neighborhoods through the important role that they play in drafting, coordinating, and implementing those plans.

How can experiences hurt health?

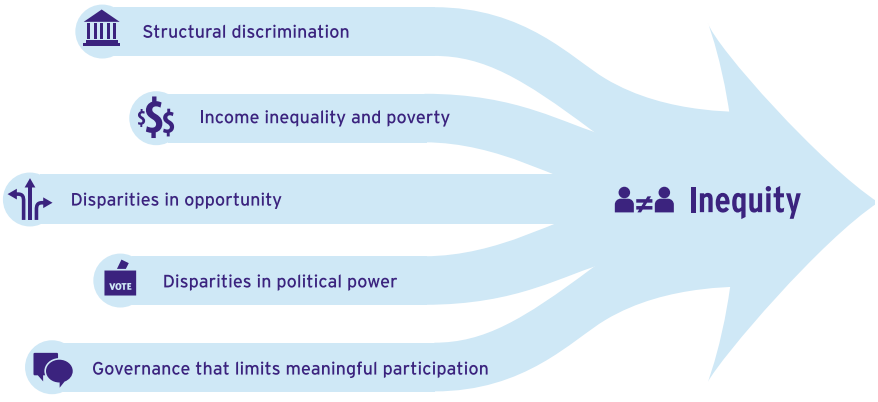
Threatening or unsupportive experiences can make us feel insecure, stressed, anxious, ashamed, or even traumatized. The chronic stress that follows can have physiological,[82-84] mental,[82,84-87] and behavioral[82,84,86-88] effects. Over time, these physiological, mental, and behavioral effects increase the risk of a range of chronic diseases.[82,84] This finding shines new light on why some approaches to reducing chronic disease and obesity through planning have been unsuccessful. For example, even in a neighborhood with Complete Streets, parks, and grocery stores, people may not eat healthily or be physically active if they feel unsafe.

Adverse experiences are particularly harmful to children because (1) adverse childhood experiences (ACEs) can significantly impede learning as well as social and emotional development; (2) children have less ability to leave negative situations, increasing their risk of continued exposure to ACEs; and (3) ACEs can result in poor health throughout the rest of their lives. As a result, ACEs play an important role in perpetuating health disparities[89] and can make it more difficult to escape intergenerational poverty, especially for young people of color.[90,91]

1.B. Show how disparities in both community prosperity and health are rooted in the 5 fundamental drivers of health inequity.

Picture a child you know today. It might be your toddler, your grandchild, or your best friend's kid. Think about how they will experience their community over the next 20 years of their lives. Where will that child play? How will they get to school? Will their parents have well-paying jobs that cover groceries and rent? Will they feel safe as they become more independent and able to navigate their community on their own? We know that each of these experiences can have a profound effect on their health and their prosperity. And we know that over those 20 years, their community will change in ways that may help or hurt their ability to lead a prosperous and healthy life. But what drives those community changes? And how might changes support health and prosperity in some neighborhoods but restrict them in others?

Discrimination, income inequality, disparities in opportunity, disparities in power, and unjust governance structures[92] are at the core of why some communities do not provide health- and wealth-promoting experiences for all their residents, why some people do not have access to those experiences even when they exist in their community, and why some people benefit less than others from those experiences even when they are able to access them.



The 5 fundamental drivers of health inequity

Structural discrimination occurs when systems (as opposed to individuals) unjustly deny wealth, opportunity, power, or government representation on the basis of characteristics such as race, gender, sexual orientation, social class, and immigration status.[93-98]

Income inequality and poverty occur when some people or groups cannot access or afford the basic resources and services that they need to lead healthy lives.[99,100]

Disparities in opportunity occur when some people or groups are denied the quality education, jobs, and other economic opportunities that would support healthy living.[101]

Disparities in political power occur when some people or groups are denied the ability to make their needs visible to and a priority for government and institutional decisionmakers.[102]

Governance that limits meaningful participation occurs when governments and institutions make decisions that shape places and distribute resources and opportunities without working to get agreement across all of the stakeholders who will be affected by those decisions.[103,104]

For more on how to address the 5 drivers of health inequity, see **A Blueprint for Changemakers**.

Structural discrimination and disenfranchisement are embedded in laws, policies, and social norms that have segregated communities by race and socioeconomic status.[37] Discrimination and disenfranchisement are also embedded in financial, economic, and governance systems that align with this segregation to push more public and private investment into communities that are mostly white and wealthy.[105] These systems have left a corresponding lack of investment in low-income neighborhoods and communities of color, stunting their education, job, and health care opportunities. The result is that white and wealthy communities have been provided with greater advantages while low-income communities and communities of color have repeatedly faced a wide range of social, economic, and environmental barriers to health and prosperity for generations.

In other words, the health inequities you see today did not occur overnight. They did not happen by accident. And they did not grow because low-income communities and communities of color lack the assets, skill, intelligence, motivation, ability, or desire to be prosperous and healthy. Health inequities were created over time through discrimination-driven segregation and the related gaps in investment and opportunity that segregation created. The 5 drivers of health inequity have created a world where the individuals in disinvested and underserved communities not only start from behind but also face an uneven playing field that makes it hard for them to catch up.

1.C. Understand planning's power to change how and where the 5 drivers of health inequity restrict prosperity and health.

Typically, planners view their community's wealth, economic opportunities, or local government protocols as existing context; these are just "the way things are" and are seen as setting constraints on what planners can and cannot do. But taking this perspective overlooks the ways that planning has created that context. In fact, planning can influence the 5 drivers of health inequity. Planning to actively reverse these forces will expand the strategies you have to achieve health equity in your community as well as increase those strategies' effectiveness.

When you draft and implement long-range plans, you make decisions about the physical, social, and economic growth of your community.[106] But these decisions can do more than just allow development, accommodate projected population growth, or respond to retail and employment demand. These decisions have the power to proactively counteract historical discrimination and break down systemic barriers to health, investment, and opportunity.

Long-range planning decisions have the power to proactively counteract historical discrimination and break down systemic barriers to health, investment, and opportunity.

For example, planning processes are an integral part of how local governments function and whether planning policies treat all residents and neighborhoods equally. Planning policies shape the distribution of wealth by regulating real estate investment markets (shaping the type and distribution of housing and retail development) and by determining what type of transportation infrastructure gets built, where it gets built, and what it looks like. Planning policies also shape opportunity by influencing job growth, where businesses locate and how skilled local labor is, and the amount of local funding for schools. And planning processes support some and restrict other residents' power to change these circumstances.

In short, planning policies don't just shape places; they also influence the forces that make places. Planning policies are powerful tools that local governments can use to counteract the 5 drivers of health inequity. By addressing these drivers, your community can improve the equitable distribution of prosperity and give all members of your community a fair chance to be healthy.

Planning policies don't just shape places; they also influence the forces that make places.

1.D. Describe how health contributes to community prosperity and how prosperity is essential to community health.

Increasing prosperity is a common goal for communities and a central focus for elected officials. Planners are tasked with using long-range plans, policies, programs, and projects to ensure that residents will thrive, make a living wage, hold good jobs, and be able to afford quality food, housing, and entertainment. Increasing sales tax and property tax revenue is often front and center in the minds of city officials faced with strained city budgets. But planning for prosperity does not have to come at the expense of health and equity.

Community health and prosperity are mutually reinforcing outcomes. Planning to invest in community health can increase community prosperity. And planning to leverage economic development, increase opportunity, and build wealth for structurally disadvantaged people and in priority neighborhoods without displacement will also improve community health and reduce health disparities. Healthy communities are also prosperous communities in the following ways:

Economy

Health benefits the economy: Healthy people are more productive. When people are healthy, they don't miss work, they do better work, and they can make more money.[107] Consequently, they can spend more money, putting more dollars into the local economy and increasing local government revenue through their contributions to taxes and fees.

An improved economy benefits health: When people have better jobs with better incomes and better benefits, they are able to afford and access healthier lifestyles and better care.[108]

Individual happiness

Health contributes to individual happiness: Poor health can be painful, make daily activities harder, and cause depression. So when people are healthy, they don't need to spend as much money, time, and attention addressing their health concerns, and they have more money, time, and attention for healthy behaviors such as socializing, recreation, and entertainment.

Individual happiness benefits health: Chronic stress, anxiety, and trauma are connected to a range of unhealthy behaviors as well as higher rates of heart disease and autoimmune disease. Happier people have a lower risk of these stress-related chronic diseases.[83,84]

Community cohesion

Health benefits community cohesion: Healthy people generally have healthier relationships and exhibit fewer stress-related behaviors. Thus, healthier communities typically have less violence, fewer barriers to building community relationships, and a greater sense of community.[79,109]

Community cohesion benefits health: Community cohesion and safety are tied to higher levels of investment in health-promoting community resources, including parks and recreation facilities and programs.[110]

Government finances

Health improves government finances: Healthy people save local governments money. As much as 50% of health care costs are generated by the 5% of the population who are at the highest risk for poor health.[111] Improving the health of high-risk individuals can significantly reduce the need for and the cost of local health care and support services.

Improved government finances help health: Governments that have more money can spend more money on projects and programs to improve community health and reduce health disparities.[112]

2. How can you use planning frameworks to help reduce health inequities?

A. Use place-based planning categories to identify and organize health-promoting policies.

B. Use long-range plans to coordinate and institutionalize cross-sector actions to achieve health, prosperity, and equity.

C. Use place-based analyses to identify priority neighborhoods and address the needs of priority populations.

Every aspect of our lives has implications for our health. And no single issue stands in isolation; everything is connected to everything else. Does this interconnectedness make planning for health feel very complicated and overwhelming to you? Is your community committed to using planning to improve community health but struggling to determine where to focus, what strategies to prioritize, and how to organize implementation actions? The good news is that much of the work you already do gives you the tools you need to plan for community health, wealth, and equity.

2.A. Use place-based planning categories to identify and organize health-promoting policies.

Every community is made up of a different mix of the elements of communities shown in Figure 1. These elements include the various sectors, networks, and systems that planners are familiar with because they are the places and spaces that people inhabit and travel through as they go about their daily lives and meet their daily needs. Each element acts as a social determinant of health because it influences people's behaviors, experiences, and physical health in different ways. And each element has the potential to provide people with physical, emotional, social, economic, and civic benefits.

Understanding the connections between each of these elements and health can help you determine which policies will most effectively address different health issues. To promote health equity, long-range plans should address each of the elements in this section so that they will contribute to health and prosperity in ways that are equitably distributed both between residents and across the community as a whole.

Mapping patterns of development, not just land uses

Planning frameworks must use more than just the types and distribution of *land uses* to describe a community. A city's structure is also characterized by its *pattern of development*, including the location, design, and character of different centers, districts, corridors, and neighborhoods across a community. (Learn more from the **Center for Applied Transect Studies**.)

Different patterns of development support or present barriers to healthy living that are not exclusively a result of their land uses. Urban places may be more walkable because a wider variety of services, goods, and food are within walking distance of more residents and because buildings have more direct connections to sidewalks. But they may have less access to parks, trails, and other spaces for physical activity and exercise. Suburban and rural locations are typically less walkable due to longer distances to services, goods, and food and their more auto-oriented transportation networks. But they may provide easier access to more and more varied natural spaces for recreation and exercise.

FIGURE 1. ELEMENTS OF A HEALTHY COMMUNITY

Every community is made up of a different mix of elements. The housing; workplace; retail; social, civic, and public space; school; and health and care institution sectors are the places that people inhabit. Utilities networks and transportation networks connect places and move people, power, resources, information, and waste throughout a community. The food system includes food production, processing, procurement, access, and waste.

In addition, various systems (discussed in section 3) work together to keep a community functioning and shape our experiences. The government and legal system, the economic system, the family and social support system, the cultural system, and the natural and ecological system are interconnected webs of formal and informal rules, actions, actors, and ecological processes.[113]

Housing

The housing sector involves distribution, creation, and maintenance of residences and residential support. Housing resources include houses, condominiums, apartments, co-ops, shelters, and all housing-related services. Typically, the large majority of buildings in a community are homes.

All people deserve a place to live where they can relax, eat, sleep, cleanse, grow, age, care for loved ones, and escape the rush of the outside world. At minimum, all residences should be free of toxic substances in building materials, water pipes, and air, with functioning power, heat, water, and sewage systems. But it is also important that homes feel safe, secure, protected, and stable, because a home fulfills not just literal but also symbolic needs that are important for health. Having a home provides a foundation for our lives and creates a sense of belonging. A home can also provide a means of investing in the future that benefits not just individuals but also their broader community.

When people don't have a home or their home falls short of meeting their basic needs, planners can help communities step in to fill the gap. Issues that planners can help to address through their actions include housing supply, housing costs, displacement, short-term rentals, evictions and housing instability, shelter for homeless people, habitability and safety of existing residences, and protection for those who are seeking refuge from domestic violence or community violence. Everyone might need some support to meet their housing needs at some point, whether from a close community of family and friends or from the larger community.

Examples of healthy, equitable housing strategies

- **PRESERVE** housing (right of first refusal, property tax incentives, property subsidy programs, Rental Assistance Demonstration, housing rehabilitation and remediation loans and grants)
- **PROTECT** housing (good cause eviction policies, condo conversion protection, rent stabilization, proactive rental inspection)
- **PRODUCE** housing (inclusionary zoning; revenue generation to fund development such as tax increment financing, linkage fees, and housing trust funds; density bonuses; tax credits and other incentives; community land trusts; and property acquisition)
- **PROMOTE** access to homes on the private market

Healthy housing is also shaped by access to and quality of nearby transportation; food; retail; social, civic, and public spaces; and jobs and schools, as well as by the economy and affordability.

LEARN MORE ABOUT HOUSING >

Workplaces

People work in their workplace, obviously, but they also spend most of their waking hours there. So workplace design is an important factor for workers' health. The vitality of a community's workplaces and the health of its workers are affected by how people get to and from work, the services and amenities in and around workplaces, what nearby food options are available to employees, and how workspaces support or hinder healthy activities throughout the day.

Many people primarily associate workplaces with sources of income. Earning a livable income is certainly an important goal. But jobs can also provide lifestyle choices and mobility, personal fulfillment, and a feeling that a person is contributing to society.

Planners have multiple ways to influence the types, quantity, and quality of workplaces available to community residents. Approaches to planning healthy workplaces generally involve actions that focus either inside the workplace or outside and around the workplace. Planners will be familiar with actions that address physical design. For example, they can plan for expanded services, amenities, and connectivity in workplace districts. And they can require pedestrian-oriented building design and site design for workplace developments. They can also encourage or require businesses to provide high-quality, health-promoting work spaces for employees.

