BIOPHILIC CITIES JOURNAL / FEATURE



The Inclusive Healthy Places Framework: A New Tool for Social Resilience and Public Infrastructure

By Jennifer Gardner

Social resilience is a characteristic that describes a community's ability to thrive during times of stability, and to adapt, organize, and grow in response to change or disruption. These abilities depend, in an important way, on the degree to which people feel connected to one another. Public spaces can help create and sustain those connections. Parks, sidewalks, streets, schools, libraries, transportation networks—the public realm—is our everyday social infrastructure. This is where planned and chance social interactions take place,

strengthening a person's sense of community and reducing isolation. Well-designed public spaces serve as places where social connections develop and are sustained. They work best when there are reasons to stop and linger, and when they cultivate a sense of belonging and ownership among diverse people and groups.

Folkets Park in Copenhagen, Denmark delivers in all of these ways. A true "people's park," the urban green space was redesigned by and for a diverse group of people in the

surrounding neighborhood. Parents with young children visit the playground, members of the new immigrant communities in the neighborhood gather by the fire pit, local teens hang out with their friends, elderly folks meet for fresh air and conversation, and homeless men and women stop to spend the night under shelter. The space is made up of informal-looking elements like concrete ping-pong tables, rocky seating ledges, and a brightly hand-painted climbing and play structure sized for both children and adults. The attitude of park users here is generally accepting

and live-and-let-live. This is truly inclusion by design.

But the park didn't always work like this. A previous set of park improvements left the park unwelcoming and underutilized. Hearing community complaints, city planners set out to figure out what had gone wrong. The park is located in Nørrebro, a Copenhagen neighborhood noted for its cultural and economic diversity. The city project staff viewed this diversity as an asset. They also adopted an unusual tactic: they enlisted an artist to co-create a design process to change the relationship of the community to the site, while highlighting local expertise and input on changes to the urban design. Through an intensive two-year engagement, and with the leadership of artist Kenneth Balfelt, both process and final design broke all the "rules" of traditional urban design to balance the needs of people in new ways.

Project leaders created a public process that encouraged park users and neighbors from all walks of life to share their perspectives. This facilitated clarity about the values and goals shared by all. But they also prioritized the needs of the most vulnerable groups of park users, such as those who depended on the space for shelter.

For example, with input from the homeless people who use the park at all hours, designers created soft, carefully located lighting because more typical security flood lights made some people feel more exposed and



vulnerable. The final park design also includes a shade and weather shelter, a new public toilet, play areas, new seating, and rolling, grassy areas -flexible and adaptable elements.

The community welcomed the final result as reflective of their wants and needs. Folkets Park demonstrates how high quality and well-maintained public spaces designed with inclusion as a core value can cultivate trust and ownership, increase accessibility and make diverse people feel welcome, and bring health benefits to the whole community.

Common Barriers and Opportunities to Link Place and Health

Public spaces like Folkets Park aren't just nice to have; they're essential to building healthy communities and cities, and inclusive processes and outcomes are core to their success. How can planners and policymakers better make the case for this in their own cities and towns?

First, we understand there is a link between place and health equity. A wealth of research from the fields of public health, social science, and urban planning increasingly points to something most of us know intuitively: place is integral to health. Consider the evidence: ZIP codes are linked to life expectancy; and access to neighborhood green space decreases the likelihood of depression. These are just two examples of how where we live and work strongly impacts our day-to-day lives and health exposures. These factors--the social determinants of health--are important because they can be changed and improved through personal choice, as well as through policy, planning, public programs, social services, and design. Health equity is about recognizing that not everyone has the same needs for good health. When we pursue plans, policies and other placebased approaches that are

BIOPHILIC CITIES JOURNAL | MARCH 2019 | 11

meant to influence more equitable health outcomes, we must first find the barriers that stand in the way of good health for different individuals and groups, and then remove them in a way that addresses not just the symptoms but also the root causes. Systemic challenges are inherently hard to identify and resolve, which is one reason that multi-benefit strategies like public space improvement programs can be effective starting points.

Second, we know our surroundings matter, including the built environment. According to some researchers, up to 80% of the factors contributing to a person's health outcomes are attributable to the environment and behavior choices our environments inspire. Because the symptoms of poor urban public health can be so diverse, ranging from rates of social isolation to rates of childhood asthma, identifying and resolving the root causes can be a huge challenge. But, the potential of the public realm to provide multiple benefits that are accessible to all is an

opportunity to improve health that shouldn't be overlooked. Imagine a city full of public parks support health more like the one in Copenhagen. The people who shape cities should care deeply about the role of public spaces and other forms of social infrastructure, because safeguarding the health and wellbeing of citizens is one of the fundamental roles of public policy.

