Putting parking in a residential development is easy. Making new spaces practical, appealing and accessible for active modes of transportation — especially biking — is not so simple.

A discussion between Northwest Arkansas developer Specialized Real Estate Group and biking infrastructure consultant LaneShift, spurred by a connection through the Urban Land Institute, has opened up new possibilities for biking in Bentonville, Arkansas.

Resident health has been a chief concern for Specialized since its founding in 2002, and it has incorporated amenities like parks, community gardens, fitness centers and pools into all of its projects. These features have created market demand for healthier living options across Northwest Arkansas. So it’s no surprise that for its LEED-certified Brick Avenue Lofts apartment complex near downtown Bentonville, the company has designed ways to integrate biking into its buildings — and into the infrastructure of the city.

“Bentonville is a biking mecca,” says Specialized project manager Maggie Owens, “so thoughtfully including bike-friendly elements into our neighborhood has been a major selling point. Brick Avenue Lofts is an easy choice for those who seek alternatives to cars, trucks and SUVs with things like bike racks in every breezeway, bike-washing stations, and repair facilities.” Owens adds, “Working with LaneShift, we’ve better designed our neighborhood infrastructure and connected directly to the numerous bike lanes, paved paths and mountain biking trails in and around the city.”

These connections ultimately help promote healthy behaviors across Bentonville, says city Senior Planner Danielle Semsrott. “The more people are biking, the more it encourages others to try it,” she says. “That creates demand for enhancing and expanding the biking infrastructure, which enhances health and wellness across all neighborhoods.” Bike paths encourage exercise and reduce pollution while also providing new ways to access a library, grocery stores, a downtown activity center and other community services.

There are numerous bottom-line benefits to expansive thinking around biking, says LaneShift founder Ryan Hale. “A site can maximize income-producing square footage when we shift from a vehicle focus to embracing multiple forms of active mobility,” he says. On the health front, one study showed that the region generated $86 million in health savings through cycling in 2017 alone. “Once you make it easy to bike,” says Hale, “the benefits for the entire community really start adding up.”
Projects and initiatives related to health and health equity in the built environment often start with a conversation between individuals or among small groups. It may be a formal convening led by a foundation or city agency, a workshop at a convention or even coffee between colleagues.

The Joint Call to Action to Promote Healthy Communities is engaged in a year-long effort to spur these conversations among our members and beyond. We’ve compiled stories about discussions that have led to healthy solutions at the community, regional and state levels.

Here are the questions they asked in Northwest Arkansas:

**1. STARTING THE CONVERSATION**

A real estate team was experienced in incorporating innovative health amenities into their sites but wanted to seize an opportunity to expand an active lifestyle both within and beyond its new apartment complex. So team members began to ask:

- Who will our new apartment community be serving?
- How do we, as a development team, both respond to and encourage people’s growing desire to live an active lifestyle?
- How can we help our residents connect with the broader community around them?

**2. BUILDING OUT THE CONVERSATION**

Specialized Real Estate Group knew that biking was important throughout the region. So the company chose to work with LaneShift, an education and planning agency that generates safe and efficient biking solutions. Questions at this stage included:

- What should the site plan and layout look like to make biking not just convenient, but a go-to choice for community transportation?
- What are the major constraints that might limit biking activity and access?
- What elements need to be on-site, and what needs to happen around the site to successfully meet the existing demand for

**3. CLOSING THE LOOP**

The developers finished the project with an expanded model of inclusive fitness and an ongoing series of questions to consider as they moved forward:

- In what ways do people on a bike engage with the broader community that they don't when they're in a car?
- How can new developments play a role in sharing resources in underserved communities?
- What other health opportunities can we create as we expand our work in Northwest Arkansas and beyond?

**WHO’S COME TO THE TABLE SO FAR**

- City of Bentonville Comprehensive Planning
- City of Bentonville Parks and Recreation
- LaneShift
- Modus Studio (architects)
- Specialized Real Estate Group
When daily summertime temperatures top 112 degrees Fahrenheit, the spaces where people work, live, study, play and even commute literally have life or death implications. Take July in Edison Eastlake, a mixed residential neighborhood of Phoenix: Simply walking from home to the bus stop or the grocery store exposes residents to blistering sidewalks with surface temperatures over 130 degrees. The health impacts of living with this extreme heat are numerous; addressing them requires conversations with diverse partners across the built environment.

