

A BLUEPRINT FOR THE COVID-19 ERA

PHEAL

PLANNING FOR HEALTH EQUITY, ADVOCACY & LEADERSHIP



GUIDING PRINCIPLES
SEPTEMBER 2020

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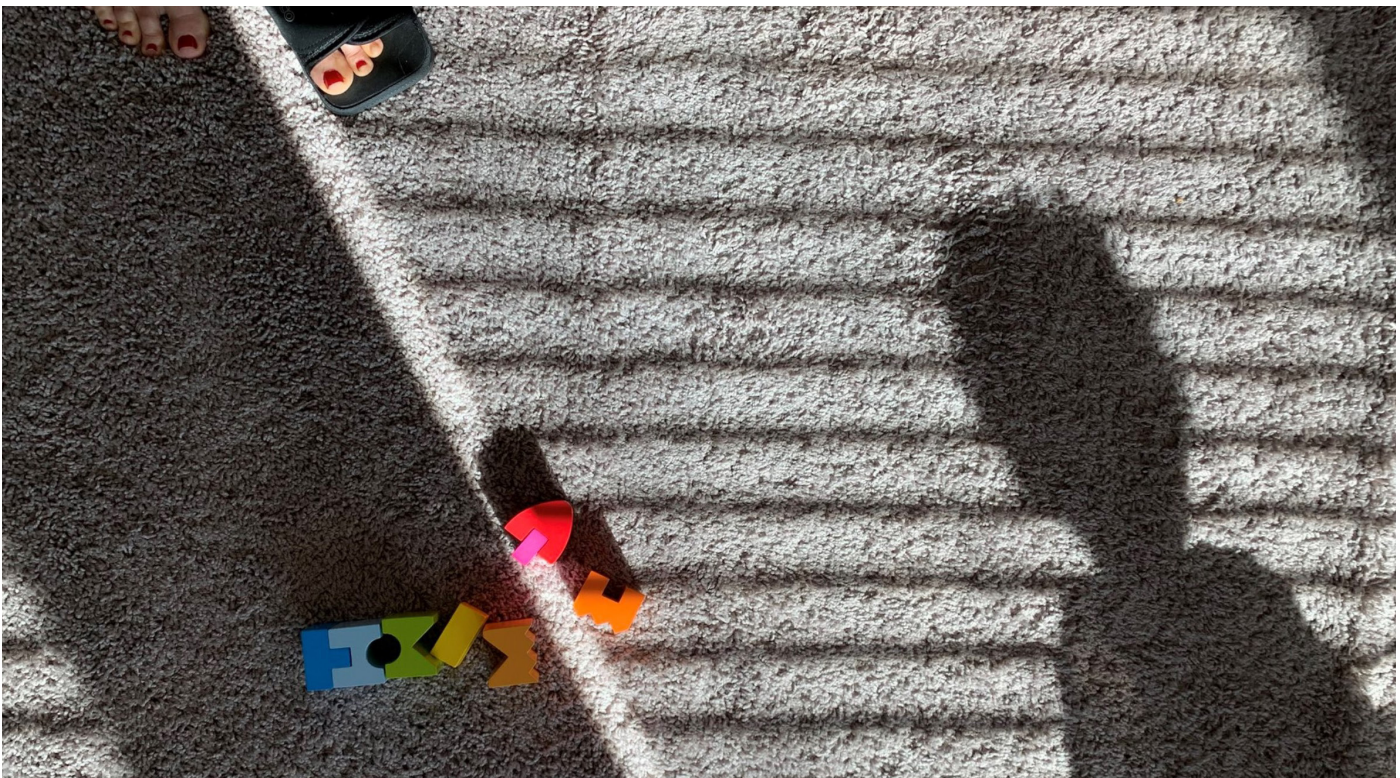
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Preamble

Addressing public health inequities has never been more pressing than now. Planners, architects, designers, urbanists, placemakers, civil engineers, artists, culture-bearers, arts and culture practitioners, landscape architects, real estate developers, public health professionals, and public servants must embrace and advance an agenda for [health equity](#). According to the Robert Wood Johnson Foundation, “health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Furthermore, planning, design, and distribution of land uses play a significant role in health outcomes. In fact, our [ZIP code](#) matters even more than our own genetic code when it comes to health outcomes and life expectancy. The places where we live, work, play, learn, and age provide or preclude opportunities to achieve optimal health.

