

# A Place for Health

A Human-Scaled, Community-Driven Approach to Healthier Living

Recording and Facilitation Packet: Common Language, Measuring what Matters, and a Path Forward

**PLACEMAKING LEADERSHIP COUNCIL**

September 16, 2016  
Vancouver, British Columbia



# A Place for Health

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## A Human-Scaled, Community-Driven Approach to Healthier Living

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## Introduction

This document contains data highlights from the 75 minute workshop conducted at the Placemaking Leadership Forum in Vancouver, British Columbia on September 16, 2016. It offers a representation of the ideas that emerged during the discussion and consensus building processes. Presented here is the information reported on the recording sheets and posted on the flip charts at each table, as well as the information that participants shared on the flip chart sheets as they entered the room at the beginning of the session. All of the individual forms collected during the session are still undergoing compilation and analysis, and the findings will be reported in a future document. Please note that this information represents views provided by participants, and it offers us insight into some of the key areas that we should be considering as we continue to:

- Make a case for linking PLACE and HEALTH
- Encourage conversations and actions related to helping us to better understand the link between Place and Health
- Better communicate about the link between Place and Health
- Take action to positively impact community wellbeing through place-led change efforts.

Information outlining the workshop agenda and processes, the notes and slides for the workshop presentations, and the forms used to facilitate workshop interactions are offered in the Appendix.

## Table Recording Forms and Summary Sheets

This section contains information that was recorded by the table facilitator, recorders, and writers for each group as a result of discussions at the table level. Each section is preceded by a brief representation of the themes that emerged during the discussion. Nearly 70 individuals were involved in providing this information. Initially, the workshop participants were divided into 8 groups/tables with 7-8 participants at each table. Additionally, there were 3 workshop facilitators and 2 individuals helping manage activities in the room.

### Favorite Feature (WHO Definition of Health) and Description of Why You Think it is Important/Valuable.

The terms listed on all of the recording sheets were transcribed and manipulated so plurals and similar words were clustered. These words were then submitted to Wordle.com to create a word cloud using the top 15 terms. Here is the graphic that emerged that represents some of the favorite features and most valuable/important items in the WHO definition of health in this group:



Here is the definition from the World Health Association that was shared with the group:

**Health:** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life.

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

In keeping with the concept of health as a fundamental human right, the Ottawa Charter emphasizes certain pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to an holistic understanding of health which is central to the definition of health promotion.

Today the spiritual dimension of health is increasingly recognised. Health is regarded by WHO as a fundamental human right, and correspondingly, all people should have access to basic resources for health.

A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health & well-being.

-World Health Association

Here is the raw data:

Health is part of everyday life...Final paragraph is most important – take into account its implication...Spiritual dimension, not just physical...Health as a fundamental human right – access/level playing field...Health is a resource for everyday life – put it into any measure...Health as a resource...Fundamental human right...Responsibility of many factors across many areas...First sentence...not merely the absence of illness...Includes several factors (peace, resources, food, shelter, stable eco system) meaning that we know the interactions and we must collaborate...Set of resources, not an end in an of itself. Some people have fewer/more and that is apparent...We pursue health to live a fulfilling life...Social, economic and physical links and PLACE – shifts stigma and burden – easier to fix place...Resource for everyday life – who is getting what...Perquisites for health, what we expect and look at, the Quality of Life Standards, intersectionality...Resource for everyday life – a right...Holistic – about connection...Holistic – shift from disease...Health from education...Social connections to health...Wellbeing, spaces for health...Potential of communities/government – ongoing process...Holistic- many individual needs...Everyday life resources, health is a right...Holistic – wellbeing, connections, community...Holistic understanding – shifting through build environment and social determinants...Education key component...Breaking the silos...Connecting and sharing with people/collective...Wellbeing...Holistic – many health issues...Create conditions for productive life for everyone...Complete/comprehensible...Complete definition/whole person...Big picture/spin...Human right perspective...Social determinants...More than disease...Human rights orientation...Health dignity, place, highlight vulnerable...All systems and structures taken into account...Peace resources for everyday...Social inclusion as well as physical and mental...Inclusion of social ...Invites everyone in...Across systems thinking...Beyond physical to psychological...Health is good placemaking...Positive psychology,

mental wellbeing the foundation...Health as a means to an end...Draws attention to social conditions away from individualistic to collective...Health as capability – empowers...Social, economical link, places...Set of resources, distributional justice...Social wellbeing...Absence of disease...Social wellbeing...Resource for life...Prerequisite for life. Quality of Life...Resource for everyday life...Love “spiritual” dimension is included. Very important...Holistically leading a life...Idea of linkages. Important as it unlocks silos...Social, mental, wellbeing, human rights, mental health...Fundamental human right. All systems taken into account. Like resource definition...Inextricable links terminology...Repetition of word resource. Like that we are talking health and not wellness...Holistic, actually includes spiritual dimension...Individual, social, economic linkages...Linkages to holistic understanding...Social, physical, economic – multifaceted...Resources that permit fundamental human right...Health as a resource for everyday life...Use of inextricable links...Complete, integrated resource. Embracing health as a courageous goal...How do we include parks for everyone...How do we include better social wellbeing in planning...Social Aspects, how do we improve on this?

Additional considerations:

- The definition we adopt should be expansive (design+art+planning) and include mental health
- The language used should be plain and easily shared across multiple disciplines
- The definition should be able to be adapted/adopted across sectors
- The definition should include language that portrays HEALTH as a complete resource for life
- The definition should focus on inextricable rights

## Brainstorming Measures Connecting PLACE and HEALTH Activity

Following table discussions related to linking PLACE and HEALTH and potential indicators, each group reported on their top 3 measures connecting PLACE and HEALTH. Eight groups shared their views:

- Awe and Beauty...Real Food...Space for Movement (walk/sit/lie down)
- Social cohesion and inclusion (# of different types of people, ages, cultures)...Physical Activity (# and type of available activities)...Safety (environmental, physical, and social/emotional...proximity/access to healthy food
- Foster interaction between people (a place where everyone belongs and feels welcome)...Curiosity/Wonder/Reflection...Amenities for people to have what they need to feel comfortable – embodied creative (water, snacks, shelter, shade)
- Comfort (trees/seating)...Universal Access/network/connectivity/inclusion...options for engaging (physical and mental activities)
- Greening...safety...social interaction
- Part of daily life...sociability (organic, opportunities to connect)...walkability
- Diversity of users and uses...social interactions...accessibility (all seasons and by all users)
- Kids living and learning...social interaction...markets with places to sit and talk, food, views