Recognizing a critical need to address heat-related and other health issues while renovating obsolete and unsafe public housing units, the City of Phoenix Housing Department called on design firm Mithun to develop the Edison Eastlake One Vision Plan through a process centered on robust resident and community engagement. From the outset, neighborhood residents insisted that health and well-being be main considerations in the project. A nearby hospital, St. Luke's Medical Center, also presented opportunities for collaboration. It wasn't long before several common priorities emerged, including safety and security, physical and mental health, access to education and economic opportunity, and preserving and enhancing neighborhood history and identity.

Bringing to life the ambitious plan to cool the sidewalks and surrounding neighborhood required discussions with an extended group of partners, including the U.S. Green Building Council (USGBC), the Maricopa County Public Health Department, The Nature Conservancy, Arizona State University and the Vitalyst Health Foundation.

USGBC member, architect and urban designer Erin Ishizaki, AIA, AiCP, is a partner at Mithun. “Having a public health expert embedded in the mix is a game changer,” Ishizaki observes. “And once you hear the health-related data about what is really going on in the community, you can’t go back.”

Ultimately, features of the extreme heat management plan included heat-resilient homes; sidewalks with 75 percent minimum shade cover; heat resiliency centers; new cool paving technologies; and more open, public space. Plan implementation is underway, with support from a HUD grant awarded in 2018.

“Between 50 to 80 percent of a person’s health outcomes are determined by the built and/or socio-economic environment,” Ishizaki says, “We can have the greatest impact by being intentional with design that is responsive to specific needs — and listening to those needs from the very beginning.”
1. STARTING THE CONVERSATION

Improved health and well-being was a goal of the Edison Eastlake neighborhood in prior city planning efforts; however, it wasn't a priority in the past. The initial redevelopment team that was replacing obsolete public housing with a redeveloped mixed-income community was aware of prior neighborhood plans (including the Reinventing Phoenix plan) that included engagement by St. Luke's Medical Center, immediately adjacent to the Edison Eastlake community. Initial conversations probed:

• What common threads exist among past community engagement and planning efforts? What are some logical collaborations or partners to approach?
• What are the most pressing drivers of health-related issues in Edison Eastlake that this redevelopment can address?
• How do we build community trust in an underserved neighborhood?
• How do we ensure that we're adequately addressing health equity and incorporating existing public housing residents’ needs into the Edison Eastlake One Vision Plan?

2. BUILDING OUT THE CONVERSATION

Historically, the neighborhood has experienced high unemployment and poverty levels that are compounded by declining public housing and infrastructure, along with intense hot weather. To address this community's needs, Mithun suggested using “quality of life and well-being” as a holistic theme for the revitalization to address a range of intertwined health and wellness issues. Key questions were:

• How can the neighborhood redevelopment and programming best address community needs and hopes for:
  - safety and security;
  - resident physical, mental and social health;
  - affordable living and green building;
  - celebrating and enhancing neighborhood identity, history and culture?

3. CLOSING THE LOOP

As the team moves forward in implementing the Edison Eastlake One Vision Plan to build new affordable housing, they are remaining focused on resident needs and goals through cross-sector partnerships. Questions include:

• What current programs and activities of the project partners are aligned with the Vision Plan and can contribute to the community-driven vision? What early actions and investments can show commitment to the community?
• What is the most effective way to continually develop Edison Eastlake resident leaders’ capacity to shape the development and support ongoing engagement with the broader community?
• Through workshops, focus groups, site walks and other communication channels, project partners sought input on what kind of quality-of-life projects were desirable. To identify Action Activities, the partners asked:
  - What do residents believe are the highest priority quality-of-life and heat strategies?
  - How should we structure our approach so that we're doing the most good for the most people most quickly and maximizing our investment leverage?
In Los Angeles, the health and real estate sectors often work together in day-to-day real estate projects, but they rarely connect at the “big-picture” level to address the myriad of health and health equity issues that affect the greater Los Angeles area. However, thanks to a conversation jump-started by the local Urban Land Institute (ULI) district council, local real estate and health-related organizations — both public and private sector — are moving out of their silos, finding common language and discovering innovative ways to work together.

Seven years of conversations within a ULI committee led to three sequential convenings between 2018 and 2019 of roughly 30 individuals representing many diverse interests. Independently, organizations were working toward healthier outcomes in the built environment but had reached the limit of what they were able to do alone. “Their silos were all full of grain, but they didn’t know how to share that grain,” explains Ron Silverman, co-chair of the convening effort and senior partner at the real estate law firm Cox, Castle & Nicholson. After a three-hour facilitated dinner meeting, the participants in the first convening — including officials from Los Angeles County and the state, senior executives from Kaiser Permanente and representatives from the development community — all left energized, with the first glimpses of how they could collaborate and move forward.