Unquestionably, everyone deserves an optimal well-being and access to the resources needed to thrive. For this very reason, this blueprint advocates for centering the voices of those who have been traditionally underrepresented in planning processes. This omission has resulted in policies and plans that have severed and devalued communities, actively denied them opportunities to build wealth, and created conditions that produce adverse health outcomes and hamper well-being.



Although the term “community” includes all active and passive actors in its development, for the purposes of this document “community” refers in particular to “historically overburdened communities with health inequities”.

These communities are composed of Black, Indigenous, People of Color (BIPOC), low-income, immigrant, and other historically marginalized/under-represented populations who live in neighborhoods impacted by private and public policies of planning, financing, construction, and maintenance of infrastructure, and who experience negative health outcomes, a lack of basic human needs, and few, if any, opportunities to thrive.

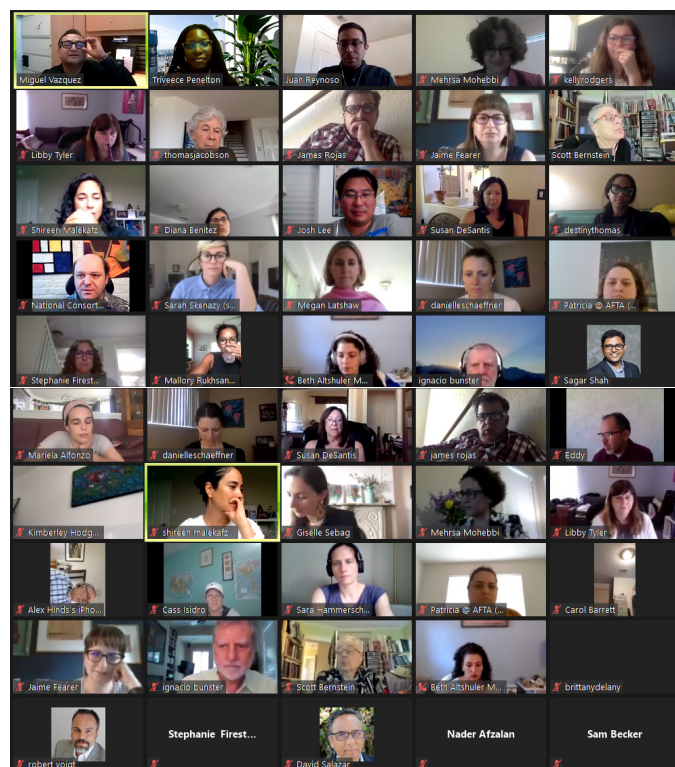
The disruptive nature of COVID-19 has triggered unprecedented waves of economic, social, and political crises engulfing our world. The pandemic has also **exposed** patterns of health inequities and injustices prevalent in historically overburdened communities with health disparities. Such inequities are further magnified by the impacts of climate change. Flooding, excessive heat, wildfires, water and soil contamination, food shortages, and disease vectors associated with changing ecologies carry especially severe health implications for low-income and marginalized communities.

Amid this experience, the recent explosion of long-simmering **racial tensions** indicate an urgent need to resolve **racial inequities** that exacerbate health inequities. This document is a call to action to **build the bridges** needed to get us beyond this current pandemic and into an era of heightened awareness of, and response to, our collective health risks. This is a call for a fundamental shift in the power dynamics of community development and health.

This blueprint is specifically intended to serve as a tool for professionals and technical experts working at public, private, and non-profit

organizations that operate in urban, suburban, rural and other settlement contexts in the following broad fields: planning, urban design, architecture, landscape architecture, civil engineering, transportation, community development, real estate, parks and recreation, sustainability and resilience, green building, public health, and any other professions related to the impact of the built environment and health outcomes.

On May 29, 2020, a group of thought leaders and change makers accepted an invitation to come together on their own accord to develop this set of guiding principles for planning for health equity, advocacy, and leadership in the time of COVID-19 and beyond. This document captures the essence of what we are doing to center health and racial equity in our professions and practices, and it is intended to serve as our first step toward achieving meaningful collective impact.



Vision

As the COVID-19 era unfolds, we envision a strategic, transdisciplinary collaboration amongst the fields shaping the evolution of communities in which health equity and racial justice are intentionally embedded front and center throughout all policies, practices, and norms.