Beyond physical design, long-range plans can also address family- or health-friendly wellness policies that support employees' ability to spend time caring for themselves and their loved ones. And physical design and wellness policies can complement each other. For example, flexible, family-friendly work schedules can make it easier for employees to take advantage of on-site amenities such as exercise facilities or nearby services such as child care or health clinics.

Planning healthy workplaces is also closely tied to economic development, which includes attracting and retaining businesses, expanding job opportunities to meet the employment needs of current and future residents, improving or expanding the labor pool, and helping people who face unemployment challenges to return to the workforce. (See section 3.A for more on economic systems.)

Examples of healthy, equitable workplace strategies

- Support healthy activities at worksites (space and time for physical activity, space and time for mental relaxation)
- Ensure healthy and safe work spaces (guidelines encouraging natural light, ventilation, airflow and temperature control, smokefree workplaces, workplace safety standards)
- Make the workplace family-friendly (breastfeeding facilities, paid family leave, flexible work arrangements)
- Protect affordable work spaces through land use regulations

Healthy workplaces are also shaped by transportation (access to and from the workplace) and by proximity and access to food, convenience retail, open spaces for recreation and exercise, and family support services such as child care.

LEARN MORE ABOUT WORKPLACES >

Retail

Communities can have many types of retail. People fulfill their personal and material wants and needs in retail areas — for example, by shopping for groceries, clothes, and other items; running errands; taking advantage of personal care and hygiene services; maintaining their property and belongings; and socializing or being entertained by seeing movies or going out to eat. Individuals interact with the retail sector differently, depending on factors like income flexibility, the amount of free time they have, and family and social culture.

All people need retail spaces to fulfill their roles as providers for and caretakers of loved ones and themselves. But not all retail supports health. Some retail goods such as tobacco, alcohol, and sugary drinks pose public health hazards. The distribution, density, and marketing practices of retailers selling these goods must be monitored and regulated. How accessible, affordable, culturally representative, and healthy retail is for different people and in different neighborhoods plays an important role in the physical, mental, and social health of a community.

Planning healthy retail can be very complicated and nuanced. Planners must be aware of the importance and sensitivity of the retail sector. The overarching approach to retail should be to plan a pattern of retail centers that both meets residents' needs and is feasible in the local economy. Depending on a community's size and density, the types of centers that make up a healthy retail pattern might include a downtown, regional retail centers, anchored neighborhood centers, and corner stores that are accessible and equitably distributed throughout a community.

Retail plays a central role in providing for people's basic daily needs — including food, clothing, household goods, and personal services — so it must be accessible and convenient. Retail is also responsible for generating a significant portion of a community's economic, cultural, and entertainment activity, so it must align with both investor and consumer preferences. Yet retail typically represents a small percentage of a community's land area (and an even smaller percentage of its building area), so it must be carefully monitored, planned, and in some cases even incentivized or subsidized to make sure it is located where it will both thrive and benefit the community. Communities that do not offer diverse retail choices that reflect the needs, priorities, and cultures of all potential users will have trouble maintaining a diverse population and will struggle to build a vibrant and strong economy.

Planning healthy retail is also closely tied to economic development, which includes attracting, retaining, and improving the performance of retail establishments. (See section 3.A for more about economic systems.)

Examples of healthy, equitable retail strategies

- Plan a market-supportable hierarchy of retail centers
- Ensure affordable space for all types of retail that serve residents
- Establish protections against displacement of businesses
- Create targeted façade improvement programs

Healthy retail is also shaped by transportation (access to and from retail as well as how street design shapes retail environments); the amount and type of housing and workplaces in the market area; and adjacency to social, civic, and public spaces.

LEARN MORE ABOUT RETAIL >

Social, civic & public spaces

Social, civic, and public spaces include the range of locations where individuals spend time outside of home, work, or school. These are the places where people congregate, engage, hang out, and often develop and nurture close relationships. Social, civic, and public spaces are as varied as communities themselves and may include libraries, city halls, public plazas, faith institutions, community centers, youth centers, schools, offices of nonprofit organizations, group meeting spaces, parks and natural spaces, sports arenas, studios, public forums, pavilions, theaters, and more.

Social, civic, and public spaces are where many people "commune" — ie, where they develop a feeling of community. These spaces are crucial for combatting loneliness and improving mental health, supporting childhood education and development, getting people out to be active and exercise, increasing community ownership and safety, and helping people feel connected. Social, civic, and public spaces provide settings for people's experiences to not only be seen and heard but also shared. Social, civic, and public spaces are venues that lift up community voices, fostering civic engagement, collaboration, empowerment, collective problem solving, and community identity. Finally, these spaces can increase property values, attract businesses and in-demand workers, and make a region more appealing. Whether they are in a rural, suburban, or urban setting, social, civic, and public spaces enhance people's quality of life, improve public health, and often become a central feature of a thriving community.

Social, civic, and public spaces may be truly public and free, like a central park or a library. Other times, these spaces may be part of a private development, or accessing them may cost money. Either way, people deserve to have access to these spaces and the beneficial outcomes described in this section.

Planners should strive to fairly allocate social, civic, and public spaces among all groups of people and neighborhoods. And they should design these spaces to be accessible, safe, and sustainable.

Examples of healthy, equitable strategies for social, civic, and public spaces

- Locate parks and expand the public space network to ensure equitable access (open space requirements and community benefit requirements and agreements)
- Creatively transform underutilized space for use as public space (eg, vacant lots, parking lots, parklets)
- Make private social spaces free and open for public use (shared use)
- Activate parks with programming and amenities that serve a range of ages, abilities, and interests
- Integrate sustainable design features in public spaces (trees and landscaping, stormwater infiltration systems, energy-efficient lighting)
- Ensure that public spaces are safe and feel safe and welcoming to all users
- Allocate funding to operate and maintain public spaces

Healthy social, civic, and public spaces are also shaped by transportation (access to and from the spaces), perception of safety and community cohesion, local climate, ecosystems, and the natural environment.

LEARN MORE ABOUT SOCIAL, CIVIC & PUBLIC SPACES >

Schools

Schools are responsible for educating people of all ages, skill levels, and incomes. Schools may include preschools, kindergartens, grades 1–12, community colleges, technical schools, colleges and universities, and professional training and other adult learning programs. Many schools are full-time or nearly full-time programs. Similar to employees in workplaces, students spend much of their waking time in schools. People learn at school, but they also eat meals there or nearby. Indeed, young students often perform a wide range of activities at school; they eat, nap, play, socialize, sing, exercise, and practice (eg, musical instruments or sports).

The preceding list of activities clarifies how significant schools are in the lives of youth, but schools also play an important role for learners of all ages and the broader community. A good education is fundamental to a child's healthy development. For adults, educational opportunities provide skill development, personal growth, and employability. Education can increase both children's and adults' awareness of different perspectives as well as societal and cultural matters. Furthermore, research universities can serve as valuable partners in communities with an interest in gathering, analyzing, and evaluating a range of data that can provide insights into how the community functions. Beyond education and research, school gyms, playgrounds, kitchens, and classrooms are often used as centers where community members can socialize, gather, and recreate.

Planning to support the school sector means taking actions in areas near schools and making sure those actions align with the needs of all children and students. A healthy school sector also includes facilities that provide quality educational, social, and recreational opportunities across a community. Regardless of someone's age, background, income, or existing skill level, having a chance to learn, train, practice, and improve has the potential to spur other personal and professional opportunities. Such opportunities, in turn, reduce poverty, build community cohesion, and improve lifelong health outcomes.

Examples of healthy, equitable school strategies

- Locate, plan, build, maintain, and fund schools to ensure that everyone has access to and opportunity for quality learning at all stages of life
- Develop strong school wellness policies to ensure that students can eat healthily and be active at school
- Adopt equitable school discipline policies and support trauma-informed social and emotional learning
- Locate, plan, build, and maintain after-school and education-supportive facilities (eg, libraries, community and youth centers)
- Create healthy environments near schools (limit liquor and tobacco stores, limit traffic speeds, plan safe routes to school)

Healthy schools are also shaped by transportation (access to and from schools), housing and student populations, food systems, community cohesion, and economic activity that supports school funding.

LEARN MORE ABOUT SCHOOLS >

Health & care institutions

Beyond the straightforward concept of health care, communities can think more broadly about where people provide and receive all types of care and human services. This sector includes traditional health care services such as hospitals, medical offices, emergency clinics, school health clinics, treatment centers, and counseling or mental health services. Additionally, health and other care facilities include the adult and child care facilities that so many people rely on for day-to-day support.

Through health and care facilities, communities support individuals and their loved ones in becoming healthier by healing, treating, caring for, and nurturing them.

Health care can make people healthier by mending and protecting their bodies, treating illnesses, improving physical and mental resilience, and promoting knowledge of and opportunities for healthier choices. Care facilities also address all of these goals by assisting caregivers. People who work cannot also provide full-time care for their loved ones. Anyone who has had, for example, a sibling who needs developmental support, an older parent with mobility or memory challenges, or a child of any age knows that finding and coordinating care must go beyond the health care system.

All people deserve access to a mental and physical health care system that attends to the needs of their whole self. This type of complete health care system can be provided by planning to build health and care facilities that help meet the needs of individuals at all phases of life and ability. When functioning well, this sector consists of a range of accessible, quality facilities that work together to support individuals and caregivers. When it fails, the repercussions can be devastating — emotionally, physically, socially, and financially.

Examples of equitable health and human services strategies

- Locate health and care facilities to ensure equitable access (eg, clinics in schools, in structurally disadvantaged neighborhoods, and near high-risk populations; child care near jobs)
- Ensure that affordable space is available and accessible for the organizations that provide all the health and care services that residents need
- Design health and care institutions to be welcoming and well integrated into the surrounding community

Health and care facilities are also shaped by transportation (access to and from facilities); demographics and the needs of the population being served; and economic activity, which helps fund services.

LEARN MORE ABOUT HEALTH & CARE INSTITUTIONS >

Food sytems

The food system is a thread that runs through all the sectors and other systems, affecting community wellness, the local economy, and the environment. The food system encompasses all of the places involved in food: growing and production, processing, distribution, purchasing, cooking, retail, food service, and waste management. Thus, the food system includes farms, urban gardens and farmers markets, factories and food processing facilities, institutions and businesses, grocery and corner stores, and restaurants, as well as the transportation and utilities infrastructure that keep all of those places running. Food may be part of people's jobs or part of their off-the-clock daily lives. In all cases, the food system allows people from all walks of life to fulfill dietary wants and needs, provide sustenance for themselves and loved ones, support local businesses, and seek out social and cultural connection.

Food is essential for human life. Planners can intervene at multiple points of the farm-to-table food system in order to support residents' health. They can protect agricultural land and permit urban agriculture such as community gardens. They can regulate businesses and coordinate food-related city programs and services to ensure that sources of food have healthy, sustainable inputs and are protected from contamination. Planners can coordinate with agencies that regulate food treatment and processing. And planners can anticipate, design, and build the transportation infrastructure needed to ensure that healthy food safely and equitably reaches all residents.

Food also plays a central role in the economy. People eat every day, so restaurants and grocery stores are centers of activity day and night. Leveraging this activity is a powerful tool that planners can use for community development. Planners can also work with partners to encourage the private food industry to contribute to health and equity — for example, through supporting minority- and women-owned businesses; stocking healthy, sustainable, convenient, affordable products; limiting targeted marketing of unhealthy products; preventing unsustainable practices in food production and packaging; and prohibiting misinformation (or lack of information) about nutritional value.

Finally, the food system is both part of the environment and has a range of human-caused effects on the environment. Monoculture farming can deplete nutrients in the soil, resulting in increased fertilizer use. It can unbalance the variety of weeds and insects in ecosystems, resulting in increased pesticide use. And it can lead to erosion and polluted stormwater runoff.[114] Raising livestock generates significant greenhouse gas emissions and animal waste. Distributing food takes energy. And food waste and non-biodegradable packaging strain landfills. Planners can use food service, procurement, and other policies to require or incentivize the food industry to minimize these harms and contribute to a more healthy and just food system.

Examples of healthy, equitable strategies for food systems

- **PRODUCTION:** Protect and enhance food production (agricultural land, urban agriculture, community gardens)
- **PROCESSING:** Support small-scale food processing and shared use of school and commercial kitchens
- **PROCUREMENT:** Encourage local government, schools, universities, hospitals, and other anchor institutions to purchase and serve healthy foods
- **ACCESS AND AFFORDABILITY:** Ensure that healthy food is available and affordable in all neighborhoods, workplace districts, and activity centers (healthy food licensing and stocking; zoning for corner stores, grocery stores, restaurants, farmers markets)
- **WASTE:** Reduce food waste, regulate the disposal of production- and processing-related waste

Healthy food systems are also shaped by transportation (for access to and distribution of food), water infrastructure, local climate, ecosystems, and the natural environment.

LEARN MORE ABOUT FOOD SYSTEMS >

Transportation

Transportation networks connect people to the many destinations they travel to and from as they carry out their daily activities. Through the location, type, and design of transportation infrastructure, transportation networks influence people's decisions about how, where, and when they move around their communities. In addition to cars, transportation systems include mass transit services like subways, trains, and buses as well as ride-sharing and micro-mobility services; bike and scooter lanes and pathways; walking infrastructure like sidewalks, crosswalks, and trails; and streets, highways, and bridges.

People need many convenient options for moving easily and efficiently through their community for different purposes. While it's easy to focus on commuters, the line between home and workplace is just one of many transportation routes. For all sectors to thrive, the transportation networks that connect them need to serve people from all walks of life.

In equitable and prosperous communities, transportation networks provide everyone with convenient and affordable access to opportunities and resources such as quality jobs, education, and food. Aside from basic access, transportation can also provide opportunities for healthier lifestyles through more active living (because there are more options for physical activity as a means of getting around) and healthier environments through cleaner air (because there are fewer vehicle-based greenhouse gas emissions). Transportation networks are also an important factor in the perception of safety in a community. Well-lit sidewalks, well-designed landscaping, and pedestrian amenities can activate deserted spaces, improve visibility, foster a sense of community presence at all times of day, prevent crime, and facilitate emergency response, protecting all residents.

Transportation networks connect all the sectors throughout a community. Planning safe, affordable, and convenient routes to work, school, food, and health and care institutions will yield many health and prosperity benefits for residents, including more time, easier ways to make money, reduced costs of living, and less stress.

Examples of healthy, equitable transportation strategies

- **CONNECTIVITY:** Increase the number of route options and provide shorter routes
- **MULTIMODAL MOBILITY:** Support all modes of transportation
- **ACCESSIBILITY:** Ensure that transportation options are accessible for all
- **SAFETY:** Design streets and transit systems to eliminate collisions and increase perception of safety for bicyclists, pedestrians, and transit riders; plan safe routes to school
- **AFFORDABILITY:** Ensure that costs of transportation are not a burden
- **DEMAND MANAGEMENT:** Create programs and policies that reduce the number of trips, especially during peak periods such as commute hours

Healthy transportation is also shaped by all elements of a community and the pattern of development that influences where people travel to and from; how long and how convenient those trips are; and how people decide to travel (eg, walking, scooter, bike, transit, ride service, car).