The groups then identified several health-focused projects in various Los Angeles communities, including efforts already underway to enhance open space and parks in the chronically underserved East/Southeast Los Angeles area. Next, they initiated community-led conversations to understand local neighborhoods’ specific needs, focusing on parks and open spaces.

Four community groups have become particularly involved in leading the East/Southeast LA discussion: Los Angeles Metro, which is developing stations in the area; Promesa Boyle Heights, a local community justice group; First 5 LA, which advocates for children’s health from birth to age five; and TreePeople, an environmental advocacy group. These organizations are now working on a range of ideas from community residents, from planting more trees to potentially including health clinics in new Metro stations as rail service is expanded. Future convenings are also planned to explore other possible collaborations between the health and real estate sectors to promote healthier communities.

Silverman stresses that part of the process of creating new partnerships among built environment and health-focused organizations includes embracing uncertainty. “We don’t know the end result, but the process of convening and facilitating conversations with individual groups that deeply want to make a difference in their communities is leading to magical results,” says Silverman. “It’s the trust that by working and thinking creatively together, we can come up with ideas that will truly make a difference.”
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Here are the questions they asked in Los Angeles →

**WHO’S COME TO THE TABLE SO FAR**

- Architects, Developers, Engineers, Lawyers, Planners
- Dignity Health
- First 5 LA
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Los Angeles County’s Chief Sustainability Officer
- Los Angeles Metro
- Los Angeles Neighborhood Land Trust
- Promesa Boyle Heights
- State of California (Governor’s Health Advisor)
- The Trust for Public Land
- TreePeople
- Urban Land Institute
- U.S. Department of Housing and Urban Development
- U.S. Green Building Council

**1. STARTING THE CONVERSATION**

In Los Angeles, initial connections between real estate and health-focused and community organizations—including public agencies and nonprofits — paved the way for a broader conversation on health and the built environment, working from questions such as:

- How do we find common language and terminology?
- What other professions, companies, public agencies and nonprofit organizations are working in this space? How do we identify and connect with them?
- What are the limits of our knowledge and expertise? How can we work with other professions and organizations to move beyond those limits?
- What is the most effective way to work with and excite professional and organizational leaders whose time is limited?

**2. BUILDING OUT THE CONVERSATION**

As the conversation moved to a formal convening, more questions — crafted with the help of a professional facilitator — helped guide the participants:

- How do we embrace uncertainty and the open-ended nature of our goals?
- How can we establish trust among a wide range of groups from many different sectors?
- What steps can we take to ensure we move toward outcomes that diverge from the status quo?

**3. CLOSING THE LOOP**

After the first formal convening, the group met again to select specific projects to explore together. Continuing to work with a facilitator, key questions at this point included:

- How do we ensure we’re working effectively with organizations at the community level to listen and learn about their needs, rather than offering them our proposed, unsolicited solutions?
- How will we define healthy development, and how will those definitions influence the work we’re trying to accomplish?
- How do we continue to encourage organizations to move out of their respective silos and find ways to synergize with each other to identify ongoing and future projects?
The Alisal neighborhood of Salinas, California, is separated both culturally and physically from the rest of the city by Highway 101. Although the neighborhood’s predominantly low-income Latino residents work primarily in the agriculture industry, Alisal has historically had limited options for healthy food. Issues like dangerous traffic patterns that discourage walking and biking and expensive, overcrowded housing further reduce the health and well-being of Alisal’s residents.

As Salinas began to update the housing element of its general plan and started preparing a new economic development element, Alisal residents created a steering committee to ensure their needs—and voices—were included. Community-based organizations supported residents in advocating for a Vibrancy Plan to address decades-long lack of investment in this part of Salinas. Responding to the call for inclusiveness were planners like Lisa Brinton, planning manager for the city of Salinas, and Monica Guerra, senior planner for the consulting firm Raimi + Associates.

Brinton says that the engagement among planners, Alisal residents and ultimately other city agencies was critical for the successful implementation of the Vibrancy Plan. “Without dialogue, we can’t expect progress,” she says. Working with a steering committee of residents, community-based organizations and other city departments, such as Recreation & Community Services and Public Works, spotlighted residents’ desires for greater access to parks and services to meet their physical and mental health needs. Discussions between residents and traffic engineers focused on reducing vehicle speeds and including space on Alisal’s streets for walking and biking. There are plans to increase the number of community gardens and expand access to stores selling healthier food options.