Raw Data – Measures connecting Place and Health discussed at tables and reported on flip charts and recording form (note – this list represents the universe of responses and is not intended to represent counts for listed measures):

allowing organic social connectivity...functions across seasons...part of our daily life...places for people to explore...energy...movement...color...presence of nature...happiness factor...eating...sharing food...sharing ideas...sharing laughter...bustling...lots of people/# of people...positive vibe...heads up walking (not heads down)...feet on street...meeting new people...sitting for leisure...space ownership...space for movement...places to sit...places to walk...places to lie down...multigenerational access...real food...awe and beauty...freedom to be private in public...freedom to be public in private...using public resources for private (fire hydrants as water fountains)...walkable...access to local food...cultural amenities...social interaction...greens  
pace...playing...sitting...breathing...connect...sights...smells...hearing...senses...nature...farmers markets...common places...leisure activity in space...playgrounds for parents and kids...unlikely conversations...social interaction in public street...connectedness to nature...number of destination meetings...social cohesion and inclusion...physical activity opportunities...safety...proximity/access to healthy food...interaction between people...belongingness...welcoming...curiosity...reflection...wonder...amenities to feel comfortable...trees...trails...activity opportunities (recreation/play/pool)...universal furniture/access...seating options...shade...music...various age groups...comfort...texture-related comfort...enclosure...network/connectivity...equity, culture, places to connect...engaging behavior without discrimination...safety...comfort...ability to return...# of people recreating...diversity of people using park...frequency...multiple uses...clean air...green space...multiple use spaces...art...access to nature...walkable distances...healthy food access...education...accessibility...clean air...well maintained...safety...nature access...perceptions as benefit of people...programs...diversity of users reflect broader community...passive vs. active uses (ratio?)...social interactions...intergenerational...destinations...presence of/access to making art...programmed vs. open use...events to attract diverse users...vibrancy...amenities...connectivity and access...enabling interaction and connection...empathy...strength-use...safety (balanced)...novelty and surprise...does behavior change due to place change?...integration of a place into someone's life...safe places for kids to play...places for healthy activity and engagement...inventive...inclusive...invigorating...places for people who need it...opportunities...variety in activity (physical, mental...exercise/talking/chess)...eliminate human misery...tactile variation...inclusive...equity...culture...who is engaging in what behaviors...basic needs (toilet, water, shade)...threats to violence...supports autonomy...movement through space...nature and wildlife...variety of people...cared for and well maintained...short and long sightlines...meeting and hiding spaces (and everything in between)...sense of belonging...universal access...animals...gardens...playfulness...water...WiFi...people watching...enabling...care/interdependence...clean...free from violence...rootedness...sense of flowing...parity within the place...air quality...interactions...universal access...eliminate isolated people...comfort (ease and belonging; benches/lawn/options for comfort)...number of destinations meeting everyday needs...measures of walkability...proximity...gathering spots...sociability...public transit...no commercial sponsors...unregulated...uncontrolled...4 season use...part of daily life...organic social experience...encourage exploration...open streets...dog park...opportunities for discovery...adapted to local climate...year-round use...financial accessibility...perceptions of being near nature...frequency of use...beautification...pace of movement...social cohesion and inclusion...welcoming...diversity of opportunities...physical activity...protected bike lanes...3 of languages spoken/on signage...size of space...sharing food...ownership of space...relaxation...connection between people and environment...no smoking...use asset-based measures...positive psychology, strengths, resiliency...social connection...music/space for musicians...trails

## Identifying Next Steps Activity

This section contains information as reported by the group in response to questions related to their views of what the next steps that the Placemaking Leadership Council should consider when connecting PLACE and HEALTH. Each group reported their top 3 “Next Steps Recommendations.” These top items are reported here in no particular order.

- Develop a briefing on global events and policies to build common language (ex. Kyoto, New Urban Agenda). This will help put the PLACE and HEALTH connection on the agenda for governments. Include Case Studies and Precedents.
- Identify useful ways to collaborate, identify connections, and develop a professional network.
- Create a database of “Metrics that Matter” (and are transferrable and scalable) that includes both qualitative and quantitative items.
- Develop tools, case studies, and a research agenda.
- Develop a literature review of indicators/measures already being used.
- Develop advocacy, policy and legislative agenda.
- #placeandhealth – use it starting now and always; aggregate related newsfeed.
- Turn ideas into practical applications.
- Build networks and connections with organizations that don’t necessarily think of themselves as place engaged but are doing it (like hospitals).
- Develop training for planners on health and the connection between PLACE and HEALTH.
- Raise awareness for public of importance of public spaces.
- Encourage health care professionals to be involved.
- Adopt common language.
- Contribute to Wikipedia post PLACE and HEALTH under Placemaking.
- Identify shared priorities, goals, and measures that we can apply and that allows us to connect to a larger movement.
- Participate in starting a network where we share our goals, skills, work, needs and stories.
- Develop a Healthy Community Interest Group in the American Planning Association as a place to keep conversations going.
- Link placemaking with efforts to end the cycle of COMMUNITY TRAUMA (especially in low-income areas with violence and drug use in open).
- Develop supportive communities.

Other suggestions:

- Share experiences across different fields and cultures.
- Integrate placemaking in various professions.
- Expand notion of placemaking to all kinds of spaces (not just public).
- Find/develop more spaces for youth, like skate parks.
- Develop broad definition of health and share widely.
- Facilitate private business understanding of the link between PLACE and HEALTH.

- Bust silos.
- Prioritize list of important health measures and priorities.
- Start a network and share profiles, skills, priorities, needs online.
- Build capacity of the network to affect change.
- Share stories of placemaking and health.
- Connecting public health professionals to contribute to place design/placemaking.
- Connect planners with health care professionals so they understand the importance of placemaking on community health.
- Placemaking as an intentional tool for public health.
- Help encourage public health and health care professionals that placemaking should be one of their tools for encouraging healthy change and that they must become practitioners of placemaking...not expect others to do it for them.
- Do a pilot with placemaking focused measures to test out measures.
- Send conclusions to participants then prioritize.
- Create a learning community for health equity placemaking. Continue exploring how placemaking connects to public health.
- Realize that successful placemaking can equal displacement.
- Acknowledge and solve for safe injection sites.
- Use organizational community channel to share ideas/stories of best practices.
- Measure success of projects to convince authorities.
- Conduct a benefit analysis to build cases for research and for policy making.
- Share knowledge and measures for benchmarking with disciplines.
- Share results of investigations being conducted by PLC.
- Do workshops with schools to identify how classrooms and playgrounds can be changed to link place and health.

Suggestions offered by individuals prior to the workshop:

- Setting up a “confederation” that can collectively agree on an Agenda for change, in Health and Placemaking then align messaging.
- Discuss amongst ourselves how we can use our respective conferences to accelerate change. For instance, could we create a theme for the year and then carry it through each successive conference. Could we also set up our conference as a training curriculum for change agents who can pick and choose their interests and find appropriate training sessions in each.
- How can PLC support each other with respect to Placemaking and Health?