LEARN MORE ABOUT TRANSPORTATION SYSTEMS >

Utilities

Utilities — such as power (electric, gas, solar, wind, and other types of energy sources); data (telecommunications and internet); water; and waste management systems — are infrastructure networks that enable places to support urban populations and modern human activity. For example, power keeps businesses productive and individuals safe even after the sun goes down; keeps children and seniors safely cool in the heat and warm in the cold; and keeps all kinds of health-sustaining machines (from stoves to heart rate monitors) operational. Internet service connects us with loved ones, goods, services, and information all over the world; supports education; and provides access to quality jobs and economic opportunities. Water helps keep both our bodies and the environment clean (inside and out). Waste management systems keep communities clean and sanitary, making life more pleasant and preventing illnesses and outbreaks.

Building, maintaining, and managing these utilities are among cities' core functions, communities' largest capital costs, and regions' fundamental contributors to public health. To support a child drinking clean water from a fountain at school, a student using the internet to do homework en route to a life of opportunity, or a father cooking a healthy dinner for his family, communities must efficiently distribute, use, and sustain the energy, water, data, and other resources that flow through these networks. And all communities have a responsibility to maximize the use of renewable energy in order to minimize the use of fossil fuels that contribute to climate change. Whether rural, urban, or in between, communities that lack basic utilities, that have utility networks that cause harm to residents, or that waste natural resources face large-scale health and prosperity problems. The solution to these problems is to plan utility networks that support healthy living and enable communities to meet their resource needs while maintaining a healthy planet for future generations.

Examples of healthy, equitable strategies for utilities

- Prioritize infrastructure maintenance and improvement in structurally disadvantaged and historically disinvested neighborhoods
- Plan for and design green infrastructure
- Plan for and invest in renewable energy infrastructure
- Plan for water and energy infrastructure that is resilient to climate change, extreme weather, and natural hazards
- Monitor and test infrastructure to safeguard access to healthy drinking water and ensure clean stormwater management
- Provide equitable broadband internet access
- Build a diverse portfolio of infrastructure funding and financing sources (eg, bonds, healthy infrastructure improvement trusts, development impact fees, grants, and public-private partnerships)

Healthy utilities are also shaped by patterns of development (urban vs. suburban vs. rural), local climate, ecosystems, and the natural environment.

LEARN MORE ABOUT UTILITIES >

2.B. Use long-range plans to coordinate and institutionalize cross-sector actions to achieve health, prosperity, and equity.

Even the most dramatic improvements in population-scale health outcomes that the world has seen have taken decades to achieve.[115,116] Further improving public health and reducing health disparities will require community transformations that are driven by a wide range of independent public and private actions over long time frames. Communities regularly use long-range plans — such as comprehensive plans, general plans, master plans, area plans, specific plans, capital improvement plans, and similar documents — to guide these types of transformations and coordinate these actions over time. The purpose of these plans is to anticipate needs (such as health and equity) and to address those needs through community transformation over time. Long-range plans have the authority to regulate both the public and private actions that are responsible for these transformations. And they can address many elements of a community in a coordinated way. Communities that engage in long-range planning have the perfect opportunity to identify how the community needs to change in order to improve and sustain health equity outcomes. And long-range plans are the perfect tool to coordinate and institutionalize actions that will guide that transformation over time. See section 4.B for more information on integrating equity in the process of drafting planning documents.

Long-range plans are the perfect tool to coordinate and institutionalize actions that will guide community transformation over time.

2.C. Use place-based analyses to identify priority neighborhoods and address the needs of priority populations.

To reduce disparities in health and wealth, you first need to understand how the different elements of communities (see section 2.A) are creating different living conditions in different neighborhoods. A neighborhood-by-neighborhood analysis will be needed to gain this understanding. But this analysis is more than just mapping where land uses are permitted, how much of each land use exists, and which intersections are experiencing traffic delays. A disparities analysis includes mapping the living conditions across all neighborhoods from an equity standpoint.

The overall objective of a disparities analysis is to identify the barriers to health and wealth throughout a community and pinpoint where they are occurring. Ultimately, to reduce disparities between neighborhoods, priority must be placed on improving physical, economic, and social conditions in the neighborhoods that need it most.

Identify neighborhoods based on their location, function, and level of urbanism.

First, a disparities analysis requires mapping the location and boundaries of different neighborhoods. The mapping should include *neighborhoods* where people live, *centers* where people go shopping, *districts* where people work, and *districts* and *corridors* that are activated by major multimodal transportation routes. These neighborhoods, centers, districts, and corridors vary not just by their mix of uses but also by their level of urbanism.[117] They may have community-defined boundaries as well as strong physical boundaries such as railroad tracks, freeways, major arterial corridors, large campuses, and natural features such as greenbelts or rivers.

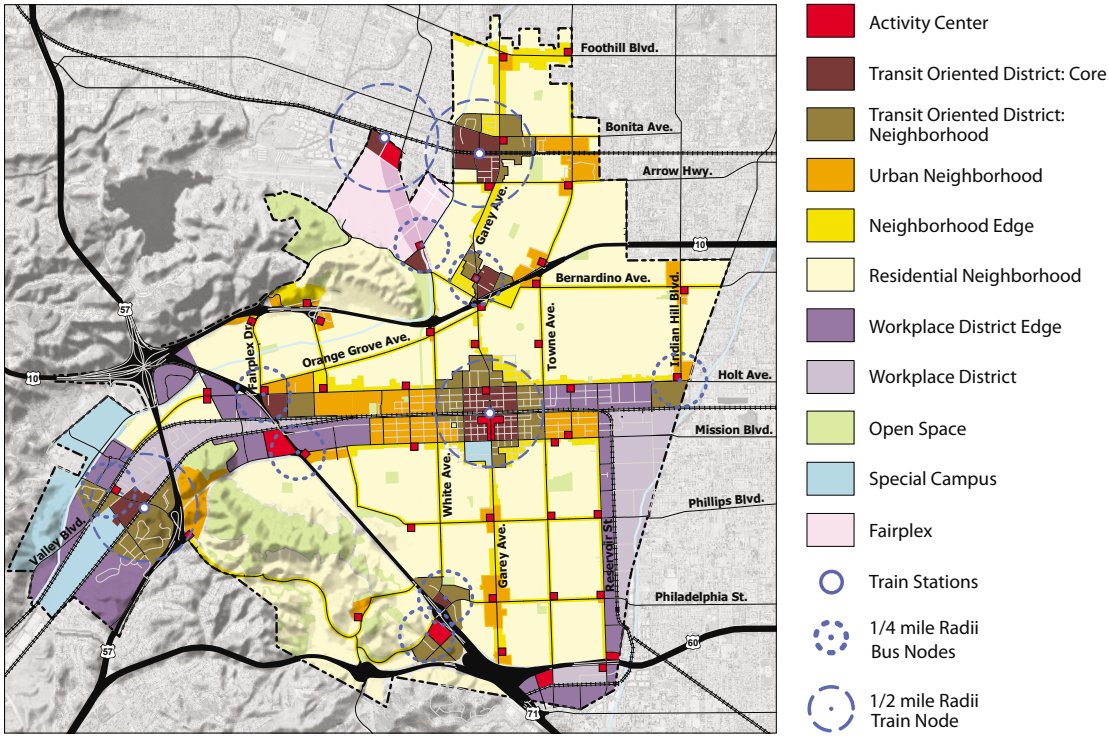
Record the physical characteristics of each neighborhood.

The physical environment varies from neighborhood to neighborhood. Assess characteristics of each neighborhood, such as housing density, whether buildings are auto-oriented, sidewalk and bike lane connectivity, transit access, school quality, air and water quality, and proximity to hazardous uses. Priority neighborhoods will be those with physical environments that present greater barriers to health and prosperity.

Mapping neighborhoods requires input

Identifying neighborhoods, mapping living conditions, and recording barriers to health must be done in collaboration with community members. And strategies to remove barriers to health in priority neighborhoods must be identified and implemented across sectors.

See section 4 for guidance on how planning processes, community engagement, and capacity building can provide opportunities to build community motivation, get stakeholder buy-in, and coordinate action across the community.



Map showing centers, districts, corridors, and neighborhoods with different physical characteristics in Pomona, California

Source: **Pomona General Plan.** Pomona, CA: City of Pomona; March 2014: p. 59.

Record the socioeconomic characteristics of each neighborhood.

Once neighborhoods have been defined and described, you can create profiles to compare them based on, for example, (1) demographics such as race, income, employment, educational attainment, and incarceration rates; and (2) social and economic conditions, such as disinvestment, displacement, well-paying jobs, housing prices, vacancy rates, safety, and community assets. This analysis will uncover priority neighborhoods by showing where there are high percentages of structurally disadvantaged people and which neighborhoods have been historically disinvested or underserved or have fewer assets and opportunities.

For examples of analyses that examine disparities and discuss neighborhood prioritization, see the following resources: **Minnesota Compass**, **Denver Neighborhood Equity Index**, **Seattle 2035 Growth and Equity analysis**, **Akron Neighborhood Profiles**, and **Neighborhoods of the City of St. Louis**.

Place vs. race: Potential legal hurdles in prioritizing structurally disadvantaged populations and neighborhoods

When a disparities analysis shows that particular neighborhoods have disproportionately poor health and prosperity, it can be tempting to pursue policies that commit explicitly to improving conditions in those neighborhoods. In theory, there is nothing wrong with this approach. However, when pursuing strategies based on race or other legally protected characteristics, it is important to be aware that courts are suspicious of laws and policies that treat a particular group differently than others.

On the other hand, attempting to address harms — especially those caused by race-based policies and practices of the past — using universal, or color-blind strategies can sometimes exacerbate inequity. The problem comes from the fact that many apparently neutral or universal laws and policies "operate on the unstated assumptions that are sensitive to the particular conditions of the more favored groups."[118] In other words, even though a policy may seem neutral, systemic discrimination can result in that policy benefiting some at the expense of others.

One approach to mitigating harms while minimizing potential legal challenges is to adopt strategies that are based on geographic need and not based on race or other legally protected characteristics. For example, you can prioritize Complete Streets or Complete Parks improvements in neighborhoods that have a greater need because of historic disinvestment. Another approach is to adopt strategies that are responsive to structurally disadvantaged populations' most pressing needs but can still be applied universally.[118] For example, curb ramps (as required by the Americans with Disabilities Act) are especially critical for persons with disabilities who need to navigate sidewalks, yet they improve street accessibility for everyone.[119]

When you start from an understanding of key needs in specific neighborhoods or specific populations, you can use place-based interventions as a framework for promoting health equity.

3. How can you use public health frameworks to plan for equitable prosperity?

A. **Use a public health approach to help identify and understand the roots of community problems.**

B. **Use community health data to help define problems and identify priority areas.**

C. **Use health partners to support and extend your work in planning for health equity.**

How many times have you run a community workshop about a neighborhood plan (or a master plan or a comprehensive plan) in which the community participants were concerned about issues that didn't seem related to the topic at hand? You were focused on land use…or transportation…or incentivizing private investment. But the community was talking about safety…or affordability…or displacement…or visual blight. How many times have you thought, "This project isn't about the issues that the community is raising"? Well, public health frameworks can help you connect those community concerns with your long-range planning projects.

3.A. Use a public health approach to help identify and understand the roots of community problems.

"A public health approach involves defining and measuring a problem, determining the cause or risk factors for the problem, determining how to prevent or ameliorate the problem, and implementing effective strategies on a larger scale and evaluating the impact."[7]

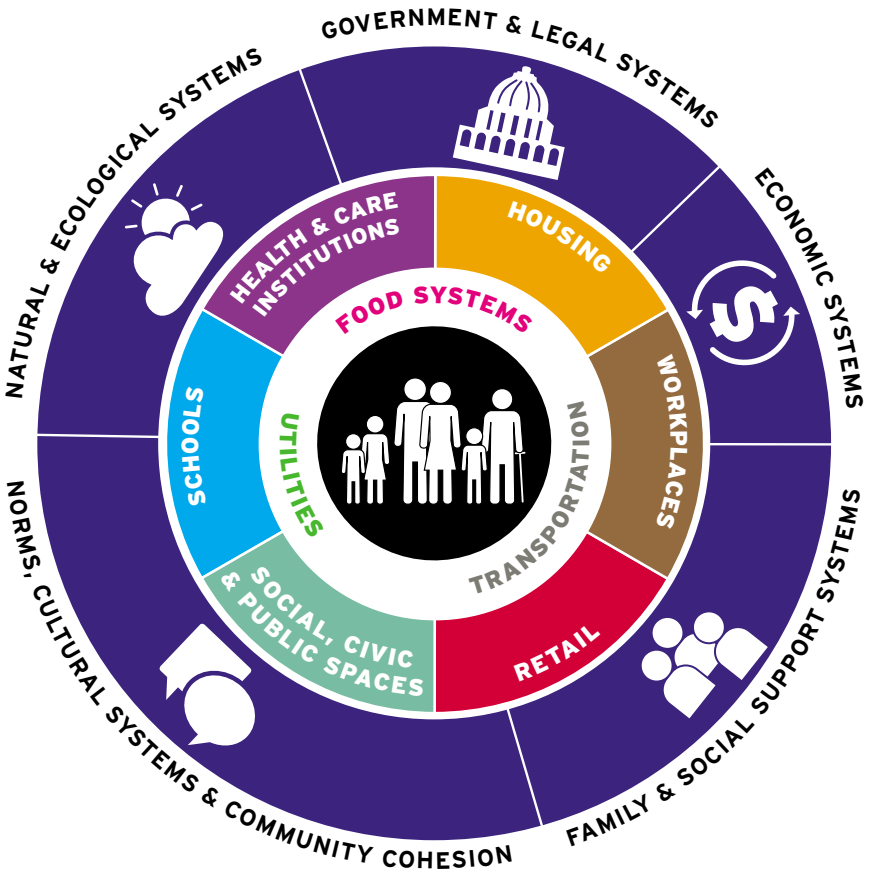
If you use this approach to think about the sources of community wealth and health, you can see that supportive physical settings are necessary to create healthy places. But you can also see that physical settings alone are insufficient, partly because different people can experience the same places differently. For example, white adult men will have a different experience and perception of a place than black adolescent boys, young women, or gender non-conforming persons. Many of the differences between people's experiences arise from a combination of (1) unfair systems that they interact with throughout their daily

lives and (2) structural wealth and power disparities that shape those interactions. These social conditions shape people's experiences differently, directly affecting their health.[120]

Political, social, economic, institutional, cultural, environmental, and other systems are more than simple cause-effect relationships; they are complex webs of formal and informal rules, actions, and actors that work together to keep a community functioning. And systemic effects are more than the outcomes of individual actions; they are what happens as these complex webs operate and influence each other over long time frames. Each community includes a different mix of systems, as outlined in Figure 2. And each system has the potential to be planned in ways that provide physical, emotional, social, economic, and civic benefits to everyone in the community.