Third, we know that not all spaces are created or maintained equally, or with considerations for all people in mind. Making matters worse, negative factors tend to be correlated and concentrated, meaning some groups of people are far more vulnerable to poor health, simply because the places where they live have introduced disadvantages into their lives. While our everyday environments play an integral role in shaping how healthy we are, unequal environments and inequality in our day-today lived experiences produce concentrated inequitable health outcomes.

Inclusive public spaces can equitably in many ways, including:

- Being accessible and welcoming to everyone
- Offering a sense of place and belonging to more than one group of people
- Reflecting shared social values, like dignity and respect
- Promoting trust and participation in public processes and institutions
- Supporting vibrant, diverse social interaction
- Allowing people to use public space in flexible ways, such as for physical activity, relaxation, socializing, events, and more
- Supporting and sustaining the natural assets and strengths of a place and its people, including social systems and ecosystems
- Providing a point of connection for community networks and resources.





Prioritizing Social Resilience for Adaptable Communities and Spaces

Healthy places are connected by a network of quality, shared public spaces and social infrastructure that supports connections between neighbors and ensure everyone feels welcome. But, in dynamic urban environments, it is important for planners and policymakers to remember that even seemingly positive changes can pose threats to community stability. For community members to experience the health benefits of inclusive processes and places, they need to be able to stay in a place despite pressures of urban change, like gentrificationdriven displacement. The threat of displacement is felt most strongly in places where people are already experiencing poor health and a lack of social cohesion. In other words, to see long-term community health improvements, people must

be represented and engaged as stakeholders on an ongoing basis. A stable and adaptable community has to have the ability to shape its own future.

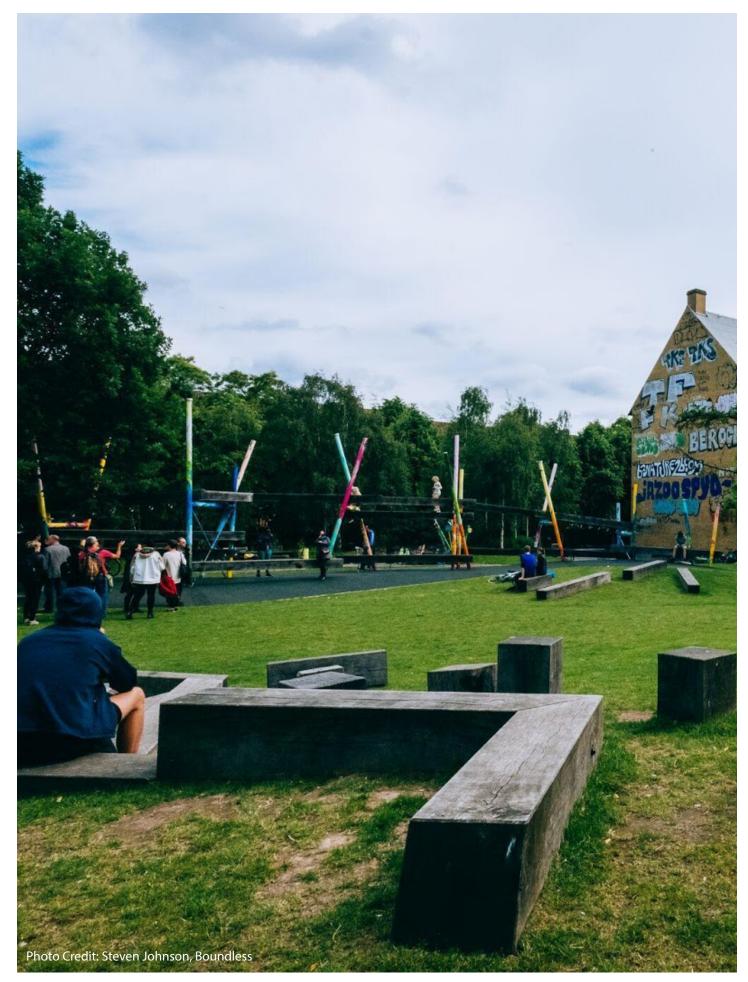
Representative and inclusive public processes can better identify people's diverse needs, and help direct the benefit of public and private investment, and other drivers of urban change, back to the communities themselves. Unfortunately, there is often a lack of information and tools to help stakeholders collaborate on this work effectively. Community health impacts aren't often considered by city planners, urban designers, or public agencies dedicated to local development. And when they are, participants in the process aren't always speaking the same language or valuing the same outcomes. Without shared values, resources, and metrics, it's impossible to measure success.

A New Framework for Healthy Cities through Inclusive **Public Spaces**

To bridge these gaps, Gehl Institute collaborated with the Robert Wood Johnson Foundation to develop the **Inclusive Healthy** Places Framework. We created the Framework as a tool to help public realm practitioners identify social determinants that their work can improve, and remove systemic barriers to health.