## Data from Convening Questions

This information was recorded by participants at the start of the session to “prime” thinking about the topic.

### WHAT MAKES A GREAT PLACE?

Livable	Comfort
Accessible	Small Plazas/parklets where neighbors can interact and get to know one another
Connected	Community gardens where all neighbors including those with diverse abilities can interact
Other People	Surprise – something that catches people off guard, and therefore turns to strangers around them to comment
Green/Water	Marginalized populations are equally welcomed
Playful	Seating+ shade + openness in front + ice cream OR coffee OR fries
Musical	Welcoming
Innovative	Lots of coffee shops
Encourage various activities	Walkability
Variety/Multiplicity	Safety
People (social environment)	Green Space
Environment (physical environment)	Connectivity
Clean	People are already there
Sun + Trees + People + Ice Cream + Tables and Chairs	
Beauty	
Air	
Light	

### WHAT DO YOU SEE AS THE KEY IMPACT OF PLACE ON HEALTH?

Active transportation in daily life	Movement (not only sitting)
Having fun as part of travel/life	Healthy – new foods (not same old breadly options)
Social interaction	Does it contribute to connectedness?
Physical benefits	Does it reduce stress?
Wellbeing	Breaking down social barriers and sense of social isolation
Community wellbeing	Creating a space/reason for strangers to interact, building neighborhood resilience
Quality of Life	Physical activity and comfort
Less crime	Psychological comfort
Active + passive recreation opportunities/Diversity in Activity	Physical and mental wellbeing

### WHAT IS YOUR FAVORITE MEASURE LINKING PLACE AND HEALTH?

Does it contribute to connectedness?	Presence of people and their feedback
Does it reduce stress?	Walkability
Attractive neighborhood streets	Rates of chronic disease/disparity
Playground/playscape	Levels of public /private investment
Are people smiling?	Levels of civic engagement
Success/lack of success of a farmer’s market	Functionality of land use/planning policy
Do youth feel connected to their neighborhood/community?	Happiness
I would love to know how to measure the health impact of a smile	Ethical and social diversity visible on site
	What they might do “after” as a result of the place/event

## Appendix – Facilitation Guide

### Set Up and Facilitation Plan

#### Set Up (pre-event)

- Space needs – Room for 100 people. Round tables for 8.
- Audio-visual – projector/laptop/remote, blank wall/screen.
- 12 flip charts and easels/Flip chart paper for each table
- Markers.
- Tape to post paper on walls.
- Dots for voting.
- Reporting Cards for everyone at the table
- Paper for making Name Tents.
- Place 8-10 copies of the WHO definitions for Health and Health Promotion on each table
- Place 8-10 copies a NOTES pages on each table
- Place Role Cards (Facilitator, Recorders, Writers, Timers, Reporters, Runners) on table
- Places Facilitator packet, 2 Recorder packets on table
- Props if available (noise maker for timer, markers for writers, hats for reporters, tape for runners)

#### Convening (5 minutes)

As participants enter the room, have them write their thoughts on the following.

1. WHAT MAKES A GREAT PLACE?
  2. WHAT DO YOU SEE AS THE KEY IMPACT OF PLACE ON HEALTH?
  3. WHAT IS YOUR FAVORITE MEASURE LINKING PLACE AND HEALTH?
- List these 3 questions on multiple flip chart sheets so multiple people can add information at any given time!
  - Organize everyone into groups of 8-10 around tables. Make sure tables fill up before starting new tables.
  - Recruit Table Facilitators.

#### Agenda

##### Welcome and Introduction (5 minutes)

1. [1] Welcome Participants and Introduce Facilitators
2. [2] Stand up if...
3. [3] Set the Context – Where we've been and purpose for today's activities

##### Common Language and Measuring What Matters – Framing the Conversation (10 minutes)

1. [5] Establishing a starting point for our language discussion (Cathy)
2. [5] Setting the stage to “Measure What Matters” as we work together for change (Jane)

### Activity – Meanings and Measures (30 minutes)

1. [10] Table Introductions around LANGUAGE
2. [10] Potential MEASURES – brainstorming and discussion
1. [10] Report out by table... 60 seconds each table

### Wrap Up and Action Items (25 minutes)

1. [2] Introduce Funding Source Information Sheet and other Potential Next Steps
2. [5] Reflection
3. [8] NEXT STEPS discussion and voting
4. [10] Reporting out
5. Collect Reporting Cards and Packets
6. Thank participants

### Plan for “Reporting Back” to Full Group

- Start with a slide template following agenda
- Add information from session into slides as we go

### Session Agenda

<i>Item</i>	<i>Time</i>	<i>Facilitator</i>
<i>Convening</i>	<i>5 minutes</i>	<i>Group</i>
<i>Welcome and Introduction</i>	<i>5 Minutes</i>	<i>Laura Torchio, PPS</i>
<i>Common Language and Measuring What Matters</i>	<i>10 Minutes</i>	<i>Cathy Costakis, MSU Jane Ellery, BSU</i>
<i>Activity – Meanings and Measures</i>	<i>30 Minutes</i>	<i>Group</i>
<i>Wrap Up and Action Items</i>	<i>25 Minutes</i>	<i>Group</i>

## Table Discussion Facilitator Reporting Forms:

Table facilitators were asked to help record

1. Solicit volunteers and record their first names below:
  - a. 2 RECORDERS to help capture the conversation... give them recording packets
  - b. 1 TIMER to help keep everyone on track
  - c. 2 WRITERS to write information on the Flip Chart Sheets
  - d. 1 REPORTER to share information with the larger group
  - e. 1 RUNNER to post sheets on walls and to help distribute handouts
2. Read the Facilitator notes at the start of each recording form to your group members
3. Encourage dialogue and active participation from everyone
4. Facilitate the conversation... remember you have recorders capturing the dialogue
5. At the end of the session, ask the recorders to take a few minutes to go back through and add information that they think we should have access to
6. Collect recording packets from recorders at the end of the session
7. Collect Reporting Cards from all participants
8. Share any additional thoughts that you think we should have on the notes page in your packet
9. Return all materials to presenters or leave them on your table

Facilitator:	
Record Keeper 1:	
Record Keeper 2:	
Time Keeper 1:	
Writer 1:	
Writer 2:	
Reporter:	
Runner:	