Thinking about how systems are contributing to the issues in your community will help you understand the power of changing those systems to achieve health equity. To promote health equity, long-range plans should address each of the systems in this section to ensure that they contribute to health and prosperity in ways that are equitably distributed both between residents and across the community as a whole.

FIGURE 2. SYSTEMS OF A HEALTHY COMMUNITY



Experiential barriers to health

To plan for prosperity and health, we must consider how systems shape different people's experiences and perceptions in different ways. Here are some examples:

- Building Complete Streets, transit-oriented development, and Complete Parks creates opportunities for walking and outdoor recreation. But young women won't be as physically active if they don't feel safe walking down the street.
- Grocery stores in food deserts and fresh produce at corner stores provide access to healthy food. But parents won't be able to improve their families' diet if they can't afford to buy fruits and vegetables or if they haven't been educated about the health consequences of food choices.
- Economic development and land use planning can attract high-paying jobs and opportunities. But black or brown adolescent boys won't be able to get those jobs when they grow up if they don't have access to quality education or if childhood trauma limits their academic achievement.
- Homes that are well maintained and located near health-promoting amenities can change peoples' lives. But families won't benefit from those amenities if they can't afford to live in those homes. In fact, they may be pushed out altogether and forced to move to an underserved neighborhood that has significantly more barriers to health.

Government & legal systems

Government and legal systems establish the basic organization of each community's services, activities, and processes. The possibilities for government and legal systems are myriad, depending on how a local government chooses to establish rules and engage in residents' lives. These systems are a fundamental piece of how healthy or prosperous a community is, which is why integrating **health in all policies** (HiAP) across government systems, departments, and agencies is one of the most powerful strategies a community can use to pursue equitable health and prosperity.

For example, directly or indirectly, governments allocate and protect various resources — financial, natural, built, and social. Our health and well-being as individuals and as communities depend on how they do so. For example, land use and budget decisions determine how and where development occurs and capital improvements are built. Through executive, legislative, and judicial systems, governments establish and protect people's rights. Government staff play important roles in the processes of making, implementing, enforcing, and clarifying (or editing) the laws and other rules that govern society. How these functions are carried out can influence people's sense of safety and access to opportunities such as jobs and education.

Government decisionmaking processes that actively seek out and include community input help ensure that all residents' needs are met and provide residents with a sense that they've been heard. The resulting sense of empowerment not only builds support for plan goals but can also directly contribute to improved resident health. Government personnel are also a point of contact for people who access government services, shaping people's experience and their ability to benefit from those services. Planners play a central role in influencing, deciding on, and implementing many government actions — and determining how healthy and equitable their community is in the process.

Examples of government and legal systems that connect to health and equity

- Composition of elected or appointed governing boards and commissions
- Rental assistance, just cause eviction, below-market-rate housing programs, and other residential services for individuals and families who struggle to afford housing
- Programs that attract jobs and support workforce development, to facilitate employment opportunities for community members of all ages
- Public grade schools, technical schools, colleges, and universities
- City halls, in which government meetings are open to the public
- Courts, which protect people's rights
- Subsidized and licensed health and child care services
- Public transit systems that fill transportation gaps for people without cars
- Fairly priced public utilities that reach all neighborhoods and homes
- Businesses, which are informed about how to keep people safe by complying with local, state, and federal public health and safety laws and regulations
- Police, criminal justice, and fire services, which keep residents safe

Economic systems

Economic systems can include any source or flow of monetary resources that helps keep individuals, businesses, and institutions functioning. The housing, workplace, and retail sectors play particularly central roles in community finances as sources of tax revenues, but every sector is part of a community's economy. The local economy influences (and is influenced by) many other indicators of financial health — including, for example, well-maintained and efficiently used real estate; high-quality and abundant goods and services; an able, available, and trained workforce; employers in a range of industries that provide jobs that pay a living wage; and versatile, high-functioning intra- and inter-city transportation and utility networks.

Economic health has a myriad of benefits. Levels of individual or household wealth determine whether families and communities can access and afford the basic resources and services that they need to lead healthy lives. Businesses and institutions use money not just to fund their core operations but to invest in their employees, expand their services, and innovate. This basic principle applies across every sector. With more money, people and other entities can invest in shaping their current and future life to better reflect their interests and values.

In healthy and equitable communities, this investment is a two-way street. Governments, institutions, and businesses invest in the lives of all residents by providing the safe, responsive housing, infrastructure, goods, and services needed for human activities. In turn, residents invest their time, money, creativity, reputation, hopes, and visions back into the community.

Planners play a central role in local economies by influencing the location, amount, and types of investment activity throughout a community. First, they can **guide private investment**. This process begins with engaging residents and stakeholders in determining how, where, and what kind of investment is needed, desired, and equitable. (See section 4.C for more on the importance of inclusive and people-centered community engagement.) Planners can then use regulations to permit or restrict land uses in ways that enable desired types of investment. Second, planners can **facilitate private investment** by mapping opportunities such as vacant sites, sharing information about opportunities, identifying funding sources, providing incentives, connecting investors with projects, and building partnerships. Third, planners can **build capacity for local investment** by making sure that the community has the actors and skills needed to successfully attract and take advantage of investment. (See section 4.D for more on capacity building and partnerships.) Building capacity for investment includes providing technical assistance and other resources to help residents start new businesses. Planners can also build capacity for local investment by supporting workforce development in order to grow a strong labor force that will attract businesses. Finally, planners can **plan strategic public investments** — for example, targeted capital improvements in transportation, streetscapes, infrastructure, parks, or placemaking that can increase property values and catalyze private development.

Cityville: A Capital Absorption Story

For one approach to changing policies and practices that affect how money flows into disinvested communities, see the **Center for Community Investment's Capital Absorption Framework**, including a short video that illustrates its principles by applying them to the hypothetical residents of Cityville.

Family & social support systems

Family and social support services help structurally disadvantaged populations by providing a range of housing, homeless, food, child care, health care, employment, and income support services. These systems help fill the gaps for people who can't access or afford basic needs — or who may even be excluded from or harmed by community activities that are taking place around them. For example, a person experiencing a mental illness might use support services to access affordable health care and treatment. However, a fully engaged social support system might proactively screen this person to connect them with a wide range of additional services they might need, such as housing support, income assistance, training and career development, legal representation, food benefits and education, mass transit discount passes, and mental health services for dealing with stress or substance misuse and addiction issues, as appropriate.

State, regional, and local governments are the primary managers and coordinators of family and social support services.

Federal and state governments have a lot of influence over the scope of support services that communities provide because of the amount of funding they contribute to these activities and their guidelines for how that funding can be used. But state, regional, and local governments are the primary managers and coordinators of these services. They can increase awareness and uptake of federal programs as well as bolster them with complementary benefits such as tax breaks or refunds, discounts, grants, vouchers, and help with accessing services offered in all sectors. At the local level, community-based organizations (CBOs) often administer social support programs that focus on specific needs of priority neighborhoods or priority populations.

The people who staff these support services may provide screenings, give referrals, and help with program applications, but they can also offer advice, empathy, and care. They can represent a community's kindness and generosity. And as committed individuals who have firsthand knowledge of the social and health issues in their community, they are a great source of information to support planning for health and equity.

Planners play an important role in ensuring that their community commits to a comprehensive portfolio of social supports for its residents. Planners help determine the specific services their community provides as well as how and where they are delivered. Thus, planners can help ensure that support services are equitably distributed and promote equitable outcomes.

Norms, cultural systems & community cohesion

Most human experiences are inseparable from the messages that surround us: lessons from home, work, or school life; visual or written news; art and media; religious or moral teachings; interactions with different people; and so on. These influences can be intentional or unintentional, direct or indirect, momentous and earth-shattering, or cumulative in a gradual, everyday way. All contribute to an underlying system that makes each community unique and are an integral part of each community's strengths and weaknesses.

These social and cultural norms shape (and are shaped by) each person's identity, and they significantly influence healthy and unhealthy behaviors. Components of social and cultural systems include beliefs, values, viewpoints, judgments, expectations, assumptions, and biases. Norms, values, and beliefs are often grouped into stereotypes, rules, codes of ethics, social mores, or any number of "isms" (eg, sexism, racism, humanism, moralism, deism). Much of the power of norms, values, and assumptions comes from the fact that they often feel like unchangeable aspects of our worldview. Yet these perspectives do change as a result of personal and community experiences. And they regularly shift throughout people's lives. For example, the acceptability of harmful norms such as smoking in public spaces and objectifying women in the workplace have changed over time.

Norms and cultural systems can be positive, neutral, or negative in terms of how they influence the ways that people interact with each other. Through planning, communities can attempt to foster awareness of and respect for people's differences. Navigating norms and cultural systems might include taking steps to proactively and intentionally confront negative or harmful norms — for example, by acknowledging historical discrimination as context in planning documents or by expressing cultural humility in the ways that issues are presented on city websites and in public meetings.

Community cohesion refers to the strength of relationships and the sense of shared identity between members of a community.[121,122] Community cohesion is a product both of people's impressions of their community and their interactions with each other. People can view their communities with a sense of prosperity or disinvestment, pride or shame, safety or trauma, openness or isolation. And people's interactions with each other can create or limit a sense of awareness and respect between different types of people and nurture feelings of trust, safety, and kindness. The presence or absence of this social capital affects a community's mental and physical health.[121,123]

Long-range plans can support community cohesion by shaping the way buildings, public spaces, government processes and services, businesses, stakeholders and community groups, and institutions all influence interactions between people. Building and site design can create opportunities for interaction with neighbors and coworkers. Spaces for recreation and relaxation can nurture common experiences and values. And a healthy government can practice inclusive engagement, uplift community voices, and foster shared responsibility.

A community that practices and values both listening and sharing can build increased trust and a sense of shared humanity. When disagreements arise or when tough decisions need to be made, a community with a strong sense of cohesion can more easily provide space for everyone's voice to be heard and represented in the process. (See section 4.C to learn more about listening and building trust through community engagement.) A strong sense of community is a powerful protective factor against violence and provides resilience in the face of community trauma.[124] From community outreach to the planning desk, from parks and recreation to form-based coding, there are many ways that planners can support community cohesion. Strengthening community cohesion is a powerful way to reduce health and wealth disparities.

Natural & ecological systems

Communities with thriving natural and ecological systems create, allocate, and maintain many natural spaces and resources, both wild and planned. Natural spaces include parks, forests, coastlines, and trails, as well as green infrastructure in urban environments, such as street trees, gardens, landscaping, greenbelts, parklets, and other public outdoor spaces. Planning for a healthy ecological system helps to ensure clean air, water, and soil; promotes biodiversity; and protects animal habitats. Natural systems can also support stormwater management, reduce temperatures in cities that experience extreme heat, provide natural methods of fire risk management, and mitigate impacts from climate change and extreme weather events.

Planning for a healthy ecological system helps to ensure clean air, water, and soil; promotes biodiversity; and protects animal habitats.

In addition to their ecological functions, outdoor spaces can be venues for recreation, exercise, sports, and other physical activities. Outdoor spaces can support relaxation, meditation, and spirituality. They can also accommodate celebrations, get-togethers, community gardening, eating, and many other social activities. Parks and other natural spaces promote physical and mental health and a sense of community, particularly when they are near homes, schools, and workplaces.

Communities can help ensure healthy, sustainable ecological systems through a variety of plans and policies — such as sustainability plans, renewable energy policies, climate action plans, park and open space master plans, active transportation plans and strategies to reduce vehicle miles traveled, watershed plans, waterfront plans, and regional air quality plans.

3.B. Use community health data to help define problems and identify priority areas.

Planners regularly use data to tell powerful stories about their communities. If you overlook health data, you are missing critical information that could help you drive decisionmaking. Community health data can help communicate current conditions in different neighborhoods — for example, the health status of residents and the types of problems those residents might be experiencing. Federal, state, and county governments; public health departments; and hospitals all regularly collect data for a range of health conditions at the census tract level. When using these data, you should break them down by demographics such as race/ethnicity and income levels, when feasible. And you should focus on neighborhood-level data when they are available (see, for example, **500 Cities: Local Data for Better Health**), to gain insights into the specific location of community problems as well as differences between neighborhoods (see Figure 3).

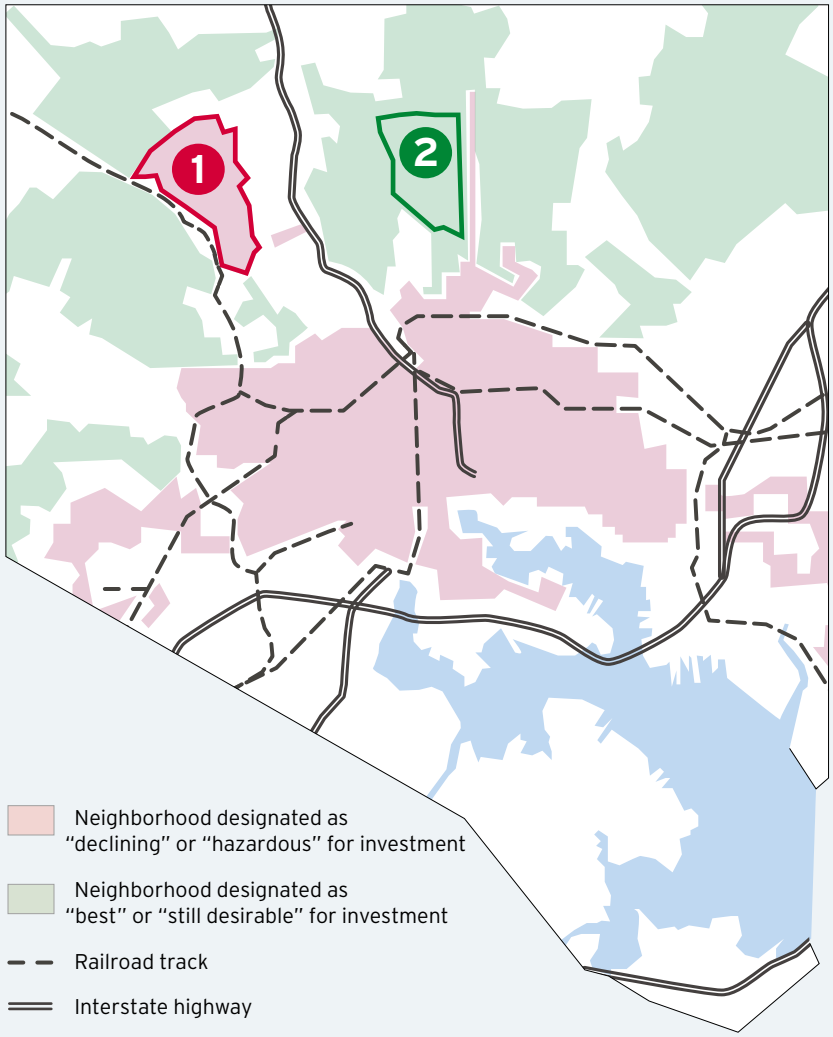
Combining health data with community input and place-based analyses can help uncover the systems-level problems a community faces. These problems will typically be most acute in the historically disinvested and underserved neighborhoods that you identify through a place-based community analysis (see section 2.C). In this way, health data can support decisions about which neighborhoods or populations to prioritize for planning and investment.

