Welcome to the Building Healthy, Equitable Communities Series

A virtual space for exploring the topic of health equity
## 2018 Schedule

- **Episode 1: Health Equity** (April)
  Building healthy, equitable communities through equitable laws and policies

- **Episode 2: Healthy Children & Families** (May)
  Building healthy, equitable communities through supports for working families

- **Episode 3: Food Systems** (June)
  Building healthy, equitable communities through a just food system

- **Episode 4: Built Environment** (August)
  Building healthy, equitable communities through comprehensive long-range planning

- **Episode 5: Schools** (September)
  Building healthy, equitable communities through transforming the school climate

- **Bonus Training: Preemption** (October)
  Preemption, public health, and equity - the search for local solutions

- **Episode 6: Community Pillar** (October)
  Building healthy, equitable communities through community-driven solutions
What you can expect from our episodes:

**Blog Post**
8 Policies that Have Contributed to Place-Based Health Disparities across Generations

**Webinar**
Building Healthy, Equitable Communities Through Comprehensive Long-Range Planning

**Expert Panel**
Continued Conversation About the Built Environment (August 23)
Welcome!

Erik Calloway
Senior Planner
ChangeLab Solutions

Moses Gates
Vice President for Housing & Neighborhood Planning
Regional Plan Association
Disclaimer

The information provided in this discussion is for informational purposes only, and does not constitute legal advice. ChangeLab Solutions does not enter into attorney-client relationships.

ChangeLab Solutions is a non-partisan, nonprofit organization that educates and informs the public through objective, non-partisan analysis, study, and/or research. The primary purpose of this discussion is to address legal and/or policy options to improve public health. There is no intent to reflect a view on specific legislation.

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What is the connection between place and health?
How do policies shape places?
How can long-range planning address health equity?
How do we put these ideas into practice?
What is the connection between **place** and **health**?
Health is... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Source: World Health Organization “WHO”
Why focus on healthy places at all instead of healthy individuals, or even just health care?
Environment is everything.

“We only spend maybe 30 minutes a year with a doctor. The other 365 days, 24/7, we spend outside the hospital.”

Leanna Wen, Baltimore City Health Commissioner
Social Determinants of Health

Source: County Health Rankings & Roadmaps
Relationship Level:

Individual
Families
Relationships
Social Level:
Built Environment

Development - Scale:
Region: Metropolis, City, Town, Suburb, Rural
Neighborhood, District, Corridor
Block, Street, Building
Social Level: Built Environment

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Region: Metropolis, City, Town, Suburb, Rural
Neighborhood, District, Corridor
Block, Street, Building
Social Level: Built Environment

Development - Scale:
Region: Metropolis, City, Town, Suburb, Rural Neighborhood, District, Corridor Block, Street, Building
Social Level: Built Environment

Development - Scale:
Region: Metropolis, City, Town, Suburb, Rural Neighborhood, District, Corridor Block, Street, Building

Photos: Metroparent, Air force senior airman Scott Poe, Joe Mabel, Air force senior airman Timothy Young
Social Level: Built Environment

Development - Scale:
Region: Metropolis, City, Town, Suburb, Rural
Neighborhood, District, Corridor
Block, Street, Building
Social Level: Built Environment

Development - Scale:
Region: Metropolis, City, Town, Suburb, Rural Neighborhood, District, Corridor Block, Street, Building
Community Level: Systems, Policies, and Norms

- Regulations, Law enforcement, City Services
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- Regulations, Law enforcement, City Services
- Market demand, investment trends
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- Bias, equality, media representation
Community Level:
Systems, Policies, and Norms

- Regulations, Law enforcement, City Services
- Market demand, investment trends
- Childcare, senior care, mental health support, violence prevention
- Clean air, water, soil, biodiversity, Climate
- Bias, equality, media representation
- Safety, trauma, community
Our experience of places affects our health.

1. Relationships
2. Physical Environment
3. Community Systems

**Experiences**
- Hopelessness
- Instability
- Fear
- Danger
- Scarcity

- Stability
- Security
- Safety
- Opportunity
- Comfort
- Abundance

**Mental Health**
- PTSD
- Stress /Anxiety
- Anger
- Depression
- Eating/Sleeping Disorders

**Physiological Impact**
- Physical Injury
- Malnutrition
- Inflammation
- Toxins

**Behavior**
- Substance Abuse
- Inactivity
- Education
- Performance
- Job Performance
- Eating Behaviors
- Risky Behavior

**Chronic Disease**
- Heart Disease
- Lung Disease
- Liver disease
- CTE
- Cancer
- Diabetes
- Obesity
- STD
How do policies shape places?
Laws & policies shape the places where we live, work, play, and learn
City budgets are mostly made up of local $.