Mission

To reaffirm and expand the commitment of those involved in community planning and public health; to break down the obstacles preventing transdisciplinary, transformative collaboration; to dismantle oppressive systems, beliefs, values, and practices that negatively affect Black, Indigenous, and People of Color, low income, immigrant, and other historically marginalized/under-represented communities (historically overburdened communities with health disparities); and to reorganize our systematic approaches to lead toward the path that will genuinely create and nurture healthy, equitable, and prosperous communities.

Values

The PHEAL guiding principles are anchored by the following core values:

- Mutual respect, kindness, empathy, and above all, love;
- Courage in standing up against injustice and unfairness;
- Centering health and racial equity in our conversations;
- Holding each other accountable;
- Employing the power of collective impact;
- Recognizing contributions, leadership, experiences, stories, and hopes of historically overburdened communities with health disparities;
- Inclusion of all identities, human traits, and unique characteristics spanning across race, ethnicity, class, age, gender, gender identity and expression, religion, culture, sexual orientation, education, physical and cognitive ability, immigration status, national origin, geography, and other identities; and
- Recognizing the central role that culture, community, and history play in creating healthy or unhealthy communities, and acknowledging that the public health and planning fields are instruments of such outcomes.



3 Guiding Principles for the COVID-19 Era & Beyond

Number 1:

Community Health & Regeneration

Actively and intentionally do the hard work to plan, design, and build healthy and equitable communities.

Uplift Health Equity

- **Heal.** Acknowledge that historical and current planning and design policies have contributed to health inequities, particularly in historically overburdened communities with health disparities. Then prioritize efforts that redress these harmful practices, which have created patterns of toxic stress and community trauma. Work with communities, respond to a community's needs, repair broken relationships, and build a culture of health and dignity. Hold organizations and individuals accountable in a constructive, forward-thinking way.
- **Collaborate.** No one single profession, practice, or organization can solely resolve the greatest challenges of our time. Working across disciplines is necessary to achieve health equity. Seek support from mission-driven health equity organizations at the outset of any planning effort.
- **Evaluate.** Measure the holistic success of a community based on the [social determinants of health](#), such as health systems and services, employment, housing, transportation, education, social environment, public safety, physical environment, arts and culture, and income and wealth. Work in partnership with public health professionals in developing community plans, policies, and implementation procedures.
- **Shift.** Reallocate public resources and services to allow all members of society the opportunity to attain their full health potential, beginning with historically

overburdened communities with health disparities.

- **Reinvest.** Finance public health infrastructure, including scientific and community research centers, that will reduce existing health inequities and prevent and mitigate future crises of chronic and infectious disease.
- **Prevent.** Alleviating and eliminating the struggle of overburdened communities entails preventing the intentional or unintentional placement of more layers of stress. Provide aid, solutions, interventions, and investments to lessen the burdens and trauma—especially for [children](#)—until they are no longer an obstacle for optimal health in historically overburdened communities with health disparities.

Develop Healthy and Just Places

- **Create Healthy Communities.** The holistic physical, mental, spiritual, and social wellbeing of a community is the measure by which we evaluate success. Specifically, historically overburdened communities with health disparities benefit when community design considers public health across the lifespan and the varying functional levels of community residents at the onset of any planning effort. The design and provision of infrastructure, land use, open space, and transportation options ensure equitable access to high-quality employment, education, healthy food, health care services, safe housing, arts and culture offerings, and social opportunities to achieve optimal health outcomes. Aim not only for improving population health, but also for reducing health disparities.
- **Affirm Basic Rights.** Community planning must uphold our fundamental constitutional and human rights to clean air, water, land, housing, food, safety, accessible and safe means of transportation, creative expression, and a fair democratic political system with policies reflected

in ordinances, resolutions, maps, blueprints, design guidelines, and other planning documents.

- **Safeguard Ecosystem Health.** Healthy and protected ecosystems promote biodiversity, human health, and climate resilience. Greenspaces and vegetation create healthy habitats, reduce the urban heat island effect, filter air and water pollution, manage stormwater flooding, benefit human health and wellness, and provide spaces to grow food. Ensure that neighborhoods and regions are equitably provided with greenspaces throughout, and that greening efforts take priority in those areas that are park- and greenspace-deficient.
- **Instill Climate Resilience.** Climate change, racial justice, health, and generational equity are **interconnected**. Invest in and co-empower the communities most impacted by climate change to lead efforts that create resilient places. Design climate features into landscapes, such as creating an urban tree canopy and developing low-impact stormwater facilities, to mitigate and adapt to climate change and protect human health.
- **Reflect a Sense of Belonging for All.** Public places should reflect a welcoming atmosphere, so as to not cause social stress or the continuation of community trauma. Consider whose values or what themes or histories are being portrayed in public spaces. This can be manifested through the appropriate naming of plazas or streets, or honoring someone or a culture with artwork. The naming of places or the visualization of an idea or person in a public place should be vetted through the community and researched through historical and cultural lenses. This is particularly important where historically overburdened communities with health disparities exist. Community approaches to creating and honoring places may need to be revisited periodically as communities, values, and cultures change over time.