Examples of how health data can provide insight into community problems

- High rates of asthma could indicate neighborhoods adversely affected by poor air quality, high traffic volumes,[125] or mold and moisture from poor housing construction.[126]
- High rates of high blood pressure and heart disease could indicate neighborhoods with community violence, poor safety, or high rates of adverse childhood experiences.[127,128]
- High rates of diabetes and cholesterol could indicate neighborhoods lacking access to healthy food[129–131] or safe spaces for physical activity.[130–132]
- High rates of liver, kidney, or lung disease could indicate high rates of alcohol[133] or substance misuse and addiction[134] and smoking in response to trauma.[82]
- Low life expectancy and poor general health, lack of health insurance, infrequent non-emergency doctor visits, and frequent emergency visits could indicate high levels of poverty,[135] homelessness,[136] and community violence.[137]
- Low levels of non–leisure time physical activity could indicate a heavily auto-oriented neighborhood.[138,139]

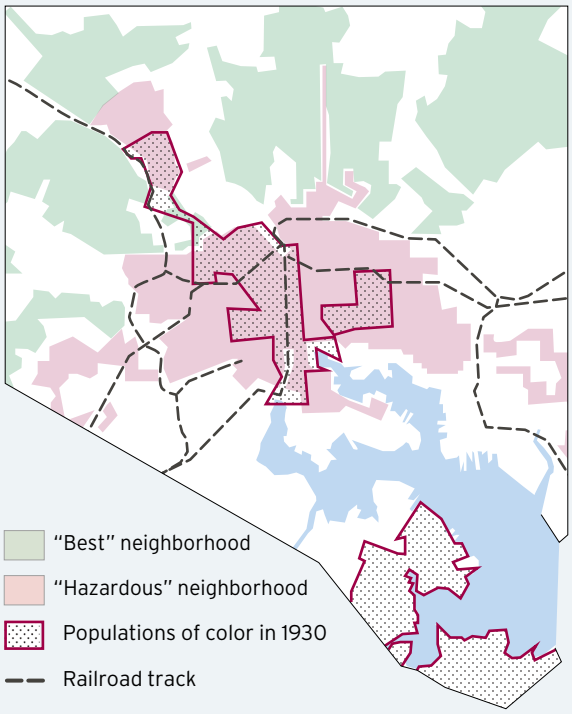
See New York City's **NYC Community Health Profiles Atlas** to see this type of analysis in action. See section 5.C for information on typical data sources.

FIGURE 3. BALTIMORE CASE STUDY: SYSTEMIC INEQUITIES[140]



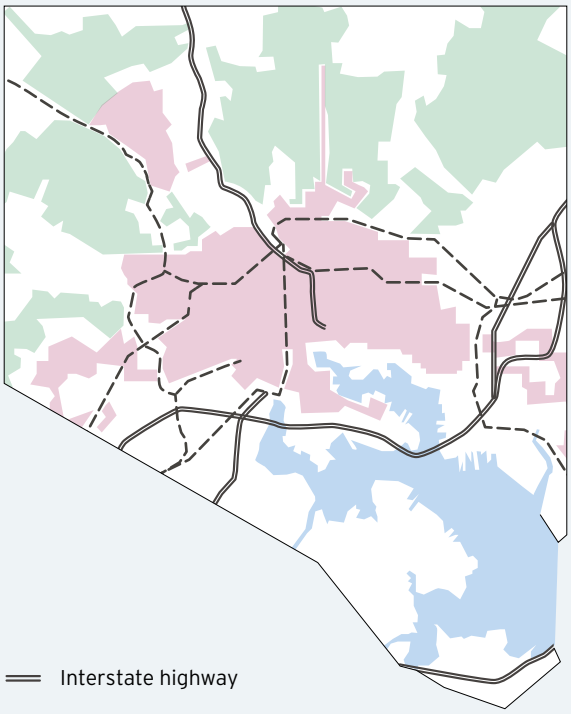
	1 Park Heights Neighborhood	2 Guilford Neighborhood
Median home price	$25K–$90K	$465K–$590K
Unemployed	13%–17%	3%–5%
Income	Less than $40K	More than $120K
No vehicle available	39%	3%
Distance from supermarket	More than ½ mile	Less than ½ mile
Bachelor's degree	14%	33%
Students with a suspension	6.6%	1.4%
Rate of violent victimization	More than 40 per 1,000 persons	Less than 20 per 1,000 persons
COPD	10%	5%
Coronary heart disease	9%	4%
Life expectancy	67–69 years	79–90 years

1937: Redlining



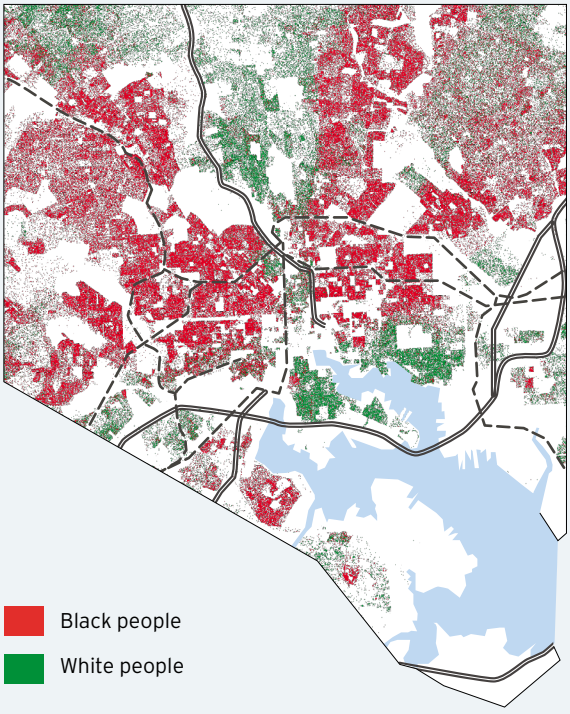
"Residential security" maps designated neighborhoods of color as "declining" and "hazardous" for investment while designating white neighborhoods as "best" and "still desirable."

1955–1983: Interstate Highways



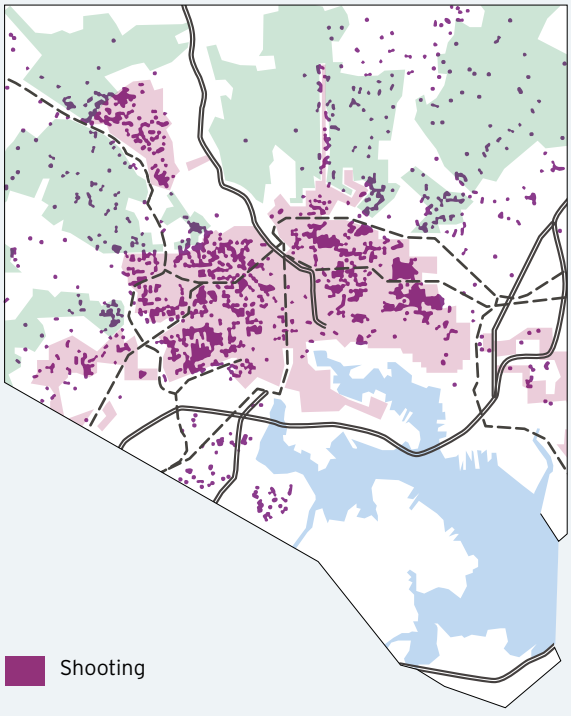
Compounding the disinvestment caused by redlining, many neighborhoods of color were split and isolated by highways and railroad tracks.

2010: Racial Segregation



Land use regulations and continued disinvestment have repeatedly reinforced historical patterns and policies, resulting in the highly segregated neighborhoods of Baltimore today.

2011–2015: Shootings



Shootings in Baltimore are concentrated primarily in neighborhoods of color that have experienced disinvestment since they were designated "declining" and "hazardous" by redlining in the 1930s.

3.C. Use health partners to support and extend your work in planning for health equity.

Public health practitioners can be especially powerful partners in planning for health equity. Health departments and hospital systems may be able to support and extend planning processes in a variety of ways. They can bring a health perspective to plans by participating in the planning process; they can augment project budget processes to add health and equity-focused thinking; they can provide or connect you with technical assistance; and they can expand community engagement efforts.

State and county health departments and hospital systems regularly complete community health assessments (CHAs), community health needs assessments (CHNAs), or community health improvement plans (CHIPs) to identify key health needs in their community and strategies to address those needs. These assessments typically include community surveys and outreach to engage historically disenfranchised and hard-to-reach populations. The insights from such outreach, especially when combined with health data, can be used to create a more complete picture of community needs and a more compelling justification for plan strategies and policies.

Finally, public health departments can contribute to health impact assessments (HIAs), which can be used to evaluate the public health consequences of planning decisions or projects and identify ways to mitigate those impacts. (Health impact assessments, thus, are similar to environmental impact assessments.) See section 4.D for more information on building community capacity to support planning for health and equity through partnerships.

Insights from outreach, especially when combined with health data, can be used to create a more complete picture of community needs and a more compelling justification for plan strategies and policies.

4. What are some practical ways to integrate health and equity into your everyday planning practice?

A. Humanize your work.

B. Build equity into the process of drafting long-range plans.

C. Apply equity principles to community engagement.

D. Build capacity to support health equity across agencies and departments.

Addressing the 5 drivers of health inequity to improve community health and prosperity is not a small task. You may feel that you have a full workload and don't have the time or resources to tackle health and equity. While pursuing equity does require commitment and persistence, integrating equity into your everyday planning work does not necessarily require adding new activities to your work plan. Much of it can be done by changing how *you work. By taking some practical and uncomplicated steps and by leveraging partners with supplemental expertise, you can start integrating equity into your everyday work today.*

Planning for health equity requires consideration at every stage of the planning processes you are familiar with: drafting plans, facilitating meaningful community engagement, and building capacity for multisector collaboration and collective action. These are the building blocks of local collective action toward health equity.

- **Drafting plans** involves identifying core strengths, weaknesses, and opportunities; developing strategies to address the 5 drivers of health inequity; developing policies; prioritizing implementation actions; and taking action to adopt plans.
- **Community engagement** involves consulting and collaborating with communities, building awareness of health and equity issues, and generating support from stakeholders.
- **Capacity building** involves developing the political and institutional will, partnerships, expertise, staff time, and funding to adopt and implement a community's plans.

The following sections outline some practical ways to integrate health equity thinking into each of these planning activities.

Planning for health equity requires consideration at every stage of the planning processes you are familiar with.

4.A. Humanize your work.

The simplest and most fundamental way for you to add equity to your work every day is to think about the experiences of different people in your community. Think about how your decisions, assumptions, objectives, and actions may affect different neighborhoods or different groups of people both positively and negatively. Recognize that you will inherently have blind spots based on your own experiences and position. That's OK; it's true for everyone. Approach your blind spots as opportunities, not hindrances. For example, learn about how planners' blind spots in the past have contributed to the health and prosperity disparities in your community today (see section 1.A). Or gather diverse viewpoints; ask people throughout your community about their lived experiences. And then seek ways to provide what's needed for neighborhoods and groups of people who are experiencing the largest barriers to health and prosperity, knowing that different groups and individuals may have competing or conflicting needs.

Radical inclusion in park design

Folkets Park in Nørrebro, a neighborhood in Copenhagen, Denmark, is a place for community members to gather and relax; a place where homeless West African migrants find shelter at night and play music during summer days; and also a place with a reputation for being the center of political protests, gang violence, and drug commerce. In 2012, the city hired an artist, Kenneth Balfelt, to lead a **renovation process**. One explicit goal written in the contract was to "work towards a greater sense of unity and love in the neighborhood."[141] Balfelt approached the work with a desire to change the park without leaving anyone out. "He advocated that all the people who had used the park before should have a stake in its development and a home in the renovated park — whether those people were homeless migrants, drug dealers or users, or left-wing activists with big dreams."[141] For example, one revelation was that some groups actually need darkness, not light, to feel safe. The result was a park design that accommodated most users by delineating paths and playgrounds but left some dark nooks for others.

4.B. Build equity into the process of drafting long-range plans.

This section provides guidance for integrating equity throughout the process of drafting long-range plans: from evaluating community issues to articulating a vision and defining goals to drafting policy language and adopting the plan. Remember that planning for equity requires collaboration with community members and partners at each step. (See sections 4.C and 4.D for more information.)

Step 1 — Learn and evaluate: Assess community issues from an equity perspective.

The first step in any planning process is coming to a shared understanding of the community's strengths and problems. To add equity to this understanding, make sure to investigate the place-based and systemic factors behind these strengths and problems. Start by asking questions: What has happened in this community or neighborhood? Why did it happen? What's working here today, and what's not? Look at these questions through various lenses — from historical to contemporary, from the individual level to the societal level, by populations and by neighborhoods. The community must be involved in answering these questions. The goal is to understand the community's needs and the processes that can create change instead of just focusing on a specific problem you may be trying to fix.[142]

Possible analysis activities to evaluate your community from an equity perspective might include the following:

- Mapping both assets and disparities to identify patterns of inequity (see section 2.C)
- Mapping past and present segregation (see the **Demographics Research Group's racial dot map** and **Mapping Inequality**)
- Mapping past and present policies that are contributing to inequities (see **ChangeLab Solutions' Building Healthy, Equitable Communities Series**)
- Using data to identify and describe the inequities and disparities the community is working to eliminate, including quantitative data and qualitative descriptions gathered through community engagement (see section 3.B, **County Health Rankings**, **The Opportunity Atlas**, and **Data Driven Detroit**)
- Specifying whether community disparities are tied to race, socioeconomic status, education, gender, age, sexual identity, or some other characteristic (see **Denver Neighborhood Equity Index** and **South Carolina HealthViz**)
- Engaging residents and stakeholders to verify data and confirm or interpret findings (see section 4.C)

Changing streetlamps, changing neighborhood equity

In 2002, **the City of Seattle launched the Race and Social Justice Initiative** as an effort to end institutionalized racism in city services and infrastructure. One of the first findings that surfaced from an early Equity Impact Analysis was disparity in the functionality of streetlights across Seattle neighborhoods. This disparity had occurred because Seattle City Light was making streetlight repairs only when they were reported. However, the Equity Impact Analysis revealed that some groups — such as low-income communities, communities of color, recent immigrants, and people with limited English proficiency — were less likely to report broken streetlights. Reluctance to report burnt-out streetlamps could stem from a variety of reasons, including a desire to avoid interactions with government, lack of trust in government, and language barriers. People from these groups are also more likely to live in neighborhoods with few services and capital investments, a situation that perpetuates racial and social disparities.

