

# HEALTHY COMMUNITIES TASK FORCE

## MEETING SUMMARY

### Welcome

Patty Elkis, Director of Planning at the Delaware Valley Regional Planning Commission, welcomed meeting participants. She thanked DVRPC staff and the co-chairs of the Healthy Communities Task Force (HCTF), Montgomery County Commissioner Valerie Arkoosh, MD, MPH and Christina Miller, MSS, Executive Director of the Health Promotion Council, an affiliate of the Public Health Management Corporation. Elkis then engaged the audience in a Poll Everywhere exercise to get a sense of who was in attendance and to begin the conversation about the intersection between planning and public health.

### Opening Remarks

Dr. Val Arkoosh described how she practiced as a physician for over 20 years before deciding to become involved in public service. In particular, she was moved to transition from clinical healthcare to public service because she became more aware of the role of social determinants of health. She noted that public and civic spaces have a direct impact on these social determinants of health, which are themselves influential in determining health outcomes. After defining mental health and public space, Arkoosh cited research from the Centers for Disease Control and Prevention that 70% of adults in the United States have experienced a traumatic event at least once in their life. She identified Adverse Childhood Experiences (ACEs) as one of the greatest public health issues and explained how traumatic experiences impact physical health as well as mental health and general well-being. She argued that spaces that are safe, consistent, and supportive can promote healing from traumatic experiences and prevent the inter-generational transfer of trauma. Arkoosh explained that the Task Force works to create connections across disciplines to achieve these goals. She then introduced the speakers below.

### Presentations

#### Laura Torchio, “Healthy Places, Healthy Communities”

Laura Torchio, Deputy Director of Transportation Initiatives at Project for Public Spaces (PPS), presented on the concept of placemaking. Torchio described placemaking as a personal process for people to come together to reimagine public spaces that prioritizes creating places, not just designs. She argued that when people are involved in the making of a place, they become more connected to it as stewards. Torchio noted that, in the future, sustainable communities will operate around shared public spaces and be more dependent on each other.

Torchio explained that PPS has identified four characteristics that make a great place: sociability; uses and activities; comfort and image; and access and linkages, all of which can be measured both qualitatively and quantitatively. She then introduced PPS’s work to create healthy communities through placemaking. She mentioned that the World Health Organization defines health as not just the absence of disease or infirmity, but also general well-being. Torchio argued that an investment in places is an investment in healthcare because of the profound impact of the built environment on health outcomes. She noted that people have the agency to make healthy choices related to nutrition and physical activity, but they don’t always have the agency to impact their environment. Torchio presented PPS’s report, *The Case for Healthy Places* (<https://www.pps.org/wp-content/uploads/2016/12/Healthy-Places-PPS.pdf>), which shows that the built and natural environments are essential to people’s well-being. She described

several case studies from the report that illustrate the importance of creating hubs for social interaction where amenities and activities are co-located. She argued that placemaking is less about the result of the placemaking process and is more about using that process to create social capital within and between communities. Torchio concluded by reiterating the four key principles to placemaking: the community is the expert; focus on place, not just design; collaborative with other organizations to increase collective impact; and recognize that since placemaking is a process, it is ongoing.

### **Meishka L. Mitchell, “Connect the Lots in Camden”**

Meishka L. Mitchell, Vice President of Community Initiatives at Cooper’s Ferry Partnership, discussed her organization’s Connect the Lots program, which aims to activate vacant and underutilized spaces in the City of Camden. Connect the Lots grew out of an event called Camden Night Gardens, which was organized in 2014 as an intergenerational, family-friendly community event on a former prison site along the waterfront. One of Connect the Lots’s first projects was transforming Roosevelt Plaza Park in front of City Hall, where temporary, inexpensive investments were made to the space by adding chairs, tables with shade umbrellas, a piano, and a programmed light show. Mitchell talked about how successful placemaking requires both physical changes in the built environment and the introduction of programming to those spaces. She noted that even if you build a place that the community wants, such as a basketball court, they might not use it because it’s out of their regular routine. She argued that programming helps to overcome this gap by showing the potential of a space. Mitchell discussed how Cooper’s Ferry is trying to change the minds of people living both inside and outside of the city because even some residents have a negative perception of the city.

Mitchell argued that health is intertwined with community development and noted the importance of investing in parks and open spaces. She noted that there is no gym in the City of Camden. Connect the Lots provides fitness classes in residents’ neighborhoods so that residents don’t have to leave the city to be active. Mitchell said that while the program unintentionally has had a focus on health since its inception, that focus is now more intentional because she sees an overlap between health, public safety, and public cohesion. She closed her presentation with a short video about Camden Jam, the culminating event for Connect the Lots 2017 season.