Guerra, part of the consultant team, says, “For our firm, health and health equity are central to every project we take on. That goes far beyond the absence of disease. We work with a community to examine contributing factors like quality of housing, education, jobs, income—all the interconnected social determinants of health.”

“The primary genesis of the Vibrancy Plan, and what the community has achieved so far, was conversations among Alisal residents and a broad range of partners working with the community and one another,” Brinton says. “The whole foundation of this plan was equity and opportunity for all—focused on public safety and health, the built environment and opportunity.”

— Lisa Brinton, City of Salinas
The preparation of the Alisal Vision Plan was a community-driven action that arose from meetings about a new citywide housing and economic development plan. City staff and the community worked together to understand:

- What are the most pressing drivers of health-related issues in Alisal that need to be addressed?
- How do we build community trust in an underserved neighborhood?
- How do we ensure that we’re adequately incorporating Alisal residents’ own plans for their neighborhood into the Salinas planning processes?

As the project evolved, planners and residents worked together to form a steering committee to determine:

- What are the specific needs of the Alisal community, and what issues are most salient from residents’ perspective?
- What factors — such as lack of, or limited access to, affordable housing, safety, recreation, food access, education, jobs, and income — are negatively impacting residents’ long-term health outcomes?
- How do we leverage the expertise of Alisal residents to ensure we arrive at the outcomes we’re collectively seeking to achieve?

The next steps were to ensure the work of the steering committee was represented within the Alisal Vibrancy Plan. This would mean continued dialogue and answering questions like:

- How do we ensure we’re engaging and empowering residents in plan development and implementation?
- What other governmental, educational and community-based agencies need to be involved to make the plan a success?
- How do we institutionalize this process so that voices from all communities in Salinas are empowered and actively engaged in driving future planning processes from the beginning?
The initial plan was to solve a chronic flooding problem through a traditional solution: acquiring numerous local residential properties and tearing them down to build an enormous stormwater detention basin. But when a team of landscape architects became involved, a new plan emerged to go beyond addressing the flooding to also avoid resident displacement, create vibrant spaces and address health and health equity issues across a large swath of Denver.

The Platte to Park Hill stormwater system became a $298 million project that stretched through a range of neighborhoods in the central part of the city — many of them low income and previously lacking access to healthy features like parks and active transportation. As the landscape architecture firm brought on for preliminary design and to help facilitate public involvement, Denver’s Livable Cities Studio had the perspective and the experience to transform the initial thinking on the project.

Instead of seeing stormwater management as a problem to deal with, the firm wanted to create an opportunity — not only to mitigate the flooding, but to enhance public health, safety and welfare.

“Although conversations with the project team could be slow, and even frustrating, at times, the paradigm began to shift as we continued to talk through ways to manage the flooding while benefiting the entire community,” says Meredith Wenskoski, ASLA, president and owner of Livable Cities Studio. The project was guided by resident input throughout and as it began to take shape, further conversations with professionals from a range of disciplines helped drive its continuing evolution. In the end, the team created a mile-long, 12-acre greenway to collect and convey stormwater to the South Platte River.

Neighborhood health and well-being were enhanced with the creation of open spaces, like nature play areas, public plazas and open lawn areas, where there had been none. The greenway also partially abuts 39th Avenue, which became the first pedestrian-bicycle-motorist shared street in Denver, slowing traffic and encouraging walking and biking.

Explains Wenskoski, “The Platte to Park Hill project really demonstrates that pretty much anything is achievable when you start a dialogue among the community and the built environment professionals who serve them — and stretch your thinking toward endless possibilities.”
To manage chronic flooding in a string of neighborhoods, the city of Denver was planning to build a massive stormwater detention basin. When landscape architects from Denver’s Livable Cities Studio joined the project, they broadened the thinking with questions like:

- How can we use this much-needed infrastructure project as an opportunity to enhance community vibrancy, health and well-being?
- What design solutions may be available to bring health and health equity to the forefront?
- How can we involve community members from the many neighborhoods along the project’s path, meet their unique and varied needs and ensure we are not displacing current residents?

As the planning for the project progressed, an array of different perspectives came to the table, from engineers and designers to the general public and others, raising new questions and considerations:

- How can we act as a team of conveners to bring together a range of perspectives and needs?
- What can additional parties bring to the table that’s not already here?
- How can we continue to prioritize community voices as other partners come on board?