- **Anticipate and Monitor Consequences.** Anticipate potential unintended negative consequences of planning interventions and identify actions to prevent or mitigate against them. In particular, actively reduce the risk of evictions and displacement resulting from investments in housing, transportation, and green spaces, particularly before a major natural disaster or outbreak of a contagious and deadly virus like COVID-19. Regular monitoring of plans and policies' effectiveness will facilitate making the necessary adjustments to avert and rectify a negative outcome. A useful tool to consider is the **[Health Impact Assessment \(HIA\)](#)**.



Establish Safe and Prosperous Communities

- **Rethink Community Spaces.** The design and management of public spaces must reflect the local community's culture, needs, and aspirations. Community spaces must be welcoming and inclusive for users of all ages and abilities, especially for historically overburdened communities with health disparities. Reconsider the merits of Crime Prevention through Environmental Design (CPTED) guidelines, defensible space, and architecture and urban design practices that can be hostile to communities. Invest in [placekeeping](#), believing that the people who live and work in a community are best suited to care for a place and its social fabric.
- **Reimagine Community Safety.** Promote community-based safety measures, such as the expansion of access to social resources, mental health support, and other models that promote care, recovery, and personal resilience rather than punishment, alienation, and disenfranchisement. Reimagine resource allocation from traditional policing models toward [models](#) that reinvest in programs that support community [well-being and health](#). Achieving a socially just system requires building trust within communities and creating a community-based crime prevention model that builds community resilience through the use of community bonds and networks. Integrate equity into [emergency response](#) plans and protocols, especially during natural disasters and health crises such as pandemics like COVID-19, and prioritize the most vulnerable community members, including older adults, children, and people with disabilities.
- **Make Economic Liberation Essential.** Invest in historically marginalized communities in a way that builds enduring grassroots wealth within. This need is particularly acute for Black communities where building generational wealth is nearly impossible due to long-standing, racist land use, housing, and lending policies. Achieving a just economy requires centering health equity and people over profits, implementing restorative fiscal policies, and

reshaping inequitable taxation systems. Recognize the legitimate value of the informal economy that supports microenterprises as essential contributors to community vitality and growth.

Number 2: Community-based Advocacy

Actively and intentionally do the hard work to deeply listen and learn from and with communities.

Engage in Truthful Interactions

- **Center.** Rather than following conventional practices of omitting and ignoring the experiences, memories, practices, traditions, hopes, and dreams of Black, Indigenous, and People of Color, low income, immigrant, and other historically marginalized/under-represented communities, make them the top priorities and central elements of planning practice. Centralizing historically overburdened communities with health disparities includes honoring the objectives and goals of organized initiatives, such as [BlackSpace](#).
- **Endeavor.** An attitude of cultural, professional, and personal humility is necessary to effectively deliver planning and public health benefits in the community. We must strive to always be in an open, learning mode—never assuming we know or are competent in any or all cultures. Do the utmost to see from another person's perspective, particularly those of historically overburdened communities with health disparities, while purposefully making choices that frame an anti-racist, humane approach to providing and protecting spaces and places for all people. Trust your innate moral compass and adopt and follow a personal and professional code of ethics.



- **Strive for Veracity.** In working with communities, planners and other professionals must search for the root causes of toxic stress, anxiety, and community trauma and build new directions based on a meaningful exploration of community needs and values. We must be aware of, recognize, and understand community trauma to discover ways to work toward community healing. We must strive to provide a safe venue for truth-telling and reconciliation of past injustices.
- **Build Trust.** Recognize that community engagement that is based on truth-telling, relationship building, and community capacity building takes time. Build relationships ++before a policy and planning process officially begins with the aim of building community capacity and leadership. We must keep listening and learning from communities to grow. Build learning opportunities into each effort and maintain a growth mindset that values systemic improvement with each practice and interaction. The schedule for any planning effort should “move at the speed of trust” as suggested in the [BlackSpace Manifesto](#).
- **Be Accountable.** Accountability emerges from transparency. We must seek to secure accountability from responsible actors in urban planning and policy-making processes through effective communication and evaluation.