### **Laure Biron, “Mural Arts Porch Light Program”**

Laure Biron, Director of Mural Arts’ Porch Light Program, explained the program’s approach to integrating public art with public health. Porch Light is a collaboration between the City of Philadelphia Mural Arts Program and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services that works with mental health providers, social service organizations, and the people they serve to co-create murals with local artists. Biron first discussed the program’s core model, known as the provider site model. In this model, Porch Light selects a partner organization, which is a behavioral health or social service provider, then identifies a community in need and a local artist. The artist spends 10 months doing art-based programming on site with the provider to enhance their services with weekly art-based programming. Through the course of this residency, they develop a mural based on the needs of the community. Biron explained that while participants in the program work directly with mental health providers, they also engage with the larger community by going door-to-door in the site’s neighborhood and attending community meetings to talk with residents and identify community partners.

Biron then outlined Porch Light’s new model, known as the storefront model, which connects people to both social services and art education in a stand-alone location. She explained that these storefronts are intended to serve as community hubs with a variety of programming. She discussed the newest storefront in Kensington, which operates in partnership with the New Kensington Community Development Corporation, Prevention Point, and Impact. Biron noted that all of Porch Light’s work is rooted in best practices from the public health and mental health fields. She mentioned a recent evaluation undertaken by the Yale School of Medicine’s Department of Psychiatry, which evaluated the provider-site model and found an increase in perceptions of neighborhood safety, a decrease in stigma towards individuals in recovery, and an increase in social cohesion and trust among neighbors.

## Discussion

### Selected Questions and Answers:

Q: What are the strengths and weaknesses of using interventions in the built environment versus programming initiatives?

A: Mitchell called improvements to the built environment the building blocks of making a great place, but noted that programming makes people interested in going to that place. Biron explained that she defines programming as both community events and educational curricula. She noted that the Porch Light Program aims to create different points of entry for participants and sees itself as a launching pad for connecting people to behavioral health services. Torchio argued that the design of the built environment should ideally spark intuitive programming in the way that people use a space.

Q: Can you talk about a community engagement process that went well or didn't go well and what you learned from that experience?

A: Torchio responded that her experiences showed her that you can't go into a community as an outsider and tell them what to do without listening to their needs and experiences. She noted the importance of doing background research beforehand and taking on the role of a facilitator as well as making sure to ask who is not being represented and should be. Biron explained the importance of having the program follow up on promises made to a community and of having artists spend time in a community or on-site with a provider to create community buy-in. Mitchell argued that you can never do too much community outreach because there's always one person who isn't included. She noted that it can be hard to choose communication platforms, especially when you're trying to reach multiple generations, and mentioned that the most effective option is usually handing out information door-to-door.

Q: How to best communicate the need for community engagement to a funder?

A: Mitchell explained the importance of incorporating community engagement with other aspects of the project and making the case that it makes a project more effective and viable long-term.

Q: What is the role of downtown public spaces in addressing the opioid epidemic? How can we decrease the stigma of recovery in residential areas?

A: Biron responded that it requires intensive outreach and that door-to-door community engagement provides the best opportunity to talk with people about what recovery means to them on an individual and a community level. Mitchell mentioned the importance of developing programming that engages all people to develop social cohesion and decrease animosity.

Q: How do we create public spaces that are really welcoming to all people, including the homeless population?

A: Torchio argued that it is important to treat all people with respect. Mitchell noted the difficulty of addressing homelessness using the built environment and the general lack of funding in solving this issue.

Q: How do you encourage the regular use of spaces in the absence of programming?

A: Mitchell responded that regular use is the goal of placemaking and that events are mostly used to bring people to a space for the first time. Torchio suggested initially starting with a small event that functions as "the leak in the dam" and encourages more people to use a space.

Q: When people share an experience, are they less likely to stigmatize "others?" How to overcome this stigma?

A: Mitchell explained that overcoming the stigma of others and even of one's own city or neighborhood is difficult. She mentioned a survey that was conducted in North Camden that measured residents' perceptions of their neighborhood; at the end of a five-year-period, 20% fewer respondents reported wanting to move out if able. Biron noted that it's an asset to create a project for a whole community, including transient as well as more permanent populations.

Q: People with mobility impairments want to contribute to and be a part of communities. How can accessibility become less of an afterthought?

A: Torchio described the importance of including multiple perspectives in site audits by encouraging participants to take on different characteristics, but also said that you can't use the excuse about missing someone's perspective to choose not to move forward with a project. Mitchell noted the need to hear directly from people who are affected by a decision to make sure that you haven't missed any important details. Both Torchio and Mitchell stressed the need to be flexible and tweak approaches that don't work for everyone.

## Announcements

Justin Dula, Manager of Community and Regional Planning at the Delaware County Planning Department spoke about the work of the Healthy Communities in PA task force of the American Planning Association, Pennsylvania Chapter (APA PA). He noted that the task force received an APA Plan4Health capacity-building grant and invited attendees to take a survey ([bit.ly/HealthyComPA](http://bit.ly/HealthyComPA)) and attend a roundtable in Harrisburg on August 22<sup>nd</sup>.

Marco Gorini, Transportation Planner with DVRPC, announced the Regional Safety Task Force meeting on July 25<sup>th</sup>, which will focus on road safety issues in Philadelphia (<http://www.dvrpc.org/Transportation/Safety/RSTF/>).

The next HCTF meeting will take place in late September or early October. The topic is to be determined, but the task force is open to suggestions for topics or speakers.