## Welcome and Introductions

### *In this section:*

1. Slides/notes for Welcome and Introductions presentation
2. Notes page for general comments and recording

### *Facilitator notes for this section:*

1. No action from facilitator needed for this section

### Agenda Items - Welcome

1. [1] Welcome Participants and Introduce Facilitators
2. [2] Stand up if:
  - You're a health professional or advocate
  - You've heard of Placemaking
  - You're not from North America
  - You like to ride bicycles
  - You can speak two or more languages
  - You're sitting at a table with someone you haven't met before
  - You have a dog
  - You have participated in the Placemaking Leadership Council before (Pittsburg 2014 or Detroit 2013)
  - This is your first time participating in the Placemaking Leadership Council
  - You haven't already stood up
3. [3] Set the Context – Where we've been and purpose for today's activities

### Slides/Notes for Welcome and Introductions

Placemaking – the act of human-centered community involvement and engagement – changes everything. It brings people together at a human-scale with a shared purpose, and that is a key driver of wellbeing and health. This 75 minute breakout session will build upon past accomplishments of the Placemaking Leadership Council (PLC) and develop an agenda for action to carry the Healthy Placemaking movement forward. We will look at key indicators of health through the lens of placemaking – where the community is the expert – and consider the social, cultural, and experiential benefits to overall wellbeing. Together, we will focus on three primary themes: finding a common language for placemaking and health, pinpointing shared indicators and measures, and confirming the role and actions of the PLC's Agenda on Health.

# PLACEMAKING LEADERSHIP FORUM

## A Place for Health

A Human-Scaled, Community-Driven Approach  
to Healthier Living

Friday, Sep. 16, 2016  
11:30 – 12:45



#Placemaking16

Welcome!



"From a healthcare perspective, there is nothing more important than  
Placemaking."  
-Tyler Norris



#Placemaking16

## Common Language and Measuring What Matters – Framing the Conversation

### *In this section:*

1. Slides/notes for Common Language for Framing the Conversation presentation
2. Slides/notes for Measuring What Matters presentation
3. Notes page for general comments and recording
4. Relevant materials and handouts
  - Starting Definitions Sheet
  - Who Definition of Health Handout

### *Facilitator notes for this section:*

1. Make sure that everyone has a copy of the WHO Definition of Health Handout.

### **Agenda Items – Common Language and Measuring What Matters**

1. [5] Establishing a starting point for our language discussion (Cathy)
2. [5] Setting the stage to “Measure What Matters” as we work together for change (Jane)

### **Slides/Notes for Common Language**

- Introducing the World Health Organization Definitions for Health, Health Promotion, and maybe Determinants of Health
- Shifting conversations (especially in the US) from DISEASE AVOIDANCE (pathogenic focus) to LIFE ENHANCEMENT (salutogenic focus)... Health as a resource for living not the outcome of life
- Recognizing the shared language needs for diverse groups to work together and the value of collaboration, cooperation, and collective impact

## Common Language and Measuring What Matters

Framing the Conversation



#Placemaking101



#Placemaking101

## COLLECTIVE IMPACT

Breaking Down Silos



#Placemaking101

**Health:** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (WHO)

...a resource which permits people to lead an individually, socially and economically productive life.

#Placemaking101

## Placemaking

inspires people to collectively reimagine and reinvent public spaces as the heart of every community. Strengthening the connection between people and the places they share, placemaking refers to a collaborative process by which we can shape our public realm in order to maximize shared value. More than just promoting better urban design, placemaking facilitates creative patterns of use, paying particular attention to the physical, cultural, and social identities that define a place and support its ongoing evolution.

#Placemaking101

## Health Equity

means that everyone has a fair opportunity to live a long and healthy life. But many people face obstacles such as poverty, discrimination, and their consequences—including lack of access to good jobs, education, housing, safe environments, and quality of healthcare—that make good health unattainable. Fairness requires dedicated efforts to remove these obstacles to health.

#Placemaking101

## Slides/Information Measuring What Matters

### Meaningful, Leading Measures

World Health Organization - Holistic, Determinants of Health, Global, beyond pathogenic/medically based measures.

Gallup Organization - Global Wellbeing, Life Satisfaction, Purpose, Social, Financial, Physical, Community.

Places in the Making - (Silberberg, MIT) The act of “making” removes us from social isolation and created a sense of belongingness/connectedness.

Antonovsky - Salutogenesis, “River of Life,” constant development, Sense of Coherence (meaningful, manageable, comprehensible), generalized resistance resources.

Health by Stealth - People don’t have to know that they are going to be healthier, zip code as significant indicator, opportunities and resources

Person-Place Interaction - Wellness Value Chain, fit with environment, innovative companies thinking creatively (PPS, Perkins+Will, IDEO, NEF, FITWEL, etc.)



- Shared vision (across many disciplines and stakeholder groups) – shared results
  - How do you determine if you are making progress toward your vision?
  - How do you collect data to support your claims?
- Zip Code as a significant predictor of poor health. Thinking about why zip code matters brings about different ideas for change than focusing on biometric markers and medical risks.
- Measuring what helps us encourage and monitor change
  - Leading (change can occur relatively quickly): Individual – Life-satisfaction, Sense of Coherence (life that is meaningful, manageable, and comprehensible), Personal Aspirations, and Sense of Accomplishment. Community – Pride in Neighborhood, Hope for the

future, Social Connectedness/Belongingness, Community Engagement, Community Climate/Inclusivity, Opportunities/Support for Growth and Development (i.e. food environments, active transportation options), etc.

- Lagging (take several years to see changes but valuable for monitoring change across time): Individual – Disease burden/health risks, educational attainment, and income (how much you makes really only matters when you don't make a living wage and when you hate your job). Community – Smoking rates, incarceration rates, obesity levels, environmental indexes, family structures, etc.
- Community meeting in Muncie – What the people who participated most wanted for the children in our community... (aspirations)
  - To have hope for the future
  - To reach their potential
  - To feel a sense of accomplishment and pride
  - To be happy
  - To feel loved
- Co-production and engagement – Market and core economies equally valued. What can we measure that will help us create tools and develop learning and development opportunities that will allow community members to pin their aspirations to their actions?
- Health in a place-led movement provides:
  - An understanding of how environment and decision-making impacts our ability to lead healthy lives
  - Ideas to help influence decision-making at all levels so we can develop places where the healthiest choice is also the easiest choice...not something that you have to go out of your way to accomplish
  - Strategies to guide “health by stealth” individual and place-led changes instead of a plan to try to “educate” everyone as to why they should care more about their health.