Place:
- Guide Local Investment
- Shape Markets
- Decide Where/How to Invest local $

Legal and Socioeconomic Context
- Enact & Enforce Laws
- Define Community Priorities

Long-range planning policy can align investment with community transformation goals.
Example: Segregated Financing

Redlining
The American Dream
- GI Bill

Office Parks
- Tech, labor, land use

Shopping Malls
- Accelerated Depreciation

Example:
Post-War Suburbanization
Example: Infrastructure investment
Example: Land Use Regulations

- Business park
- Shopping Center
- Housing Subdivision

Example: Sunnyvale, CA
Where we invest, who pays, and who benefits?

Lafayette, Louisiana
Profitable vs Not Profitable Zones

Denser zones in or near the city center tended to be revenue-neutral or even generate a profit for the city.

Municipal Spending: cost & revenue

Income distribution: wealth & poverty

Source: Urban3, Bill Rankin
Case Study: Baltimore
Baltimore Case Study:  
Race – Poverty – Health Disparities

1937 Redlining “First & Second Grade” Areas
Baltimore Case Study:  
Race – Poverty – Health Disparities
Baltimore Case Study: Race – Poverty – Health Disparities
Baltimore Case Study:
Race – Poverty – Health Disparities

1930 majority black, immigrant, or individuals with mixed race parents

1937 Redlining “First & Second Grade” Areas
Baltimore Case Study: Race – Poverty – Health Disparities
Baltimore Case Study:
Race – Poverty – Health Disparities

87.4% Black
74.9% White

1937 Redlining “First & Second Grade” Areas

Race
Black
White
Baltimore Case Study: Race – Poverty – Health Disparities
Baltimore Case Study: Race – Poverty – Health Disparities

- Less Than $40k Income: 13.3% to 17% Unemployed
- More Than $120k Income: 2.8% To 5.4% Unemployed
- 1937 Redlining “First & Second Grade” Areas
- Race: Black
- Race: White
Baltimore Case Study:
Race – Poverty – Health Disparities
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Baltimore Case Study:
Race – Poverty – Health Disparities
How can long-range planning address health?
Long-range comprehensive planning can be a solution.
**Long Range Planning:**
Anticipating and preparing to accommodate future community needs

<table>
<thead>
<tr>
<th>Land Use Distribution</th>
<th>Land Use Intensity</th>
<th>Infrastructure Capacity</th>
<th>Emergency Preparation</th>
</tr>
</thead>
</table>

Typically done at the regional or city-wide scale
Baltimore Case Study:
Race – Poverty – Health Disparities

1937 Redlining
“Declining” & “Hazardous”

$25k-$90k
Median Home Price
13.3% to 17%
Unemployed
Less Than $40k
Income
14.3% Bachelor’s
Degree
6.6% Students with
a Suspension
10.4% COPD
8.7% Coronary
Heart Disease
67.2 to 68.8 Years

Sites of shooting
2011-2015

Black

1937 Redlining
“Best” & “Desirable”

$465-$590k
Median Home Price
2.8% To 5.4%
Unemployed
More Than $120k
Income
33.4% Bachelor’s
Degree
1.4% Students with
a Suspension
4.5% COPD
4.2% Coronary
Heart Disease
79.0 to 89.6 Years

White
Community Needs

Investment Pipeline

Photos: Franck Michel on Flickr, Cypress Equities
Hierarchy of City Policies

What is Happening?
Hierarchy of City Policies

Long Range Plan

Strategies

Goals

What is Happening?

Envisioned Future
Hierarchy of City Policies

- Long Range Plan
  - Strategies
  - Goals
- Municipal Actions
- Government Procedures
- Policies
  - Area Masterplan
  - Transportation Plans
  - Open Space Plans
  - Zoning
  - Ordinances
  - Resolutions
  - Licensing & permits
- Implementation Tools
  - Capital Improvements
  - Programs
  - Incentives
  - Municipal protocols
  - Budgets
  - Community Engagement

What is Happening?