In response to these findings, the **City of Seattle** changed their streetlight bulb replacement process, basing it on the bulbs' life expectancy rather than reported complaints. Customer satisfaction improved in all neighborhoods, even the more affluent ones, because people no longer needed to submit reports. "It's a great example of when you come up with systems that work better for the most vulnerable… you come up with systems that work better for everyone," said Glenn Harris of the Center for Social Inclusion.

Some of these analyses will benefit from the contributions of partners and experts outside of local government. To help ensure that your planning processes incorporate this support, include health and equity issues in your requests for proposals (RFPs) for new planning projects. See sections 2 and 3 to learn how you can draw on planning frameworks and public health frameworks to guide your analysis.

Step 2 – Envision: Make health equity part of your community's vision and a goal of planning policies.

Long-range plans are an expression of a community's values and, to a large extent, determine who has access to the social and economic conditions that create health.[143] To plan for health equity, a community must commit to addressing the 5 drivers of health inequity by counteracting discrimination, improving opportunity, increasing wealth, and redistributing power in ways that reduce disparities in health and prosperity.

To commit to health equity through planning, you must make it a part of your community's planning vision and goals. The plan must define what it means to be a healthy, equitable community. The plan must describe what success looks like, and it must specify the health equity outcomes the community is trying to achieve.

You can make a commitment to equity in your long-range plan by including a section dedicated to health or equity. In this section, you can summarize why your community is planning for health and what the goals of that planning are. Including goals will help ensure that all strategies and policies throughout a plan are aligned and contributing to stated health equity goals. For examples, see **Richmond General Plan 2030** and **Plan OKC**.

Step 3 – Make a plan: Incorporate health equity in planning strategies and policy language.

Long-range plans should be designed so that health equity is integrated into every element of the community that a plan addresses, not just mentioned in passing. Your plan can integrate health equity in 5 ways:

1. Provide strategies that go beyond just transforming the physical environment or just promoting health. Instead, focus on leveraging strategies that address the **5 drivers of health inequity** in order to remove systemic barriers, provide resources, and create opportunities for equitable health and prosperity. (For example, see **RPA's Fourth Regional Plan**.)
2. Include a section or chapter of a plan that is dedicated to health and equity. (For example, see the **Richmond General Plan 2030**.)

Minneapolis gets specific about racial equity

The City of Minneapolis has taken actions to **institutionalize racial equity** in their planning and governance structure. This effort was led by Minneapolis's Department of Civil Rights, with equally strong support and leadership from the Minneapolis City Council. The city's equity strategy concretely states its goals: "(1) to improve supplier diversity through procurement, (2) to make the government workforce more diverse through more equitable recruitment, hiring and retention supports, and (3) to make local boards and commissions more representative of the city's residents."

In 2014, the city council also approved a specific vision and definition of racial equity: "the development of policies, practices and strategic investments to reverse racial disparity trends, eliminate institutional racism, and ensure that outcomes and opportunities for all people are no longer predictable by race." In subsequent years, the city's commitment to racial equity has been operationalized through the development of an equity assessment toolkit, budget and policy decisions, and hiring for new positions that focus on advancing these efforts.

3. Incorporate language on health in the goals for each section of a plan, to show how success in that section can help achieve larger health equity goals. (For example, see **APA's Healthy Planning evaluation**.)
4. Include health-related strategies or policies in each section of a plan, and link them to your community's health equity goals. Residents and stakeholders should be engaged to identify and prioritize these policies; see section 4.C for more information. (For an example of this approach, see **Denver's Comprehensive Plan 2040**.)
5. Use equity-forward language, and explicitly affirm equity as a value. This approach includes using person-centered language, strengths-based language, and terminology that is consistent with how the community views itself. It also includes acknowledging historic harms to the community and identifying who and what has created or maintained observed inequities.

Integrate health and equity in a plan from the ground up

The vision statement in the City of Denver's **Comprehensive Plan 2040** explicitly prioritizes equity and inclusion, stating, "Denver is an equitable, inclusive community with a high quality of life for all residents, regardless of income level, race, ethnicity, gender, ability or age."

Involving a wider range of community members in decisions

Remember, a long-range plan needs to be adopted in order to be implemented. Even plans that have been built on broad community engagement and extensive analysis can face barriers that prevent them from successfully making it through the adoption process. One way to prepare for and overcome these barriers is to increase community participation in decisionmaking and adoption processes.

Elected officials care about their constituents and are motivated to serve them. But they may also be swayed by pressure from influential stakeholders or by significant pushback from vocal residents. Policy amendments driven by this pressure may not be beneficial to priority populations or may be inconsistent with decisions that the public contributed to during community engagement. Having a broad spectrum of supportive community members and stakeholders at planning commission and city council study sessions and adoption hearings is essential, to make sure that elected officials hear from the community about the importance of equity. Community participation in these key planning commission and council meetings allows plan supporters to counter plan detractors, helping ensure that policies with broad support are not derailed by a small group of influential stakeholders. Community participation in adoption hearings also promotes the community's sense of ownership of plans, which can have benefits for plan implementation down the road.

Strategies to ensure **equitable engagement** and inclusive representation of all residents in decisionmaking processes include **revising public participation laws at the local level** to facilitate meaningful forms of civic participation and using **public deliberation** to have informed, values-based discussions about challenging social problems and to collectively think of solutions with members of the public.

Step 4 – Act: Work with the community to prioritize and implement actions.

Communities have limited resources. Especially when planning for equity, it is very likely that there will be significantly more actions that you could take than you have time and funds to complete within a plan's time frame. Therefore, you will need to decide which planned actions or projects to implement first. Prioritizing actions can help you implement plans and regulations more efficiently, even with limited staff time and constrained budgets. Prioritizing actions that support the people and neighborhoods with the greatest needs is also a fundamental part of addressing health and wealth disparities. Once a community is on board with pursuing a health equity agenda and there is a plan, the following steps can be taken to prioritize actions:

1. **Identify and map priority neighborhoods.** Identifying priority neighborhoods (see section 2.C) allows you to focus your efforts in the specific locations with the greatest need, where there is a higher likelihood of success and where you can achieve the greatest health improvements. Projects in these areas will provide the biggest return on community efforts and go furthest in reducing health disparities.

2. **Categorize the types of actions that are needed in each priority neighborhood.** Actions should be prioritized based on which element of the community will benefit the most. Deciding which elements are a high priority in different areas makes prioritizing projects in those areas easier. For example, increasing affordable housing supply may be the priority in some neighborhoods, while food access may be most important in other neighborhoods, and an active transportation network may take priority in still other districts. Categorizing projects by their benefits makes it easier to identify and pursue funding sources that align with each action's benefits. Categorization according to benefits also helps when bundling funding for a range of projects.

3. **Rank and prioritize actions.** While there is no single recommended hierarchy for prioritizing actions, an approach that does not require extensive data gathering and is appropriate for communities with fewer resources involves scoring actions based on the following criteria:

   - Level of urgency or need for the action (including community input about needs)
   - Estimated level of effort or cost necessary to implement the action
   - Anticipated impact or value of the action to the community (which can be qualitative and based on formal or informal discussions with community members, investors, or other stakeholders)

   In the short term, prioritize projects that are most needed and that require less effort or funds to complete. Projects that will have a higher impact but require more time can be planned in phases or as longer-term initiatives. See section 5 for information on how to make sure that planned actions achieve their intended results.

Making equity a factor in allocating resources

The **Community and Neighborhood Planning chapter** of the Seattle 2035 Comprehensive Plan directs the city to weigh equity considerations in addition to growth considerations and planning considerations when allocating city resources for community planning. Policy CI 2.3 recommends that equity be considered in areas with high risk of displacement; areas with low access to opportunity and distressed communities; and areas experiencing environmental justice concerns, including public health or safety concerns. Implementing this action included a **report** on current approaches to planning and planned changes to prioritize equity. Prioritizing equity is now a fundamental aspect of all Seattle's planning activities.

4.C. Apply equity principles to community engagement.

Planning for healthy, equitable communities must put the people who will be most affected by planning policies at the center of the planning process. The goal is to lift up the needs and perspectives of the people in your community who are experiencing a disproportionate burden of health inequities and give them more say over what happens in their lives[144,145] and their communities.[142] Community-driven planning processes make it more likely that long-range plans will address the needs of structurally disadvantaged residents. In addition, planning processes driven by community members improve their ability to exercise self-determination, which has a direct positive impact on health.[146] More extensive community engagement can also instill a sense of ownership of the planning process in participating community members,[147] contributing to greater political support and buy-in for proposed plans. Using the principles described in the remainder of this section will help ensure that your community engagement is equitable.

Building support and buy-in through public participation

California Assembly Bill 617 "requires new community-focused and community-driven action to reduce air pollution and improve public health in communities that experience disproportionate burdens from exposure to air pollutants."[148] The **Community Air Protection Blueprint** lays out how regional air quality management districts will be funded and required to partner with community steering committees to design, adopt, and implement new approaches to community air monitoring and community emissions reduction programs.

Listening

Listening to people is central to identifying and understanding their needs; they are the experts on their own lives. When you are focused on the technical issues of planning, it can be hard to remember that engaging people on topics that affect their lives may trigger very personal and emotional reactions. Residents may want to discuss individual and community trauma or issues such as exposure to violence, frustration with or mistrust of government and police, and loss of community due to gentrification. It is essential to give people the space to share these experiences and make sure they feel that they've been heard and that their contributions are reflected in the final adopted plans.

Inclusive representation

To understand the full range of needs and diversity of experiences in your community, you must engage a broad and representative cross section of residents and stakeholders. It is especially important to engage structurally disadvantaged populations such as youth, older adults, people with low income, people who speak a first language other than English, and people of color. Failure to engage these groups increases the risk that long-range plans will increase health disparities by focusing on the wrong problems, establishing inequitable priorities, or adopting strategies that reinforce inequities or create new ones.

You can attract a more diverse range of community members by expanding the ways that people can participate in planning processes. Traditional outreach methods such as public workshops often draw from those who are already engaged in civic processes. Focus groups, surveys, neighborhood meetings, and booths at community events

are effective ways of engaging people who do not attend traditional public workshops and thus obtaining a broader range of feedback on plans. Stakeholder or community advisory committees and charrettes typically are less representative of the entire community but allow more in-depth presentations and discussion. And public deliberation offers a particularly empowering alternative that gives decisionmaking power to the public.

In addition to expanding the ways you engage the community, consider taking bolder steps to encourage more diverse participation. For example, you can rigorously recruit participants so that the demographics of the people you engage reflect the demographics of the community at large. You can also remove barriers to attending public workshops by providing child care, food, or even stipends for residents with low income. Remember to make sure that presentations and materials are provided in all of the languages your community members speak.

In-depth community involvement through public deliberation

The Roanoke Planning Department worked with the New York Academy of Medicine and ChangeLab Solutions to develop and carry out a one-day public deliberation with participants from a cross section of the Roanoke community. The deliberation asked participants to identify the criterion they felt was most critical for the department to review when determining neighborhood priorities for HUD funding.

Participants engaged in meaningful conversation and debate throughout the one-day session. A post-deliberation survey highlighted that 87% of participants found the event very interesting and a similar number "strongly" agreed that city agencies should use public deliberations in their decisionmaking processes. Shifts in perspective between the pre- and the post-survey suggest that individuals were open to new perspectives and differing opinions and that they developed a more nuanced understanding of neighborhood characteristics and the factors contributing to neighborhood strength.

The community speaks through extensive engagement on the Birmingham Comprehensive Plan

"The **Birmingham Comprehensive Plan** benefitted from a conscious commitment to extensive public outreach and citizen engagement that provided thousands of participants an opportunity to share their hopes and aspirations for Birmingham's future. The public engagement process incorporated a variety of outreach techniques and activities, allowing residents to participate in ways that worked best for them."[149] Methods for engaging the community included a steering committee, a citywide visioning forum, *communities of place* meetings focused on geographic areas representing every neighborhood in the city, *communities of interest* meetings focused on specific themes, open houses, opportunities to comment online, and advisory groups and working groups.

A foundation of trust

In order for local residents, workers, and business owners to support planning strategies that promote health equity, they must believe in the planning process and buy into its envisioned outcomes. The community must trust the intentions of local government and local institutions and believe that they will follow through on their commitments. Such trust does not always exist, in part because of past actions by government institutions that damaged communities (see section 1.A and the **Building Healthy, Equitable Communities training series**).

Cultivating relationships and trust with community members takes time, patience, communication, and humility. But you can establish trust by demonstrating credibility, reliability, openness, and community orientation throughout every community and stakeholder interaction.

- **Credibility.** Build a track record of successfully implementing commitments made to the community at large and structurally disadvantaged populations and neighborhoods in particular.
- **Reliability.** Establish a coordinated set of proactive channels for community-wide engagement between government/institutions and stakeholders. Continue this engagement on an ongoing basis regardless of specific plans or projects underway.
- **Openness.** Provide venues for openly discussing the potential trade-offs that communities face in regard to policy decisions. Structure these events to ensure a safe space in which community members can raise and discuss sensitive and difficult issues together.
- **Community orientation.** Institute community-driven planning processes. Include time in meetings when the primary objective is to authentically listen to community members and help them build their skills in advocacy, strategizing, decisionmaking, and other processes. Affirm equitable health and prosperity for everyone in the community as explicit objectives of long-range plans and policies.

Ongoing engagement

Planning for health equity will require addressing the 5 drivers of health inequity. But these forces are bigger than individual projects, agencies, organizations, and even governments. And trying to discuss these broad social issues as part of individual projects can bog down the planning process. To avoid that barrier, you can proactively engage your community in regular, ongoing discussion and dialogue about these broad issues. These types of discussions can provide a venue for developing shared community values; examining difficult issues; and identifying community needs, challenges, and opportunities outside of specific projects. Such discussions will allow the community's ideas, values, issues, needs, and challenges to be brought into planning processes earlier and more consistently. In addition, this approach can provide an opportunity for your community to work through controversial topics without derailing project timelines.