## Relevant Materials and Handouts

### Starting Definitions

**Placemaking:** As both an overarching idea & a hands-on approach for improving a neighborhood, city, or region, Placemaking inspires people to collectively reimagine & reinvent public spaces as the heart of every community. With community-based participation at its center, an effective Placemaking process capitalizes on a local community's assets, inspiration, & potential, & it results in the creation of quality public spaces that contribute to people's health, happiness, & well-being. (PPS)

**Health:** A state of complete physical, social & mental well-being, & not merely the absence of disease or infirmity.

Health is less as an abstract state & more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially & economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social & personal resources as well as physical capabilities. Certain pre-requisites exist for health which include peace, adequate economic resources, food & shelter, & a stable eco-system & sustainable resource use. A comprehensive understanding of health implies that all systems & structures which govern social & economic conditions & the physical environment should take account of the implications of their activities in relation to their impact on individual & collective health & well-being. (WHO)

**Wellness:** the optimal state of health of individuals & groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually & economically, & the fulfilment of one's role expectations in the family, community, place of worship, workplace & other settings. (WHO)

**Quality of Life:** an individual's perceptions of their position in life in the context of the culture & value system where they live, & in relation to their goals, expectations, standards & concerns. It's a broad ranging & complex concept, incorporating a person's physical health, psychological state, level of independence, social relationships, personal beliefs & relationship to salient features of the environment. The domains of health & quality of life are complementary & overlapping. (WHO)

**Determinants of Health:** the range of personal, social, economic & environmental factors which determine the health status of individuals or populations. The factors which influence health are multiple & interactive. Health promotion is fundamentally concerned with action & advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviors & lifestyles, but also factors such as income & social status, education, employment & working conditions, access to appropriate health services, & the physical environments. In combination, these create different living conditions, impacting health. (WHO)

**Intersectoral Collaboration:** A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone. Intersectoral action for health is seen as central to the achievement of greater equity in health, especially where progress depends upon decisions & actions in other sectors, such as agriculture, education, & finance. A major goal in intersectoral action is to achieve greater awareness of the health consequences of policy decisions & organizational practice in different sectors, & through this, movement in the direction of healthy public policy & practice. Not all intersectoral action for health need involve the health sector. (WHO)

**Health Promotion:** the process of enabling people to increase control over the determinants of their health. It is a comprehensive social & political process, not only embracing actions directed at strengthening the skills of

individuals, but also those directed towards changing social, environmental & economic conditions to alleviate their impact on public & individual health. Participation is essential to sustain these actions. (WHO)

**Health Equity:** people having an equal opportunity to develop & maintain their health, through fair & just access to resources for health. Equity in health is not the same as equality in health status. Inequalities in health status between individuals & populations are inevitable consequences of genetic differences, of different social & economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, to nutritious food, adequate housing & so on. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life. (WHO)

**Health Indicator:** A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) & can be used to describe one or more aspects of the health of an individual or population (quality, quantity & time). They may also include indicators which measure the social & economic conditions & the physical environment as it relates to health, measures of health literacy & healthy public policy. (WHO)

**Public Health:** The science & art of promoting health, preventing disease, & prolonging life through the organized efforts of society. Public health is a social & political concept driven by a comprehensive understanding of the ways in which *lifestyles & living conditions* determine health status, & a recognition of the need to mobilize resources & make sound investments in policies, programs & services which create, maintain & protect health by supporting healthy lifestyles & creating *supportive environments for health*. The concept of *ecological public health* has also recently emerged -- emphasizing the common ground between achieving health & *sustainable development*. It focuses on the economic & environmental *determinants of health*, & on the means by which economic investment should be guided towards producing the best population health outcomes, greater *equity in health*, & sustainable use of resources. (WHO)

**Community:** A specific group of people, often living in a defined geographical area, who share a common culture, values & norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal & social identity by sharing common beliefs, values & norms which have been developed by the community in the past & may be modified in the future. (WHO)

**Community Action for Health:** collective efforts by communities which are directed towards increasing community control over the determinants of health, & thereby improving health. The Ottawa Charter emphasizes the importance of concrete & effective community action in setting priorities for health, making decisions, planning strategies & implementing them to achieve better health. An empowered community is one in which individuals & organizations apply their skills & resources in collective efforts to address health priorities & meet their respective health needs. Through such participation, individuals & organizations within an empowered community provide social support for health, address conflicts within the community, & gain increased influence & control over the determinants of health in their community. (WHO)

**Social Capital:** the degree of social cohesion which exists in communities. It refers to the processes between people which establish networks, norms, & social trust, & facilitate co-ordination & co-operation for mutual benefit. Social capital is created from the myriad of everyday interactions between people, & is embodied in such structures as civic & religious groups, family membership, informal community networks, & in norms of voluntarism, altruism & trust. The stronger these networks & bonds, the more likely it is that members of a community will co-operate for mutual benefit. In this way social capital creates health, & may enhance the benefits of investments for health. (WHO)

**Environmental Health:** those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. This includes the study of both the direct pathological effects of various chemical, physical, and biological agents, as well as the effects on health of the broad physical and social

environment, which includes housing, urban development, land-use and transportation, industry, and agriculture. (HHS/Healthy People 2010)

**Supportive Environments for Health:** these offer people protection from threats to health, & enable people to expand their capabilities & develop self-reliance in health. They encompass where people live, their local community, their home, where they work & play, including people's access to resources for health, & opportunities for empowerment. (WHO)

**Healthy Homes:** A healthy home is sited, designed, built, renovated, and maintained in ways that support the health of residents. Specific features that constitute healthy housing include structural and safety aspects of the home (i.e., how the home is designed, constructed, and maintained; its physical characteristics; and the presence or absence of safety devices), quality of indoor air and water, and the presence or absence of chemicals. Individual resident behavior, such as installing and maintaining smoke alarms, implementing smoke-free rules, and controlling or eliminating hazards such as lead paint and radon gas also are important aspects of healthy and safe home environments. The surrounding neighborhood and community are also important aspects of healthy homes. (U.S. Surgeon General)

**Healthy Community:** one where all sectors contribute to create social and physical environments that foster health. In practice, such a community meets basic needs: access to affordable, healthy foods; affordable housing and transportation; and such essential services as medical care and education. It offers a sustainable, healthful environment with clean air and water, open space and parks, low levels of toxic exposures and low emissions, and affordable, sustainable energy. Inputs from multiple sectors correspond to determinants of health in diverse ways. For example, the social environment—which includes social capital, safety, and school policies—can be addressed through interventions for access to healthy food, agricultural policy, cultural programming, and physical activities. Economic determinants, such as income and employment, can be addressed through living-wage policies, unemployment support, and retraining. (National Academies of Science, Institute of Medicine)

Citation List:

## WHO Definition of Health (Handout)

**Health:** A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life.

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

In keeping with the concept of health as a fundamental human right, the Ottawa Charter emphasizes certain pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to an holistic understanding of health which is central to the definition of health promotion.