Moving through the planning process, other questions included:

- Have we considered a range of solutions that go beyond the obvious?
- How do we integrate the revitalized areas of the project into the city as a whole?
- What co-benefits can be achieved by looking beyond the bounds of our project into the surrounding urban infrastructure?
A statewide collaborative is expanding the discussion about the connection between health, health equity and the built environment in Colorado. It started with a grant, a planner who took on a coordinating role and a series of pioneering conversations.

“As we began talking about how to improve health outcomes through the places where we live, work and play, we tapped into a real hunger for collaboration that stretched across disciplines and professions,” says Rocky Piro, a professional planner and current executive director of the Colorado Center for Sustainable Urbanism (CCSU) at the University of Colorado Denver.

With funding from the Colorado Health Foundation, Piro worked with colleagues to start an intentional dialogue both on campus and with various statewide and regional professional organizations that had not occurred before.

Over the past three years, Piro and his partners have been working to create the infrastructure necessary for transformation thinking about health and the built environment. The local chapter of the Urban Land Institute was already engaged in a national initiative called Building Healthy Places, so the group was a natural initial partner. Piro then reached out to those he knew best — planners — and expanded from there. “It took some legwork at times to find the right person, but by our first group meeting, we had representatives from 15 different organizations, including several professional health associations,” Piro says.

At subsequent meetings, that number often swelled to nearly two dozen organizations with upwards of 75 attendees — including interested community members — and spawned the creation of the Colorado Healthy Places Collaborative. Today, along with community members, the group includes professionals with expertise in public health, planning and design, engineering, land use and development, building and construction, advocacy, policy, the environment, sustainability and more.

As the conversation continues, the university, in partnership with the collaborative, has recently released a series of tools for professionals, educators and community groups, while the collaborative eyes the next steps to maximize positive health outcomes.

“Whether you’re a designer, developer, public health official or anyone else with a hand in shaping a community,” Piro says, “health has become the lynchpin for planning in the 21st century.”
The connection between health, health equity and the built environment was new ground in Colorado. A series of questions led to initial conversations as the initiative was taking shape:

- What professional responsibilities and opportunities surrounding health and health equity do we have as practitioners?
- What other practitioners do we know actively working on this issue?
- Where does our professional knowledge and expertise end?
- What other professions should we tap to help us identify and improve health outcomes?
- What else can we do at the state level to lift up health and health equity?

As the collaborative began taking shape, two partner organizations, the American Planning Association and the Urban Land Institute, created “healthy places committees” within their Colorado chapters. They and others began connecting with other groups and associations. Questions at this point included:

- Who are the key contacts, whether subject matter experts or leadership, at local and state chapters of national organizations we should contact and potentially coordinate with?
- Are there other like-minded organizations and individuals whose perspectives would be valuable?
- Are there potential funding opportunities available?
- How do we ensure we’re effectively connecting with communities to learn about their specific health and health equity needs?

An initial group of 15 organizations, which grew to more than two dozen within a year—including the local chapters of the eight Joint Call to Action to Promote Healthy Communities organizations—convened to launch the Colorado Healthy Places Collaborative. Key questions at this point included:

- How do we define health equity, and how do we ensure we’re addressing the needs of — and engaging with — all types of Colorado communities, whether high- or low-income, urban or rural?
- How do we ensure the materials we’ve created to answer these questions—including the Creating Healthy Places Guidebook, the GuideBox to Healthy Places and the Health Assessment Lens—are meeting the needs of our intended users?
- With a large number of individuals and organizations participating, how do we ensure we’re making productive use of everyone’s time?

WHO’S COME TO THE TABLE SO FAR

The Colorado Healthy Places Collaborative is a partnership of two dozen statewide and regional associations and groups that have united to work on advancing health and wellness in communities across the state of Colorado. The Collaborative includes professionals with expertise in public health, planning and design, engineering, land use and development, building and construction, advocacy, policy, the environment, sustainability and more. This group represents a unique partnership of practitioners, academics and engaged citizens.
Washington, D.C., is known globally for many facets of its identity, including its role as the nation’s capital and a buffet of incredible museums and cultural institutions. But it is also an innovative local community in its own right, demonstrated by the new approach the city’s public education system is taking to design healthy spaces within its neighborhood schools.

Architect Andrea Swiatocha, AIA, LEED AP, the deputy chief of facilities of the District of Columbia Public Schools (DCPS), is leading this charge on the built environment and health. “Conversations about health outcomes were happening informally and sporadically within different school departments, but I was interested in moving them toward thoughtful — and more concrete — health goals.”