No single public space or program will resolve entrenched, systemic inequalities, but new ways of working on individual projects with inclusion and health as core values should help move the needle towards improving certain health outcomes for individuals and communities. Good policy and design solutions will be contextual and driven by local needs and assets. As in the Folkets Park example, the

BIOPHILIC CITIES JOURNAL | MARCH 2019 | 13



success of a public space is often determined by engagement and governance strategies, even more than the physical design.

The Inclusive Healthy Places Framework is a researchbased guide for understanding and leveraging inclusion in both process and design to improve health--measured against a broad range of social and physical health indicators. Whether assessing the quality of a public space and its ability to accommodate different uses to decide how to invest limited public funds or mapping social assets that can support the founding of a streets and sidewalks stewardship organization, applying an equity-focused framework can help community leaders, local decision makers, practitioners, and researchers to speak a shared language of inclusion, putting people first. The Framework can be used to study neighborhoods, shape initiatives, track the progress of programs, and understand the impacts of health equity work in the public realm over the long term. Like a resilient community, the Framework is meant to be flexible and adaptable to different circumstances and local priorities, as well as change over time.

Public spaces are constantly changing social environments shaped by the equally dynamic communities who use them and depend on the many benefits they offer. This new Framework is an adaptable tool intended to support placemakers of all kinds to shape, implement,

and evaluate the impact of greater inclusion on the social determinants of health that connect to the public realm.

We hope it will be tested and applied to a wide range of public space projects and programs so the drivers of health equity and the role of inclusionary practices can be better understood and shared.

Jennifer Gardner is an urban planner and program manager at Gehl Institute in New York.

Resources:

Anguelovski, Isabelle; Cole, Helen; Connolly, James; and Triguero-Mas, Margarita (June 2018).. "Do green neighbourhoods promote urban health justice?" *The Lancet* 3 (6). https://doi.org/10.1016/S2468-2667(18)30096-3.

Bell, Judith and Lee, Mary M. (2011). Why Place and Race Matter. New York, NY. PolicyLink. https://www.policylink.org/sites/default/files/WHY_PLACE_AND_RACE%20MATTER_FULL%20REPORT_WEB.PDF.

Center for Active Design (June 2017). Shaping Space for Civic Life – The Assembly Civic Engagement Survey: Key Findings and Design Implications. New York, NY. 13–14. https://centerforactivedesign.org/assembly.

Chuang, Ying-Chih; Chuang, Kun-Yang; and Yang, Tzu-Hsuan (October 2013). "Social Cohesion Matters in Health." *International Journal for Equity in Health* 12: 87. https://doi.org/10.1186/1475-9276-12-87.

Fullilove, Mindy Thompson (2005). Root Shock: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It. New York, NY: One World/Ballantine. https://doi.org/10.2307/j.ctt21pxmmc.

Kawachi, Ichiro and Kennedy, Bruce P. (April 1997). "Health and Social

Cohesion: Why Care About Income Inequality?" *British Medical Journal* 40 (5): 1037–40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2126438/pdf/9112854.pdf.

Klinenberg, Eric (2002, 2015). Heat Wave: A Social Autopsy of Disaster in Chicago. Chicago: University of Chicago Press. https://www.press.uchicago. edu/ucp/books/book/chicago/H/ bo20809880.html.

Krieger, Nancy (May 2012). "Methods for the Scientific Study of Discrimination and Health: An Ecosocial Approach." *American Journal of Public Health*. 102 (5): 936–945. https://doi.org/10.2105/ AJPH.2011.300544.

Loukaitou-Sideris, Anastasia (1995). "Urban Form and Social Context: Cultural Differentiation in the Uses of Urban Parks." *Journal of Planning Education and Research*. 14: 89–102. https://doi.org/10.1177/0739456X9501400202.

Robert Wood Johnson Foundation. "Could where you live influence how long you live?" Accessed May 31, 2018. https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html.

Seavey, John W. (2008). "How's your health? What's your zip code? Poverty and health." The University Dialogue 42. https://scholars.unh.edu/discovery_ud/42.

Tavernise, Sabrina and Sun, Albert (April 28, 2015). "Same City, but Very Different Life Spans." The New York Times. https://www.nytimes.com/interactive/2015/04/29/health/life-expectancy-nyc-chi-atl-richmond.html.

Teutsch, Steve (January 2018). "Getting to Average Life Expectancy: It Takes Commitment." *American Journal of Public Health*. 108 (1): 17-18. https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304190.

Worland, Justin (March 18, 2015). "Why Loneliness May be the Next Big Public Health Issue." *Time*. http://time.com/3747784/loneliness-mortality.