Today the spiritual dimension of health is increasingly recognised. Health is regarded by WHO as a fundamental human right, and correspondingly, all people should have access to basic resources for health.

A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health & well-being.

<http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>

## Activity – Meanings and Measures

### *In this section:*

1. Copy of Individual Reporting Card
2. Recording sheet for individual introductions in table groups (LANGUAGE)
3. Recording Sheet for brainstorming and discussion (MEASURES)
4. Relevant Materials and Handouts
  - Individual Reporting Card
  - Common Language Introductions Reporting Form
  - Brainstorming List of Measures and TOP 3 Reporting Form

### *Facilitator notes for this section:*

1. Make sure everyone has an Individual Reporting Card
2. Read the reminder at the top of each Recording Sheet
3. Remind group members of how they are contributing to the group's work

### **Agenda Items – Activity**

1. [10] Table Introductions (LANGUAGE)
  - [2] Introduce REPORTING CARD and plan for table introductions
    - Give everyone 60 seconds to gather thoughts and write on the reporting card...to first line
    - Turn over to Table Facilitators once time is completed
  - [8] Have each person (in 60 seconds or less) share with group:
    - First name (what you want to be called)
    - Hometown
    - A feature from the WHO definitions that you find important or valuable and briefly describe why
2. [10] Potential measures
  - [2] Brainstorming
    - Close your eyes and think about a GREAT PLACE

- A PLACE where people can lead happy, healthy lives
  - Look around in this PLACE...look at the PEOPLE...how are the PEOPLE and the PLACE intertwined?
  - How would you describe this to someone?
  - Think about the measures that would be the most helpful in helping you tell the story...the story of PLACE...the study of CHANGE...the story of HEALTH
  - Using your individual Reporting Card, write as many of those down as you can in the next 60 seconds
- [5] Collecting
    - As a table, combine all of your list items onto a Flip Chart Sheet
    - Discuss items as you go
    - Feel free to add additional measures
  - [3] Voting and Compiling Information
    - Use 3 dots to select your top 3 items on your table's list
    - Work to identify potential data sources for these top 3 items
    - List group's top 3 items and potential data sources on a new Flip Chart Sheet
    - Post sheet on wall

3. [10] Report out by table... 60 seconds each

### Slides/Notes for Activity

- Participatory! We value what you know and your willingness to have a voice in this process and to share your knowledge and expertise.
- Role Assignments – If you have not already...make sure that everyone at your table has a role.
- This is going to move quickly. In addition to the group discussion, use the “NOTES” sheets at your table to keep track of your thoughts and write your questions to help you remember the ideas you would like to include in future discussions.
- *“If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.” Lilla Watson, activist, academic and artist*

### Relevant Materials and Handouts

#### Individual Reporting Card

First Name/Hometown (optional):

Favorite feature in the WHO definition for Health:

Why is this feature/statement important or valuable?

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Potential measures for connecting Place and Health (60 second brainstorming)

Think about the inclusive, participatory nature of this movement. Is there a term that should be part of future conversations? Please provide a brief definition for any terms you share to help us place them in context.

Please share your favorite measure connecting PLACE and HEALTH and potential sources of data

- At the start of today's session:
- Following today's conversations (did you find something you like better?):

Key talents/skills/resources that you bring to the placemaking movement...especially those linking PLACE and HEALTH.

## Moving Forward

Thinking about your current interest in placemaking, the participatory nature of a placemaking approach, and the context of your current work, which (any/all) of the talents/skills/resources you listed would you be willing and able to contribute to the work of the Placemaking Leadership Council – PLACE and HEALTH group?

As you think about what we discussed today and where you see the future of placemaking going, what do you see as important to consider as we identify our “Next Steps?”

What do you think we can accomplish...

- In the next 30 days?
- In the next year?
- In the next 5 years?

How do you see yourself involved?

What other information would you like to share with us?



### Brainstorming Activity Reporting Form

We need to combine our lists into a master list. Please share your measures with the group as our recorders write them on Flip Chart Sheets.

Measures our group discussed:

Voting and Compiling. Please use your 3 dots to vote on your favorite 3 measures.

Our group's top 3 measures:

What potential data sources are available for these measures?

## Next Steps

### *In this section:*

1. Recording Sheet for top 3 “Next Actions”
2. Relevant Materials and Handouts
  - Information about funding opportunities
  - Information about Potential Next Steps

### *Facilitator notes for this section:*

1. Lead discussion to identify your group’s top “Next Steps”
2. Collect Reporting Cards from all participants
3. Collect Recording Packets from Recorders
4. Return materials to presenters

## Agenda Items – Next Steps

1. [2] Introduce Funding Source Information and other Potential Next Steps
2. [5] Reflection
  - Think back over what we have discussed today. Using your reporting card, share with us:
    - A term that you feel is important in linking place and health and a brief definition
    - Your favorite measure (1) coming into today’s session and (2) now...it may be the same and it may be different!
    - The key talents/skills/resources you feel you bring to the placemaking movement...especially those important in linking place and health
  - Moving Forward
    - Which (any/all) of these assets you are willing and able to contribute to this movement and the work of the PLC?
    - What our “next steps” should be
      1. In the next 30 days?
      2. A year from now?

3. 5 years from now?
  - How you see yourself involved
3. [8] Next Steps discussion and voting
  - Have everyone share their top “next step”
  - Decide as a table your top 3 NEXT STEPS...WHAT CAN WE DO TOGETHER?
  - Circle your “favorite”
  - Write all on a flip chart sheet and post on wall.
4. [10] Reporting out
  - Share with group...60 seconds each table
5. Collect Reporting Cards and Packets
6. Thank participants

### Slides/Notes for Next Steps

1. Funding List
2. Potential Next Steps
  - Continue building on Language
  - Develop funding pitch
  - Find funding
  - Find data sources and proxy measures for “measuring what matters”
  - Develop action teams
  - Develop training and development opportunities...for you/community colleagues/degree programs
  - Leadership (Jane will be on Ball State supported sabbatical from January to May)
  - Develop Wikipedia entry for Placemaking and Health

### Relevant Materials and Handouts

### Next Steps Activity Reporting Form

We need to combine our lists into a master list. Please share your Next Steps with the group as our recorders write them on Flip Chart Sheets.