Building on her knowledge of rating systems, including LEED, WELL and Fitwel, Swiatocha dove in, reaching out to contacts at the American Institute of Architects (AIA) and the U.S. Green Building Council. Seeking more support and partners to add to the conversation, she approached nearby George Washington University (GW) Milken Institute School of Public Health. Then, armed only with a GW intern and a vision, she built a team with representatives across the DCPS system, encouraging more structured conversations about mutual goals and capacities.

Tanya Eagle, AICP, WELL AP, LEED AP BD+C, is a sustainability specialist working with Perkins Eastman DC, the design firm competitively selected to be a part of the design team for DCPS. Both Eagle and Swiatocha have a passion for health equity and immediately fell into conversations about what this might look like for schools across the District of Columbia.

By hosting workshops and design charrettes with a wide cross-section of DCPS professionals, other D.C. agencies, community members and students, DCPS is bringing multiple professional and firsthand user lenses into the conversations about “positive learning environments.” For instance, students and teachers from one of the high schools prioritized mental health, citing high levels of stress for students. “As a team,” notes Eagle, “we actively listen to the school community’s concerns and ideas to create healthy indoor and outdoor spaces for students to learn, socialize and feel supported. We consider the qualitative nature of the space, as well as quantitative measures such as daylight, thermal comfort, acoustics and air quality.”

DCPS is also exploring net-zero-energy buildings, indoor environmental quality measures, material health, rooftop school gardens, outdoor classrooms and bike trails, and activating hallways with elements such as floor balance beams and active collaboration spaces. These conversations are creating novel ideas and solutions for important resources: our community members and leaders of tomorrow.
In 2019, newly in her role as deputy chief of facilities for the District of Columbia Public Schools (DCPS), Andrea Swiatocha knew that health equity considerations needed to be integral to the redesign of D.C. schools. Initially “spitballing ideas” with her supervisor led to questions such as:

- How do we formalize and put structure around the sporadic and unofficial conversations about health and health equity that are happening at DCPS and at other D.C. agencies?
- What knowledge and expertise can we tap from our networks, including our membership with national associations like the American Institute of Architects or U.S. Green Building Council?

Exploring the integration of health equity into new and/or redesigned schools, DCPS officials began to ask who and how they could build the right team of partners:

- How many schools could be considered for the integration of health equity design each year in D.C.?
- What are the criteria we might include in an RFP process for a design firm to incorporate health equity as a core element of its design?
- What partners can we tap in our own city who have expertise in public health issues?
- How do we expand the capacity and public health expertise of our team so that we can have better community engagement?
- How do we design our community workshops and charrettes to best engage students, their families, school staff, school neighbors and other stakeholders to learn about their needs and interests related to health issues?

As the planning process continues and DCPS begins to refine school designs, the team is asking:

- Now that we know the school community’s priorities around health, how do we address those through specific and feasible building design elements?
- Indoor bike tracks and hallway balance beams are creative ideas, but what is practical and what activities can the school building accommodate?
- How can we incorporate health considerations into all design decisions and measure the effects of those decisions on students, teachers and the broader community?
- How do we keep the community involved and engaged in this process?
- How do we expand our thinking to continuously improve upon what we’re building now?
- How do we leverage the success we’ve had so far into ongoing support from our stakeholders?

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**WHO’S COME TO THE TABLE SO FAR**

- D.C. government agencies
- District of Columbia Public Schools students and staff
- George Washington University Milken Institute School of Public Health
- Perkins Eastman DC
Until recently, in the Near Northwest Neighborhood in South Bend, Indiana, chronic, reckless speeding often left people afraid to walk along their own streets or even let their children play outside. Installing traffic calming measures was an obvious solution, and something the residents were urging the city to address. Thanks to a conversation among South Bend's engineering department and a range of partners, the residents received a lot more.

Ignited by participation in the Smart Growth America's Safe Streets Academy, the city's engineering department began to broaden its thinking. Engineers began to see safe streets as a platform for addressing other neighborhood issues, like vibrancy and resident health and wellness. The department started by collaborating with other city agencies, the county's public health department, the local Metropolitan Planning Organization and the public transit agency.

"As engineers, we do a whole lot better lecturing people than engaging with them," says South Bend civil engineer Theresa Harrison, P.E., Env SP, M.ASCE, and a member of ASCE's Committee on Sustainability. That began to change as she and her colleagues started to move outside their comfort zones and build real relationships with neighborhood residents. Instead of PowerPoint presentations at community meetings, the engineering department and its partners staffed information tables at neighborhood gatherings. Instead of talking at people, they were talking with them.