Acknowledge that the Community is in Charge

- **Engage Authentically.** Traditional approaches to community engagement and community planning are not inclusive enough. Planning cannot happen only at City Hall; it must also occur beyond its confinements to include appointed and non-appointed local leaders and community-based organizations. Community members, especially young people and older adults, must be [co-empowered and entrusted](#) to lead and should be included at the front end and throughout, not just as a checkpoint midway through the process.
- **Defer to Community Expertise.** Community members are the experts of their community. Learning their stories, understanding their lived experiences, and listening to what community members have to say should form the essence of any plan or policy-making approach. Build on the strengths of communities and honor local knowledge, history, and institutional memory.
- **Empower.** Prioritize investments in genuine involvement of diverse voices so that historically overburdened communities with health disparities are able to influence and lead institutional, policy, and systems changes that positively impact health equity. Balancing the scales of power is essential to the co-creation of public policy centered

on equitable outcomes and designing healthy communities for all.

- **Plan with Collective Impact.** Drive planning processes and implementation with a collective impact approach in which all community members see themselves as active and valuable players. Use a grassroots approach with multiple iterations until positive changes begin to improve outcomes.

Figure It Out Together

- **Imagine.** The re-invention of our communities requires the participation, perspectives, and imagination of previously excluded individuals, communities, and professions. Build diverse [partnerships](#) with artists, culture-bearers, local arts organizations, young people, older adults, public health professionals, and others in creative processes to envision communities. Incorporate stories and culture in the plan-making process to create a way for us to understand and communicate what the community values most. The stories of historically overburdened communities with health disparities, in particular, should be used as a framework for determining values and needs.
- **Feel.** Planning and policymaking efforts must incorporate the feelings, memories, and emotions of the community and its members. A successful plan must adequately reflect the true gestalt and sense of place of the community. Consider artistic or tactical interventions as ways to engage community members in new ways. Rethink the use of presentation formats to gather insights, and consider actively engaging participants, particularly young people who will inherit and implement the plan, as well as older adults who carry community memories and emotions.
- **Uphold the Power of Data.** Stress not only the importance of rigorous empirical [data](#) and case studies, but also magnify individuals' lived experiences and histories in decision-making. They are the foundation for charting a new health equity



path. The use of both quantitative and qualitative data gives a more accurate picture of inequities and identifies current and past patterns to rectify. Bring in community organizations and local colleges or universities to help “ground truth” data.

Number 3: Healing through Leadership

Actively and intentionally do the hard work to transform institutional beliefs, structures, policies, and practices to ensure long-lasting, positive impacts.

Advance Racial Justice

- **Reflect.** Identify, reflect, examine, and evaluate the extent to which our institutions and organizations are internally and externally grounded in structures that perpetuate an oppressive system of inequities and inequalities that suffocate the life and joy of historically overburdened communities with health disparities.
- **Reconcile.** Acknowledge, reflect on, and communicate the impact of racial inequities so that our institutions and organizations march toward healing and reconciliation. A willingness to consider local information, perspectives, and stories without passing judgment is required.
- **Envision.** Reimagine our institutions and organizations to collaboratively work to eliminate discrimination, racism, bigotry, and microaggressions—especially anti-Blackness policies and procedures—and promote anti-racism policies and practices.
- **Act.** Challenge and transform pervasive institutional structures, siloed decision-making,

funding practices, and relationships that have perpetuated racist systems, and reward collaborative efforts that promote the fair and just treatment of all people.

Strengthen Diversity and Inclusion

- **Diversify and Support.** Recognize the intrinsic role that intersectionality and privilege play into exclusive practices and notions of diversity. Support and elevate the roles and voices of professionals and leaders from historically overburdened communities with health disparities, and advocate for the development of future generations of professionals and leaders from these communities.
- **Reform.** Redesign educational, training, certification, and licensing requirements for the health, planning, and other design-related professions to redress the pervasive history of spatial injustice and exclusion. Revisit professional codes of ethics to reflect the tenets of anti-racism. Integrate new measures and [approaches](#) that ground our work in the service of [liberated](#) and [equitable](#) spaces. Racial equity, implicit bias, and health equity training for our professions are required moving forward.



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