Next Steps our group discussed:

Our group's top 3 Next Steps – Top response circled (WHAT CAN WE DO TOGETHER):

## Largest Foundations with an Environmental Health Focus

Foundation Name	Endowment Size	EH-Related Priority Focus Areas	Contacts
Environmental Grantmakers Association			
Funders' Network for Smart Growth and Livable Communities	100+ Foundations		
Grantmakers In Health	200+ Foundations		
Health & Environmental Funders Network	250+ Foundations		
Bill & Melinda Gates Foundation	\$44,320,862,806	<ol style="list-style-type: none"> <li>1) Insect-borne disease</li> <li>2) Quantitative Assessment of Population Health Status</li> </ol>	Brian Arbogast, Director, Water, Sanitation, & Hygiene Programs - <a href="mailto:brian.arbogast@gatesfoundation.org">brian.arbogast@gatesfoundation.org</a> Bruno Moonen, Director, Malaria & Other Vectorborne Diseases - <a href="mailto:Bruno.Moonen@gatesfoundation.org">Bruno.Moonen@gatesfoundation.org</a>
Ford Foundation	\$12,400,460,000	<ol style="list-style-type: none"> <li>1) Promoting Metropolitan Land-Use Innovation</li> <li>2) Climate Change Responses That Strengthen Rural Communities</li> </ol>	Don Chen, Director, Equitable Development - <a href="mailto:d.chen@fordfoundation.org">d.chen@fordfoundation.org</a>
Robert Wood Johnson Foundation	\$10,501,370,521	<ol style="list-style-type: none"> <li>1) Built Environment and Health</li> <li>2) Disease Prevention and Health Promotion</li> <li>3) Health Disparities</li> <li>4) Social Determinants of Health</li> <li>5) Childhood Obesity</li> <li>6) Early Childhood Development</li> <li>7) Public and Community Health</li> </ol>	Michelle A. Larkin, Associate Vice President - <a href="mailto:mlarkin@rwjf.org">mlarkin@rwjf.org</a> Pamela G. Russo, Senior Program Officer (Healthy Communities) - <a href="mailto:prusso@rwjf.org">prusso@rwjf.org</a> Tracy Orleans, Senior Program Officer (Active Living) - <a href="mailto:torleans@rwjf.org">torleans@rwjf.org</a> Amy B. Slonim (Healthy Communities/BUILD Health Challenge and Cross-Sector Integration), Senior Program Officer - <a href="mailto:aslonim@rwjf.org">aslonim@rwjf.org</a>
William and Flora Hewlett Foundation	\$9,042,503,000	<ol style="list-style-type: none"> <li>1) Climate Change</li> <li>2) Environmental Justice</li> </ol>	Tom Steinbach, Program Director, Environment Program - <a href="mailto:tsteinbach@hewlett.org">tsteinbach@hewlett.org</a>

<b>W. K. Kellogg Foundation</b>	\$8,621,183,526	1) Healthy Kids 2) Healthy Communities	Carla Thompson, Vice President for Program Strategy - <a href="mailto:carla.thompson@wkkf.org">carla.thompson@wkkf.org</a> Linda Jo Doctor, Program Officer - <a href="mailto:ljid@wkkf.org">ljid@wkkf.org</a>
<b>David and Lucile Packard Foundation</b>	\$7,084,903,284	1) Climate Change 2) Ecosystems Support that Improves Quality of Life	Walt Reid, Director, Conservation and Science, <a href="mailto:wreid@packard.org">wreid@packard.org</a>
<b>Bloomberg Philanthropies</b>	\$6,550,282,874	1) Sustainable Cities 2) Road Safety 3) Obesity Prevention 4) Data for Health	
<b>Silicon Valley Community Foundation</b>	\$6,529,547,000	Building Strong Communities Thru Land Use and Transportation Planning	Vu-Bang Nguyen Program Officer, Regional Planning - <a href="mailto:vnguyen@siliconvalleyvcf.org">vnguyen@siliconvalleyvcf.org</a>
<b>John D. and Catherine T. MacArthur Foundation</b>	\$6,469,167,430	1) Climate Change 2) Making Cities Better Places 3) Housing & Health 4) Measuring Social Benefit	Jorgen Thomsen, Director, Climate Solutions - <a href="mailto:jthomsen@macfound.org">jthomsen@macfound.org</a> Craig Howard, Director of Community Development - <a href="mailto:choward@macfound.org">choward@macfound.org</a>
<b>Pew Charitable Trusts</b>	\$5,001,987,631	1) Children's Health 2) Food Safety 3) Health Impact Assessment	Rebecca Morley, Director, Health Impact Project - <a href="mailto:rmorley@pewtrusts.org">rmorley@pewtrusts.org</a>
<b>Rockefeller Foundation</b>	\$4,237,699,395	1) Commission on Planetary Health 2) Climate Change 3) Community Resilience 4) Transportation and Other Infrastructure 5) Safe Water	Michael Berkowitz, Managing Director, Resilient Cities - <a href="mailto:mberkowitz@rockfound.org">mberkowitz@rockfound.org</a> Michael Myers, Managing Director, Health Systems - <a href="mailto:mmyers@rockfound.org">mmyers@rockfound.org</a>
<b>California Endowment</b>	\$3,668,459,217	1) Building Healthy Communities 2) Neighborhood Safety	Anthony Iton, Vice President for Healthy Communities - <a href="mailto:aiton@calendow.org">aiton@calendow.org</a>
<b>Kresge Foundation</b>	\$3,666,563,884	1) Climate Change 2) Community Resilience 3) Sustainable Water 4) Community-centered, Multi-sectorial Approaches 5) Building Healthy Places 6) Green, Healthy, Active Neighborhoods	David D. Fukuzawa, Managing Director, Health, Human Services - <a href="mailto:dfukuzawa@kresge.org">dfukuzawa@kresge.org</a> Lois DeBacker, Managing Director, Environment - <a href="mailto:lrdebacker@kresge.org">lrdebacker@kresge.org</a>
<b>JPB Foundation</b>	\$3,137,329,946	1) Healthy Environments 2) Healthy & Resilient Communities 3) Adequate Amounts of Safe & Healthy Housing	Dana Bourland, VP for Environmental Programs - <a href="mailto:dbourland@jpbfoundation.org">dbourland@jpbfoundation.org</a>