While the process to create safer streets evolved, other positive outcomes began to emerge across the middle- and low-income neighborhood. For instance, as the health department became engaged in transportation improvements, an array of related benefits started to accrue. Along with access to more public spaces for things like walking, biking and play, health officials were able to begin much-needed conversations about pressing concerns like vaccination, chronic diseases and even lead in homes — a major issue in a neighborhood with numerous older residences. "At first, people really questioned why public health officials would be involved in a traffic project, but actions began speaking louder than words," Harrison says.

"This approach has been a huge success," Harrison says. "We began by trying a new way of thinking, and now we're hooked. We're employing a multidisciplinary team approach and community engagement more often now as we become more comfortable with the process and see the benefits and outcomes."

People really questioned why public health officials would be involved in a traffic project, but actions began speaking louder than words."

- Theresa Harrison, City of South Bend
Residents in South Bend were concerned about motorists speeding in their neighborhood. They did the natural thing and contacted the city. But then the conversation on traditional traffic calming measures—like speed humps, radar speed signs, traffic circles, chicanes and bumpouts—began to take on a wider lens. The city’s engineering department professionals began asking themselves:

- What can we provide the residents beyond what we’ve always done?
- How can we include the entire community in discussing a broader range of solutions instead of just presenting to them?
- What concerns beyond speeding might the community have, such as safety, public transportation access and creating a more healthy community?
- Where do health and health equity fit into the picture and at what point in the process?

Based on training from Smart Growth America’s Safe Streets Academy, the discussion within the community and among partners broadened further through these questions:

- Who else do we need to involve so that what’s always been done happens differently and better?
- What can each party bring to the table that we don’t have already?
- What knowledge or information do they need from us to be effective partners; what do we need to know from them?
- How do we maximize opportunities together that we couldn’t achieve on our own?

As the city targeted specific plans with partners, questions that guided the process included:

- Have we made sure that we’ve included the needs and desires of most of the residents, not just the most vocal ones?
- How do we make sure that the health benefits of our project directly or indirectly benefit all residents in a diverse neighborhood?
- How do we structure our project team to be truly collaborative and to let each member lead in the areas where they’re strongest?
College Park in Winchester, Kentucky, was in desperate need of repair. Among other challenges, the 20-year-old facility featured wooden structures that could no longer be serviced and a playground that was not accessible to children of all abilities. Evaluating the state of this single park within an aging system pinpointed the need to revisit the city's outdated Park Master Plan. This led to a rethinking of the parks at a systemwide level, which is helping transform the small town on the edge of Eastern Kentucky.

Change came through conversations among a group of representatives from the Clark County Activity Coalition, which helped secure a grant from the National Recreation and Park Association to aid the park improvement process. The coalition was born out of a report that identified obesity as one of several major health concerns, leading to the formation of a health-focused community group to expand wellness programming. Today, the coalition includes the parks and recreation department, health department, hospital, city planning department, a local private foundation and representatives from Winchester's health- and fitness-focused businesses.

“Our connection with the Activity Coalition really helped us envision things through a health and equity lens,” says Deborah Jackson with Winchester-Clark County Parks and Recreation. “Did we have quality parks available to every neighborhood? If not, why not? And how do we effectively engage with residents?”

The outcome was the first parks master planning process in nearly two decades, which became a vital component of the redevelopment of the whole city. “Creating a healthy community is a key part of our vision of the Winchester we want to be — a growing, vibrant place that serves current residents and attracts new ones,” Jackson says. The process has sparked a new way of considering the very notion of parks. The city is working with the community to reexamine the current amenities including playgrounds and ball fields and imagining a future park system with interconnected spaces, free imaginative play and myriad healthy outdoor activities that provide broader access to all of Winchester's residents.

“In the end, our collaborative approach is helping garner more use of the parks and encourage greater support, both in the community and at City Hall,” Jackson says. “What started with a conversation about our park system is really helping to reimagine Winchester.”
The park system in Winchester, Kentucky, was outdated and in need of an overhaul. Winchester-Clark County Parks and Recreation began considering improvements by asking:

- How do we leverage existing relationships to move the process forward?
- What does change look like, and what are the steps in achieving it?
- Who has access to parks now, and how do we ensure all residents of the city are connected to quality parks that meet the needs of each neighborhood?
- How do quality parks, quality of life and improved quality of resident health intersect?