Envisioned Future

Implementation Tools
Community Engagement

Law & Policy Change

Capacity Building
How do we put these ideas into practice?
Creation of the Fourth Regional Plan

Moses Gates, AICP
Vice President, Housing & Neighborhood Planning
About Regional Plan Association

NY-NJ-CT Metropolitan region

- 23 million residents
- $1.8 trillion economy
- 13,000 square miles
- 782 municipalities

For nearly 100 years RPA has developed long-range plans that have shaped the growth of the New York metropolitan area.

Plans are shaped by in-house staff in collaboration with civic groups, private and public sectors and academia.
Regional Plan Association’s History

1929
First Regional Plan

1968
Second Regional Plan

1996
Third Regional Plan
Many people haven’t shared in the region’s economic growth of the last two decades.
How long you live depends on where you live.
2.2 million people in the region will be at high risk of flooding by 2050.

- Lower Manhattan
- Secaucus, New Jersey
- Milford, Connecticut
Our infrastructure is in need of desperate modernization.

Train stations that meet the Americans With Disabilities Act standards for accessibility, 2015

<table>
<thead>
<tr>
<th>Train Service</th>
<th>Not accessible</th>
<th>ADA accessible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson-Bergen Light Rail</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>PATH</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Metro-North</td>
<td>66</td>
<td>46</td>
</tr>
<tr>
<td>NJ Transit</td>
<td>95</td>
<td>60</td>
</tr>
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<td>NYC Subway</td>
<td>334</td>
<td>86</td>
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<td>Staten Island Railroad</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Long Island Rail Road</td>
<td>105</td>
<td>17</td>
</tr>
</tbody>
</table>

Sources: Metropolitan Transportation Agency, Port Authority of New York and New Jersey, New Jersey Transit
Children of color are more likely to live in low-performing public school districts.

<table>
<thead>
<tr>
<th>Race</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>7%</td>
<td>50%</td>
<td>43%</td>
</tr>
<tr>
<td>White</td>
<td>9%</td>
<td>31%</td>
<td>61%</td>
</tr>
<tr>
<td>Black</td>
<td>3%</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
<td>27%</td>
<td>64%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
<td>60%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: RPA Analysis
Making the Region Work for All of Us

Health

Equity

Prosperity

Sustainability
Reconnecting urban planning and public health

**1926**

“Regional planning has the same object as city planning, namely, to secure health, order, safety, convenience, and general welfare, in connection with the physical growth of communities. Health comes first in order of importance…”

Thomas Adams, lead author of RPA’s first regional plan

**2017**

“By 2040, everyone in the tri-state region should live longer and be far less likely to suffer from mental illness or chronic diseases such as asthma, diabetes or heart disease, with low-income, Black and Hispanic residents seeing the greatest improvements.”

Fourth Regional Plan for the New York metropolitan region
Partnership with Community Groups

Doors, Surveys & Focus Groups

Recommendation Workshops
Researchers Train the Trainers

Narrative & Rec Workshops & Implementation
(joint testimony, local support)
Rise to the challenge of climate change

Create a dynamic, customer-oriented transportation system

Make the region affordable for everyone

Fix the institutions that are failing us
A Regional Coastal Commission would help provide better coordination and long-range planning for coastal adaptation than the patchwork approach we have today.
Create a regional trail system that directly connects low income communities of color to nature.
Expand subway to serve high-density, but underserved areas of city.
Reprioritize street space

2017

2022

2027

2040

Proposed 2040

20% Moving vehicle lanes (mixed-traffic)

15% Transit lane (dedicated)

15% Biking

40% Sidewalks

10% Curb lanes
Deck, narrow or remove highways that blight communities
Regulatory and design changes to create a half million new homes without new construction
Municipal zoning and planning reforms to create 250,000 new homes by redeveloping under utilized parking lots near rail stations
Thank you! Questions?

Join our expert panel for Continued Conversation About the Built Environment on August 23, 11am - noon PT

changelabsolutions.org/the-series
Want more health equity?

Next up, Episode 5! Building Healthy, Equitable Communities Through Transforming the School Climate

• Blog: September 4
• Webinar: September 18
• Expert Panel: September 20

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Resources for changemaking:

- Healthy Comprehensive Plan Assessment Tool
- Healthy Housing Toolkit
- Complete Parks Guide
- Guide to Building Healthy Streets
- The Changemakers Guide
- Health in All Policies (HiAP) Guide and Toolkit
- Soon to come update of How to Create and Implement Healthy General Plans

For these and other resources, visit us at changelabsolutions.org
Keep the conversation going

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