The power of presence: Reducing violence in Boston

Between 1990 and 1999, Boston experienced a 79% decline in violent crime among youth. Known as the **Boston Miracle**, this movement started when Reverend Jeffrey Brown and other clergy began taking walks through Boston's most dangerous neighborhoods late at night and into the early morning. At first, they did not talk or interact with anyone. But when it became apparent that their orientation was to help the neighborhoods and that they would reliably be there for residents, youth opened up to them about their circumstances. "And as we were talking with them, a number of myths were dispelled about them with us. And one of the biggest myths was that these kids were cold and heartless and uncharacteristically bold in their violence. What we found out was the exact opposite. Most of the young people who were out there on the streets are just trying to make it on the streets. And we also found out that some of the most intelligent and creative and magnificent and wise people that we've ever met were on the street, engaged in a struggle."

After building trust and relationships, the clergy **brought together groups** representing law enforcement, the private sector, and youth in order to develop more comprehensive strategies for addressing violence, including creating new educational and economic opportunities rather than disciplinary punishments.

4.D. Build capacity to support health equity across agencies and departments.

The process of planning for health and prosperity requires knowledge, leadership, commitment, communication, partnerships, and funds. This section details a few actions you can take to build these types of capacity in your community and help ensure equitable law and policy outcomes. Your community may not be able to pursue all these actions simultaneously, so do your best to match your community's actions to its available resources. If you plan for actions that require more time, people, or money than your community has, you will experience minimal progress. Remember, it's OK to start small. All capacity-building actions are mutually reinforcing. As you build capacity in any one way, you will increase your ability to build capacity in other ways over time. Starting with a small project may make it easier to accomplish short-term goals and create a foundation for building toward larger long-term goals.

Assess readiness.

Before working to build the capacity of local government and institutions to plan for health equity, you should engage elected officials and decisionmakers to assess government and institutional readiness to create change.[150] You may find that there is sufficient political will, awareness, and capacity to move straight to action. Or you may learn that you need to start sharing knowledge, training staff, changing internal protocols and processes, and developing partnerships with allies. Either way, you'll save time and effort in the long run by taking time at the outset to analyze the sociopolitical landscape of elected officials, government staff, and the community at large.

Develop local leadership, knowledge, and skills.

Planners and partners should work on developing local leaders to promote, participate in, and report back to residents about planning processes. Developing leaders involves educating elected officials and residents as well as training staff from local government agencies and institutions. Consider informing young people and encouraging them to participate in the planning process too. (For ideas on working with young people, see **Pathways to Policy: A Step-by-Step Playbook for Youth Who Want to Change the World**.) In addition to increasing awareness of the policy process, you will need to organize trainings and community discussions on topics like racial equity, historical policy-driven trauma, cultural humility, community engagement and partnering techniques, biases or assumptions, and institutional equity practices and processes. Planning or policy processes should include sufficient time and effort to ensure that all participants have an adequate and accurate understanding of the relevant issues.

Building understanding and developing skills on race, bias, trauma, and cultural humility

See the **Local and Regional Government Alliance on Race & Equity**, **National League of Cities**, **The Kirwan Institute for the Study of Race and Ethnicity**, **National Implicit Bias Network**, **Connection Coalition**, or **Race Forward** for resources, technical assistance, or training on these topics in your community.

Align actions across government sectors for collective impact through collaboration.

Every part of government has a role to play in planning for health equity. Approaches that planners might take to reduce health disparities may be limited by factors that are better addressed by partners in other sectors of government. Therefore, aligning action across sectors will be more effective than any one intervention.

The most effective way to achieve alignment is for representatives of various government agencies and institutions to meet regularly. A multi-department task force or advisory committee can be convened at each stage in the process of drafting any long-range plan. **Health in All Policies** (HiAP) is another approach, which more broadly ensures that government decisions are aligned in ways that promote health, equity, and sustainability. HiAP involves establishing protocols and processes to exchange health-promoting ideas, resources, and programs between departments, agencies, institutions, and partners.

Develop and leverage partnerships.

Partnerships are essential to planning for health equity. A well-functioning partnership brings diverse stakeholders together and expands available resources. By focusing on shared problems, you can coordinate with partners about programs, staff time, and funding to minimize duplication of efforts and distribute costs and associated risks. As a result, each partner can operate more efficiently and effectively.[151] This type of partnership can lead to policy implementation across more government sectors, action by more organizations, and a greater likelihood of achieving health equity goals. Partners can benefit planning processes by serving in the roles shown in Table 1.

How to operationalize Health in All Policies

The Chicago City Council passed a **Health in All Policies resolution** in 2016 to formalize their approach to addressing systemic barriers that prevent Chicago families from being healthy, including access to safe, affordable housing and grocery stores.

The resolution called for creation of a Health in All Policies task force to develop recommendations on how Chicago's city departments and sister agencies could work together to improve health. The **recommendations** include a formal data-sharing agreement across departments and sister agencies; coordinated cross-departmental community engagement to ensure that a health perspective is brought to the community more often; proactive housing inspections to identify health hazards early, especially in high-hardship neighborhoods and among at-risk populations; health impact reviews for proposed projects, policies, and ordinances; and inclusion of health criteria in requests for proposals (RFPs) and requests for qualifications (RFQs) for city-funded projects.

See **A Roadmap for Health in All Policies** for in-depth guidance to help you institutionalize a Health in All Policies approach. And see **The Long Road to the "All" of HiAP** for case studies that examine HiAP implementation in three communities.

Table 1: Partnership Roles and Their Levels of Involvement in the Planning Process

Partnership Roles		Level of Involvement	
Connector	Identifies partners in the community to increase support for health equity planning and to connect with or represent priority populations	Low	A one-time role that requires a limited time commitment and is not central to the sustainability of the planning process (eg, providing an introduction to a potential community partner, testifying at a public meeting, writing letters of support)
Advocate	Advocates for a specific policy, decision, or change	Low	
Amplifier	Writes, speaks, blogs, or gives an interview about an issue	Medium	An ad hoc role that requires a moderate time commitment and is not central to the sustainability of the planning process (eg, attending task force meetings to help design a policy, providing or analyzing data, collaborating on strategies, reviewing development applications, consulting on capital improvement projects)
Team expert	Joins an existing collaboration or partnership or provides subject matter expertise	Medium	
Leader	Identifies or produces resources, convenes stakeholders, gathers or coordinates input, mobilizes support for policies, conducts assessments, or establishes multi-sectoral partnerships with public, private, or nonprofit entities	High	An ongoing role that requires a significant time commitment and is central to the planning process or implementation of a long-range plan (eg, acting as project manager, bringing partners to the table, or securing funding to develop or implement a plan)
Implementer	Takes responsibility for implementing portions of a plan	Varies	A role ranging from limited investments or staff time to administration of programs, significant funding for a major project, participation in public-private partnerships, or heavy involvement in implementation of a long-range plan
Investor	Contributes financial resources for plan implementation or makes direct community investments that align with a plan's vision and goals	Varies	

Source: *PSE Playbook: Implementing Policy, System, and Environmental Change in Our Communities*. San Francisco, CA: UCSF Champion Provider Fellowship; 2018.

Partnerships focused on advancing health equity require a sense of shared responsibility and accountability, which is why building partnerships starts with building relationships with people in other departments, agencies, institutions, and organizations. Building a relationship can start with a conversation. Ask about a person's professional and political interests and motivations. Listen to and share stories. See where your work aligns and where you might have shared goals and priorities. Go ahead! Reach out to people, and start finding common ground.

Leveraging public health partners to strengthen policies and support plan adoption and implementation

It is important to build partnerships with all types of local stakeholders, but practitioners in public health can be especially powerful partners. Here are a few things that public health practitioners can do to support your equity work:

Engage priority populations. Public health officials have experience with community engagement and outreach. They regularly serve and interact with the people who stand to benefit most from improvements in community health and wealth, including communities of color and people who have low income. Collaborating with public health practitioners can allow planners to learn firsthand from the people they serve about their most pressing issues and needs, as well as what local assets are already in place that support work to meet those needs.

Anticipate the health impacts of long-range plans, planning policies, capital improvements, and development projects. Public health officers can contribute health expertise to planning activities such as reviewing development applications or new policy language. This type of collaboration can help your community understand the potential health impacts of developments, capital improvement projects, and planning policies.

> *"On November 6, 2018 our Board of Supervisors approved a Public Health (PH) Fee that will be added to the other fees applicants pay as part of their Development Application. This new fee will be utilized by the Sacramento County Department of Health and Human Services, Division of Public Health to provide public health expertise on specific application types listed in the PH fee attachment. A public health representative has been sitting on the Project Review Committee since May 2016, providing comments and interacting with Developers to help them understand how their projects interrelate with and contribute to public health."*
>
> Judy Robinson, sustainability & 2020 Census manager, Sacramento County, 2018

Increase awareness, establish a shared vision, and build political will for change. When public health professionals and institutions publish community health reports, they can highlight the spatial pattern of various health issues, drawing attention to the relationship between health and neighborhood conditions. Communicating this connection and presenting public health data to support it can help make the case for the importance of planning for health equity.

Support implementation and evaluation. Public health institutions can play an integral role both by providing services and by helping track and evaluate policy implementation. They can use existing health data or work with other agencies to collect new data to show whether health-promoting plans and policies are producing the intended outcomes.

Build equity into the system of community investment.

Planning for equity and community transformation won't happen if the work is not funded. Communities can strategically attract, allocate, and guide investment in ways that prioritize health equity. Ultimately, funding health equity occurs through government spending decisions and by shaping patterns of private investment.

Update government, institution, and agency budgets.
Allocating funds to plan for health equity may require trade-offs and debate among elected officials and the community, but it need not require new funding sources. As part of your regular budget cycle, you can set aside a small amount of your existing funds to promote and work on equity. Making this allocation is easier when health and equity have been adopted as fundamental community values or as identified goals of long-range plans. You could start by allocating this budget to do work in a priority neighborhood. Even if you can't dedicate any funds to health and equity work, you can take steps toward planning for health and equity by integrating it into project opportunities as they arise.

You can also conduct an equity audit of your existing budget. See if spending and services are equitably distributed among residents and stakeholders. Identify where activities to reduce disparities in health and prosperity are already funded. This will provide a baseline for improving budget equity.

Catalyze investment in equity.
The magnitude of private investment is much larger than that of public spending. But health and equity are not typically primary goals of private investors, so their resources don't always go to the places or the types of investments that a community needs to increase health and equity. Some places struggle to attract any investment at all. And when investors do turn their attention to disinvested neighborhoods, conflicts often arise between the needs of the structurally disadvantaged residents in those historically disinvested and underserved neighborhoods on one hand and the goals of market-driven investors on the other. Planners have many strategies and policy tools that they can use to help underserved neighborhoods attract investment.

Planning can catalyze investment in equity in the following ways:

1. Identify priorities shared by the community and investors
2. Commit to public investments that can spark change
3. Remove regulatory barriers to equity-oriented investment
4. Actively support investment — for example, through policies, regulations, review processes, checklists, community benefit agreements, subsidies, public investment, or access to local market data.[152,153]

Actions that provide regular opportunities to plan for health and equity without additional funding

- Strategic planning processes
- Long-range planning processes, such as comprehensive plans or regional transportation plans
- Development application review processes
- Funding proposals
- Zoning code updates
- Capital improvement and maintenance projects
- Community health plans
- Health impact assessments

Empowering people to work together to decide how to spend public money

An ambitious approach to equitably allocating funds is **participatory budgeting**, a process in which the general public is directly involved in their community's budgeting process. Communities such as New York City; Oakland, CA; Phoenix, AZ; Vallejo, CA; Boston, MA; and over 3000 other cities around the world are currently using participatory budgeting to decide how to spend tens of millions of dollars.

5. How can you make sure your long-range plans achieve their intended health equity results?

A. Commit to the actions needed to operationalize plan policies.

B. Actively work to avoid implementation pitfalls that can lead to inequitable consequences.

C. Base plans on evidence, track progress, and evaluate outcomes.

Are there neighborhoods in your community with much higher rates of evictions than others? Do some districts in your community have streets and parks in need of significantly more maintenance than those in other neighborhoods? Maybe you have affordable housing policies such as inclusionary zoning but are still experiencing low-income housing shortages. Or perhaps residents in disinvested neighborhoods are not benefiting from new investment because gentrification is causing them to be displaced. Planning is responsible for many of the benefits we enjoy across our communities, but it is also responsible for many of the barriers to health and prosperity in some neighborhoods. Often, these differences are a result of inequitable implementation or enforcement of long-range plans and policies.

5.A. Commit to the actions needed to operationalize plan policies.

Some types of planning policies carry the weight of law. Others only provide guidance. Regardless of their legal weight, it is important to remember that *plans* are not *outcomes*. Outcomes cannot be achieved without implementation actions. Thus, planning for health equity is just the start. Once your community has made a commitment to health equity and planned for it, you must continue to work to see that the plan's health equity goals are realized at a large enough scale to address the problem. Operationalizing health and equity will take time. Your community will need to take actions that maintain momentum and protect against changing priorities that may come with political cycles or changes in administrative leadership.

Following are some questions you will need to answer in collaboration with your community and your partners in order to operationalize health equity and maintain momentum:

- **Who will pay for health equity policies?** Programs, capital improvements, and even changes in government protocols and processes require funding to become reality. Make sure to enable and incentivize private investment as well as identify public funding sources (including federal, state, and local government departments, agencies, and institutions).
- **How will you equitably distribute the budget?** Prioritize allocation of funds to priority neighborhoods and for programs and capital improvements that focus on reducing inequities in health and prosperity.
- **What scale of implementation is necessary to see the desired change?** Consider whether action is needed in a wider area. Sometimes effective implementation will require collaboration outside of your community — for example, with regional, state, or federal partners.
- **What protocols and processes are needed?** Make equity considerations part of everyday practice and decisionmaking across all government departments and agencies. Require departments to integrate health and equity into their operational plans. Establish regular communication between departments, and identify departments or individuals responsible for coordinating health and equity considerations across departments.
- **Who will collect data and ensure compliance with the plan?** Make sure that all development projects, infrastructure projects, and programs resulting from the plan contribute to health equity goals.
- **What programs are needed, and are they accessible?** Make sure that the city or other institutions run programs that provide residents with the services they need, and make sure all residents are able to access and afford those services.
- **What is needed to create an equitable development pipeline?** Think about what investment will be needed to build homes, businesses, workplaces, schools, and other amenities in areas that have been identified as a priority due to health inequities.
- **How will you operationalize planned strategies?** Make needed changes in ordinances and regulations such as zoning, street specifications, licensing requirements, and application and notification processes for new development. These changes will establish specific criteria that planners and partners use to implement plans from day to day.