Leveraging its relationship with the Activity Coalition—a group composed of local stakeholders—the parks department received a grant to create its first master plan in nearly 20 years. A set of follow-up questions began to emerge:

- What are the elements of a quality park that will mean the most to Winchester and its residents?
- What role can quality parks play in making our city a more attractive place to live?
- How can we broaden our relationships and partnerships to increase access to health and expand health equity for Winchester residents?

As the master planning process continues, and Winchester begins to build an interconnected system that brings quality parks to more people and draws more people to parks, the parks department and its partners are asking:

- How do we keep the community involved and engaged in this process?
- How do we expand our thinking to continuously improve on what we're building now?
- How do we leverage the success we've had so far into ongoing support from our stakeholders (everyone from neighborhood associations to the business community to City Hall)?

**WHO'S COME TO THE TABLE SO FAR**

- Clark County Health Department
- Clark Regional Medical Center
- National Recreation and Park Association
- The Greater Clark Foundation
- Winchester-Clark County Department of Parks and Recreation
- Winchester health- and fitness-focused businesses
- Winchester neighborhood associations
- Winchester Planning and Community Development
Urban alleys are not generally thought of as public health havens. However, a conversation among a student, her adviser, built environment professionals and community members has helped transform an alley in Baltimore’s historic Jonestown neighborhood into a garden, open space and play area for local children.

Shawn Rauson, longtime resident and current owner of 1009 East Lombard Barber Shop, Salon and Spa, remembers when the alley was home to a crumbling warehouse infested with rats, the opposite of an asset to community health. “Working together,” Rauson says, “we changed the space from being a place that you would warn people off of — especially kids — to one where you would invite people to.”

The initial idea for the alley project came from a graduate student, Muriel Harding, at the Johns Hopkins Bloomberg School of Public Health and her adviser, Lindsay Thompson, another Jonestown resident. The initiative became a catalyst for years of community action to address other challenges in the neighborhood, where some residents faced high rates of chronic health issues such as diabetes, obesity and low birth weights.

With the assistance of a Robert W. Deutsch Foundation grant, the Jewish Museum of Maryland played a key role by providing the resources necessary for residents to develop a master plan for the neighborhood. Its goal was to spur revitalization while avoiding outcomes like unaffordable housing that would displace current residents. Thompson and Harding began reaching out to architects, landscape architects and builders. And when they did, a remarkable thing happened: The professionals donated a total of $100,000 in time, expertise and labor to help kick-start investment in the community. Meanwhile, Rauson was among those who were instrumental in enlisting support from residents of the nearby Helping Up Mission.

This served another fundamental goal of the project: ensuring continuity of social services through the integration of comprehensive health access into the master planning. “What people often think of as ‘dumping ground’ services, like addiction centers, shelters and health services for the homeless, we recognized as critical resources,” Thompson says. “In the social determinants of health, every place matters.”

“In the social determinants of health, every place matters.”

- Lindsay Thompson, Johns Hopkins University, Bloomberg School of Public Health
The historic Jonestown neighborhood in Baltimore was suffering from a range of challenges — litter, a lack of open spaces and decaying buildings — and residents faced chronic health challenges. A master of public health degree student saw an innovative way to help spur community transformation, which led to broader questions:

1. What does the community see as top priorities for transformation, and what role can others play in addressing them?
2. What physical space is underutilized, and how do we capitalize on that?
3. How do we help residents reimagine and reshape their neighborhood as a means of improving public health?
4. Who are our potential allies and partners, and what resources can they provide?

One of the catalysts for a series of improvements to the neighborhood was the idea to turn an alley into a vibrant public space, which provided one solution but raised additional questions:

1. Where will the funds come from to make this idea a reality, and how will the space be maintained?
2. As projects to revitalize the neighborhood beyond the alley begin to take shape, how do we ensure the community is fully engaged so that the benefits accrue for current residents and displacement is avoided?
3. How do we maintain vital services like accessible health care as part of the fabric of the neighborhood?

With the help of a planning grant from the Deutsch Foundation, residents took the lead in creating a master plan for the community. At the same time, a group of architects, landscape architects and property managers donated $100,000 in consulting and professional services. As the neighborhood transforms, remaining questions include:

1. As the community and its partners achieve short-term priorities, what’s next?
2. How do we maintain the momentum, and the funding, behind this work?
3. How do we weave a revitalizing historic Jonestown and adjacent neighborhoods of concentrated poverty into the fabric of a quickly gentrifying area of Baltimore City?