<b>Annie E. Casey Foundation</b>	\$3,014,750,153	1) Child Development 2) Healthy Housing 3) Community Development & Revitalization	Ryan Chao, Vice President, Civic Sites and Community Change
<b>Charles Stewart Mott Foundation</b>	\$2,798,215,005	1) Flint, MI-Specific Projects 2) Safe Water 3) Climate Change	Sam Passmore, Director of Environmental Programs - <a href="mailto:spassmore@mott.org">spassmore@mott.org</a>
<b>Walton Family Foundation, Inc.</b>	\$2,757,142,372	1) Safe Water	Barry Gold, Director, Environmental Programs
<b>Conrad N. Hilton Foundation</b>	\$2,576,376,157	1) Safe Water	Chris Dunston, Senior Program Officer
<b>William Penn Foundation</b>	\$2,332,928,903	1) Improving Public Spaces 2) Watershed Protection	Andrew Johnson, Program Director, Watershed Protection - <a href="mailto:ajohnson@williampennfoundation.org">ajohnson@williampennfoundation.org</a> Shawn McCaney, Director, Creative Communities - <a href="mailto:smccaney@WilliamPennFoundation.org">smccaney@WilliamPennFoundation.org</a>
<b>McKnight Foundation</b>	\$2,262,928,471	1) Sustainable Community Development 2) Healthy, Affordable Housing for All 3) Economically Vibrant Neighborhoods	Lee Sheehy, Program Director, Region & Communities - <a href="mailto:lsheehy@mcknight.org">lsheehy@mcknight.org</a>
<b>Casey Family Programs</b>	\$2,241,900,641	1) Children's Health and Safety 2) Child Development 3) Supportive Community Environments	Marva Hammons, Executive Vice President of Child and Family Services - <a href="mailto:mhammons@casey.org">mhammons@casey.org</a> David Sanders, Executive Vice President of Systems Improvement - <a href="mailto:dsanders@casey.org">dsanders@casey.org</a>
<b>Doris Duke Charitable Foundation</b>	\$1,796,851,122	1) Creating Efficient Built Environments 2) Healthy Child Development	Zeyba Rahman - Senior Program Officer for the Building Bridges Program - <a href="mailto:ZRahman@DDCF.org">ZRahman@DDCF.org</a>
<b>Barr Foundation</b>	\$1,625,950,954	1) Climate Change 2) Transportation & Land Use	Mary Skelton Roberts, Senior Program Officer - <a href="mailto:mskeltonroberts@barrfoundation.org">mskeltonroberts@barrfoundation.org</a>
<b>Heinz Endowments</b>	\$1,620,611,867	1) Child Health & Development 2) Neighborhood Development 3) Prevention Health Problems Related to the Environment 4) Preventing & Treating Environmental Diseases 5) Transforming Physical & Built Environments	Andrew McElwaine, Vice President for Sustainability and the Environment - <a href="mailto:amcelwaine@heinz.org">amcelwaine@heinz.org</a> Rob Stephany, Program Director, Community Development - <a href="mailto:rstephany@heinz.org">rstephany@heinz.org</a> Carmen A. Anderson, Senior Program Officer for Children and Youth - <a href="mailto:canderson@heinz.org">canderson@heinz.org</a>

<b>Surdna Foundation, Inc.</b>	\$1,037,047,874	1) Healthy and Sustainable Environments 2) Urban Water Protection and Management	Helen Chin, Program Director, Sustainable Environments - <a href="mailto:hchin@surdna.org">hchin@surdna.org</a>
<b>California Wellness Foundation</b>	\$941,083,728	1) Healthy & Safe Neighborhoods	Fatima Angeles, Vice President of Programs - <a href="mailto:fangeles@calwellness.org">fangeles@calwellness.org</a>
<b>Crown Family Philanthropies</b>	\$877,922,944	1) Climate Change 2) Safe Water 3) Healthy and Safe Communities 4) Healthy & Stable Housing	Michelle Parker, Program Officer, Environment Christy Prah, Program Officer, Health and Human Services
<b>Foundation for the Public's Health</b>		Mobilize dollars and partnerships to support the public's health through the work of local health departments.	Paul Yeghiayan, President & CEO, The Foundation for the Public's Health - <a href="mailto:pyeghiayan@naccho.org">pyeghiayan@naccho.org</a>

## PLC – A Place for Health Facilitators



LAURA TORCHIO, AICP  
Deputy Director, Transportation Initiatives, PPS  
ltorchio@pps.org

Laura is a licensed planner, specializing in active transportation, who joined PPS in 2016. As a Deputy Director of Transportation Initiatives, Laura works with the PPS Transportation Team on key programs including the Bass Transportation Initiative, New Mobility West, Streets as Places and the Citizen's Institute of Rural Design. She brings over 25 years of experience from the private, public, advocacy, tourism, and health sectors. She puts people first while making the health and equity connection to transportation policy, programs, and street design. But above all, she is a dedicated community champion who has applied her professional expertise to her hometown in northern New Jersey.

Laura brings to PPS considerable expertise on Complete Streets and Safe Routes to School (SRTS): she was a part of the New Jersey Department of Transportation's award-winning efforts on both, as a consultant with The RBA Group. During her time with the SRTS National Partnership, Laura facilitated collaboration among New Jersey's state, regional and local leaders to further fund and implement Complete Streets and SRTS programs. Most recently she led and managed the Eat. Play. Live... Better Coalition - a regional healthy eating/active living initiative. And for a few years, on weekends, she led inn-to-inn bicycle tours.



JANE ELLERY, PH.D.  
Wellness Management Graduate Program Coordinator, Ball State University  
jellery@bsu.edu

Jane joined the faculty in the Wellness Management program at Ball State in August of 2003. With prior experience in workplace wellness, managed care administration, workers

compensation programming, community-based cardiac rehabilitation, and hospital-based cardiovascular diagnostics, Jane now focuses on place-led change and community wellbeing. Jane holds a Ph.D. in Public Health/Social and Behavioral Health from the University of South Florida.

Jane, her students, and many colleagues throughout Indiana have been working to develop and support a network of employer groups and wellness leaders who deliver high quality employee wellness programs and who contribute to the communities in which they call home. Combining these workplace wellness efforts with those of our Planning District, multiple city and county organizations, and diverse Ball State educational programs has been instrumental in helping Muncie take steps toward becoming a healthier community. In 2016, we received recognition as a Bike Friendly Community. In September 2016, we will also be the first county in Indiana to receive recognition as an **Indiana Healthy Community** through the Wellness Council. While we are far from healthy, we are headed in the right direction!



CATHY COSTAKIS, M.S.  
Senior Consultant-Built Environment  
costakis@montana.edu

Cathy Costakis works for Montana State University-Bozeman and is a Senior Consultant to the Montana Department of Public Health and Human Services' Nutrition and Physical Activity program (NAPA). NAPA is a statewide obesity prevention program, funded through the Centers for Disease Control and Prevention (CDC). For the past 11 years Cathy has worked on statewide initiatives focused on the connection between public health and community design. In partnership with statewide advisors and mentor counties, Cathy developed the *Montana Building Active Communities Initiative* (BACI) and works statewide to provide technical assistance and training to cities and towns working to build better places for walking, biking and transit. The BACI project also supports access to healthy food such as farmers markets, community gardens and healthy food retail. Cathy holds a bachelor's degree in finance from the University of Illinois and worked in the private sector at IBM and large financial institutions for 12 years before changing careers to public health. She has a master's degree in health promotion from MSU-Bozeman.