Without active implementation actions such as those listed, even the most innovative and ambitious long-range plan will not achieve its intended outcomes.

IMPLEMENTATION ACTIONS

Government Procedures

- Internal government protocols
- Development review processes
- Budgets
- Cross-agency partnerships & coordination
- Data collection, evaluation & reporting
- Community engagement

Municipal Actions

- Capital improvements
- Programs & services
- Incentives & investments
- Public-private partnerships

Policies, Ordinances, & Regulations

- Area master plans
- Transportation plans
- Open space plans
- Zoning
- Ordinances & standards
- Resolutions
- Licenses & permits

5.B. Actively work to avoid implementation pitfalls that can lead to inequitable consequences.

Even if your goal is equity, uneven plan implementation can widen gaps in health and prosperity. (See the **Building Healthy, Equitable Communities online training series** to learn more about how policies can result in unintended inequitable outcomes.) To begin with, laws and policies are implemented and enforced by people. Elected officials and department heads decide how to spend budgets. Planning staff review and approve applications for development, zoning exceptions, licenses, and other authorizations. Street and building inspectors check for conformance with building codes, street specifications, and maintenance requirements. Rent boards investigate evictions and tenant treatment. Police officers decide where, how, and who to engage as they enforce laws. All of these decisions may require judgment, and the judgments made in connection with such decisions may be influenced by explicit or implicit bias, resulting in unfair outcomes.

Laws and policies may also have different effects in different neighborhoods. Some neighborhoods may experience more maintenance fines — for example, from departments of building inspection or public works. Problems may be over-reported or under-reported when enforcement depends on complaint-based systems like those represented by nuisance ordinances or streetlight maintenance procedures. Some neighborhoods may be given preferential treatment in capital improvement budget allocations, resulting in more investment in neighborhoods that need it the least. Other neighborhoods may experience more approvals of permits for alcohol sales or hazardous land uses. Long-range plans can counteract these consequences by explicitly stating equity objectives and including implementation processes, guidance, or requirements to ensure equitable enforcement.

The imposition of regulations themselves can also lead to inequities even when enforcement is equitable. For example, development standards that require projects under a certain size to provide excessive amounts of parking, open space, or development impact fees may create a barrier to incremental improvements in low-income neighborhoods and neighborhoods of color.

A relatively simple first step toward avoiding unjust implementation is to provide training and technical assistance for government staff across departments about bias, structural discrimination, and racial sensitivity. But the most effective and sustainable way to avoid inequitable impacts is through equitable planning and decisionmaking processes. Long-range plans are less likely to result in uneven outcomes when the community at large has played a role in identifying and shaping planning policies. And regardless of how and when the community is involved, you must acknowledge that plans can have negative outcomes and be open to adjusting policies and regulations when negative outcomes do occur.

Nuisance laws that exacerbate inequities

Nuisance laws are meant to minimize undesirable activities that pose a risk to public health or safety, such as excessive noise, hazardous waste, and criminal activity. Such laws are intended to keep communities safe and livable, but their benefits depend on how they are enforced. Renters who are the subject of a nuisance complaint or citation may be fined or, in some cases (eg, crime-free housing ordinances), evicted. Nuisance laws can disproportionately impact community members with fewer resources, who are often people of color, persons with physical or mental health conditions, or people experiencing domestic violence.[154-156]

For example, a **study** showed that nuisance ordinances across the state of New York were predominantly enforced in neighborhoods where more people with low income and people of color lived and that they resulted in harsher punishments than were warranted for minor violations. Nuisance ordinances that punish tenants for police response to incidents at their building discourage tenants from reporting crime or reaching out for help, potentially creating unsafe environments.

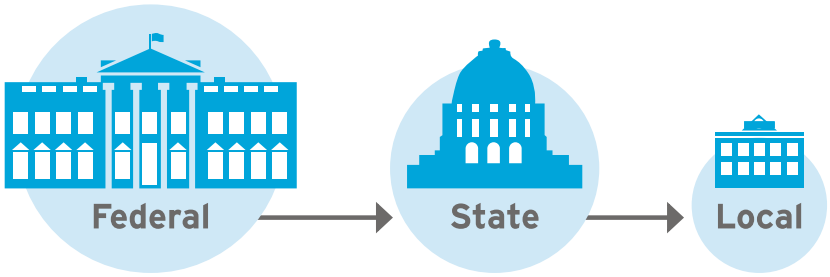
Local policymaking in the age of preemption

Local jurisdictions increasingly must contend with state *preemption*, which can undermine communities' attempts to plan and implement actions that promote health equity. Preemption refers to the mechanism that allows a state or federal government to limit or eliminate the ability of a lower level of government to regulate a particular issue. For example, a city may be preempted by state law from implementing tenant protections because state law explicitly prohibits local action (*express preemption*) or because the state has already put laws in place that can be interpreted as setting boundaries on local action (*implied preemption*). Preemption is often divided into three categories: floor, ceiling, and vacuum.

Floor preemption occurs when a higher level of government sets minimum standards that lower levels of government must comply with, but still allows the lower level of government to enact more stringent regulation. For example, some states establish minimum requirements for the adoption and administration of zoning laws and comprehensive plans. The requirements establish a base level of land use protections while providing counties and cities with the flexibility to control local land use in ways that address local context and local issues.

Ceiling preemption prevents lower levels of government from passing any law on a specific issue that is different from the standard at the state or federal level. For example, North Carolina prohibits local laws regulating the sale of alcohol — including zoning to regulate the density of alcohol outlets.

Vacuum preemption occurs when a higher level of government chooses not to enact any laws governing an issue but still forbids lower levels of government from doing so, thereby creating a regulatory vacuum. For example, Arizona prohibits local governments from enacting mandatory inclusionary zoning but has not established any statewide standards on that topic.



The effects of preemption on public health and equity are complex. Whether preemption will support or hinder your efforts to plan for health equity depends on when and how it is used. Once your community identifies health equity strategies and policies, you will need to coordinate with your municipal attorney or other legal partners to address potential preemption issues that may affect those plans.

LEARN MORE ABOUT PREEMPTION >

Occupancy limits: Whose experience determines what's normal?

Salem, Oregon, eliminated their occupancy ordinance that limited the number of people allowed to inhabit a residence, recognizing that the law negatively affected students, large families, and low-income communities. The notion that only a certain number of people should inhabit a space is based on unstated assumptions about how households are formed. But those assumptions did not fit with the lived experiences of these groups, putting them at risk of being disproportionately targeted by a seemingly neutral ordinance.

5.C. Base plans on evidence, track progress, and evaluate outcomes.

Common barriers to planning for health and prosperity — and to incorporating health in all policies (HiAP) — include insufficient value placed on proactive prevention, unrealistic expectations about timelines for change, and disagreement between stakeholders with a wide range of opinions on which strategies to prioritize.[9] In addition, it is all too common for communities to adopt new or updated long-range plans without finding out whether their old plans successfully addressed the problems they identified. Basing plans on evidence, tracking progress, and evaluating outcomes can help address these barriers.

Using evidence is an effective way to communicate with residents, stakeholders, and decisionmakers. Evidence can illustrate the importance of policy, systems, and environmental change in achieving equitable health and prosperity. Evidence can help manage expectations. And evidence can help people find common ground and come to agreement. Both quantitative evidence (measurable facts) and qualitative evidence (stories) can inform plans and help track progress.[9] Using a combination of quantitative and qualitative evidence is generally the most effective way to make the case for planning to improve health and prosperity.[9]

You can gather some evidence through research into strategies that other communities have used to address the issues your community is dealing with. But tracking outcomes in your own community will be necessary in order to determine how well your plan's strategies to address these issues are working as well as whether your plan's goals are being met.

The first step in tracking outcomes is deciding what to measure. Working with public health partners is a good way to determine which health indicators will effectively measure your community's intended outcomes over time. Examples of indicators include changes in chronic disease rates, self-reported physical activity levels, residents' perception of community engagement, distribution of capital improvement spending between neighborhoods, level of safety in and around parks, and availability and quality of infrastructure and healthy environments.

After selecting indicators, your first round of measurement will establish a baseline against which you can measure future change and success. A baseline can be informed by freely available data, but it should also include data that were collected while you were evaluating existing conditions, engaging the community, developing a vision and strategies, or performing an environmental review or health impact assessment.

Aligning plans with data

Health indicators can be integrated into tools such as development checklists and healthy plan measurement tools. Aligning planning activities with relevant health indicators in this way can make it more likely that plans will achieve their health or equity goals. For examples, see the **San Francisco Department of Public Health's Healthy Development Checklist**, **Denver Housing Authority's Healthy Development Measurement Tool**, and **Riverside University Health System — Public Health's Healthy Development Checklist**.

Data sources and methods for monitoring and evaluating change

- **Quantitative data.** Existing health data (eg, behavioral data, health outcomes, or data on social or environmental determinants) can be used to highlight changes in behavioral, health, or environmental outcomes. Data should be broken out by demographics such as race or income, when feasible. Here are some sources of quantitative health data:
  - **Behavioral Risk Factor Surveillance System (BRFSS):** state-level data on health-related risk behaviors, chronic health conditions, and use of preventive services among adults
  - **Youth Risk Behavior Surveillance System (YRBSS):** state-level data on health-related risk behaviors that contribute to death and disability among youth and adults
  - **County Health Rankings:** county-level data on health outcomes, health factors, clinical care, socioeconomic factors, and physical environment
  - **500 Cities project:** city- and census tract–level estimates of chronic disease risk factors, health outcomes, and use of preventive services for the largest 500 cities in the United States
  - **Community Commons:** a variety of mapping and data tools
  - **EJSCREEN: Environmental Justice Screening and Mapping Tool:** an approach and data source for combining environmental and demographic indicators to help identify disproportionate burden related to multiple sources of pollution and socioeconomic vulnerabilities
  - **National Health and Nutrition Examination Survey:** a survey that gathers data on a variety of health and nutrition measurements
  - **Opportunity Atlas**: data showing census tract–level health and prosperity outcomes tied to place-based opportunity
  - **Longitudinal Employer-Household Dynamics (LEHD) On the Map:** Census tract–level data on various socioeconomic and demographic characteristics of residents and workers
- **Mapping.** Mapping quantitative data can help you visually highlight the location of resources and infrastructure across your community as well as differences in geographic distribution of health outcomes and determinants.
- **Qualitative data.** Qualitative data — eg, results from key informant interviews, focus groups, and surveys — can provide an important way to understand changes in the characteristics and perception of neighborhood quality and of access to resources and opportunities.
- **Health indicators and dashboard.** Using health indicators and presenting a set of relevant indicators through a dashboard can help convey the health status of your community's residents and track changes in health over time.

To evaluate your community's progress toward health and equity goals, you will also need *longitudinal data* that track changes in outcomes over time. Evaluating changes in community behaviors, health outcomes, or other indicators will confirm whether community health and prosperity are improving. Determining whether these improvements are equitably distributed requires focusing on the gaps — or disparities — between the populations and neighborhoods that are the healthiest and most prosperous and those that are the least healthy and least wealthy. If health and prosperity disparities remain unchanged or are growing over time, consider whether plans may be exacerbating previous issues in unintended ways or creating new barriers to health and equity. If health and prosperity gaps in your community are not getting smaller, consider revising the plan, altering how you are implementing the plan, or implementing other programs and policies that will work in conjunction with the plan to improve health outcomes.

Keep in mind that on top of the time it takes to integrate health considerations into plans and policies, transforming communities takes time, and improving community health and prosperity outcomes can take even longer. It is important to have realistic expectations about these timelines. Some internal protocols could be changed, resolutions could be drafted and adopted, and even focused environmental changes could be built within a year or two and could represent early wins. But it is not uncommon for major policy changes such as drafting and adopting a comprehensive plan to take 5 years or even more. And *significant* community-scale behavior change or improvement in health outcomes can take much longer. Looking for evidence of improved health before you can reasonably expect to see a change can undermine a plan by implying that it is not working. On the other hand, tracking the outcomes you do expect in the short term can be used to show evidence of success. To measure the progress your community is making toward health equity goals, you should track long-term health outcomes, short-term health outcomes, and the steps you are taking to achieve those outcomes.

It's important to share any evaluation results with partners, decisionmakers, and community stakeholders. This transparency helps build trust and maintain a shared sense of ownership of the plan. At the same time, these partners, decisionmakers, and community stakeholders can help hold local government accountable for implementing policies as planned. Once evaluation shows that a long-range plan's strategies are making steady progress toward desired outcomes, communities can go further with more ambitious goals and more comprehensive policies.

Measuring progress

Winston-Salem and Forsyth County in North Carolina releases biennial status reports on progress toward the 12 major goals identified in their comprehensive plan, Legacy 2030. The status reports are posted on the county's **website**.

Each chapter in Flint, Michigan's **Imagine Flint** master plan includes an implementation matrix with details on the time frame, cost estimate, related departments and organizations, and progress indicators for each objective.

The Health element in **San Pablo General Plan 2030** (for San Pablo, California) identifies health indicators related to its goals and the desired outcome (increase or reduction) for each indicator.

6. Resources

Health equity

- **A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy**
- **Health in All Policies**
- **Building Healthy Equitable Communities training series**

Planning practice

- **Long-range planning for health equity**
- **How public health practitioners can partner with planners**
- **Land use**
- **Healthy infill development**
- **Planning, health, & equity**

Elements of healthy communities

Housing

- **How housing authorities, hospitals, & health departments can partner on affordable housing**
- **Healthy housing**

Workplaces

- **Wellness in & around the workplace**

Retail

- **Healthy retail**
- **Regulating tobacco retailer density**

Social, civic & public spaces

- **Complete Parks systems**
- **Shared use**

Schools

- **School wellness**
- **Safe Routes to School**

Health & care institutions

- **Partnerships between communities & health care systems**
- **Healthy procurement**

Food systems

- **Food & beverages**
- **Creating just food systems**

Transportation

- **Complete Streets**
- **Healthy transportation systems**

Utillities

- **Well water in rural communities**

Government & legal systems

- **Preemption, public health, & equity**
- **Curriculum for community changemakers**
- **Policy playbook for young people**

Family & social support systems

- **Healthy children & families**
- **Paid family leave**

Natural & ecological systems

- **Climate change**

Join us in moving this work forward

ChangeLab Solutions works across the nation to advance equitable laws and policies that ensure healthy lives for all. Our work focuses on eliminating health disparities by addressing the social determinants of health. To learn more about our services or how to promote health equity through planning, **contact us**.

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