

City planners need to talk about race. The lives of our residents depend on it.

PLANNING

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The effects of historic discriminatory urban design practices, such as [redlining](#) and racially-restrictive zoning, are by no means relegated to the past. New research shows how discriminatory land use practices continue to degrade the health of people of color to this day. In order to build more equitable communities, planners must better understand and acknowledge this legacy of discrimination—and actively work to undo its persisting effects.

Research shows that historic [patterns of racial housing segregation](#)—developed and maintained through redlining, racial violence, racial zoning, [restrictive deed covenants](#), predatory mortgage lending, racial steering, and more—continue to keep communities racially segregated. Historically, unable to purchase properties or housing or subjected to predatory lending practices, many African Americans were, and are still, forced into neighborhoods that remain separate and unequal.

By not acknowledging this oppressive past, planners fail to understand the realities disenfranchised people face in the Washington region and around the United States. If planners don't address this context, they are bound to reinforce the effects of discriminatory land-use practices and perpetuate inequitable health outcomes in the very communities they are charged with serving.

On the other hand, when communities plan for racial and health equity, they are not just planning to improve the lives of African Americans—they are improving the lives and the economic opportunity for all residents.

Black and Latino residents bear a “pollution burden” and inhale more air pollution than they make

[Research from the University of Minnesota](#) published on March 11 concluded that “on average, non-Hispanic whites experience approximately 17% less air pollution exposure than is caused by their consumption, whereas blacks are exposed to about 56% more pollution than is caused by their consumption and Hispanics experience about 63% more.”

African Americans are more likely to live in communities where there are higher concentration of pollutants and toxic uses, like gas stations, power plants, and coal ash landfills, the 2011 study [Why place and race matter](#) shows. There are also fewer safe sidewalk connections and fewer recreational facilities to encourage healthy play and lifestyles. Black residents also live closer to freeways and high traffic roadways, and have longer commutes to jobs and [school](#). Black residents are more likely to live in areas that are more [susceptible to issues of climate change, natural disasters](#), and industrial environmental hazards, and are least likely to live in areas [with access to fresh fruits and vegetables](#).

These [environmental conditions](#) have [real consequences](#) on public health, and can lead to diseases like obesity, chronic obstructive pulmonary disease, asthma, diabetes, and pedestrian fatalities. This restricts people from living their most whole lives, and can even result in [intergenerational trauma](#).

The specific health outcomes that develop as a result of one’s interaction with the built environment is context-dependent and can appear differently. For example, when shuttering grocery stores are quickly replaced with low-priced retail stores that have [limited, if any, fresh food options](#), it becomes extremely difficult to make [healthy eating decisions](#). Close proximity to a roadway or utility facility can make neighbors more susceptible to the health effects of air pollutants that can easily be inhaled and lodge into small crevices in people's lungs.

In a 2005 study published in *Respiratory Research*, German researchers concluded that long-term air pollution exposure and living close to busy roads are associated with Chronic Obstructive Pulmonary Disorder (aka emphysema or bronchitis) in women. A separate study published by *Epidemiology* in 2009 concluded that long-term exposure to ambient air pollution is associated with calcium build-up in the aortic valve of the heart. In layman's terms, there is a well-founded connection between proximity to roadways, traffic pollution, and death.

Inevitably, environmental conditions can lead to chronic health issues. The urban design, transportation network, and land use of a community does not just impact the how aesthetically desirable it looks or how many jobs are there—it

translates into real years of life lost. In DC for example, African Americans men are expected to live 16 years fewer than white men, and African American women are expected to live [nine years fewer than white women](#).

If planners considered the long-term public health impact of the development they propose, they might discover that the effects of that development cost more than they help.

Planners need to consider race and health

To improve health outcomes in a population, planners can take a “health equity” approach to their design. Health equity considers the intersection of one’s social, natural, and financial environment to analyze their ability to lead a healthy, whole life. The Robert Wood Johnson Foundation, a philanthropic health institution, defines this emerging concept as:

“...mean[ing] that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”(Braveman et al., 2017).

The implications of racially discriminatory housing and land allocation practices, in combination with NIMBY decision-making, has impacts beyond merely where people live. It also contributes to ongoing inequities in academic achievement, [wealth-building](#), intangible cultural heritage, and most important, the physical health and quality of life of residents. Without an intentional and immediate intervention, past land-use decisions will continue to have a ripple effect on the built environment and the health of current and future inhabitants. A health equity approach to planning acknowledges that systems of oppression and disenfranchisement have disproportionately impacted some communities, and that these issues must be remedied in order to move closer to an equitable society. Health equity is also a method to understand and repair inequitable outcomes that result from “isms” such as racism, sexism, ableism, homophobia, and other identity-centered forms of biases and discrimination.

How planners can take a health equity approach

Fortunately, best practices and implementation strategies are showing up in communities across the country. Close to home, the City of Baltimore’s Department of Planning launched an overhaul of its staff training and community

outreach to focus more on racial equity following the 2015 uprisings related to the death of Freddie Gray. The Department of Planning's community engagement strategy focused first on training staff on the city's history of racially segregated zoning.

This included determining if there were any disparities in the distribution of financial resources and participating in an undoing racism training designed to teach them about the ways that implicit bias helped shape their decisions, both as individuals and as staff. It also developed a community-based educational program that helped residents from communities most adversely impacted by these policies learn about the impacts of planning and zoning, and how to better navigate the process.

In 2016, California adopted [The Planning for Healthy Communities Act](#), which requires all new General Plans to consider how new toxic land uses will impact the health of communities that have repeatedly received a higher concentration of adverse land uses. In conjunction with the policy, the California Environmental Justice Alliance and PlaceWorks developed an [implementation toolkit](#) that gives counties and local decision makers guidance on how to identify communities that are disadvantaged, as well as strategies to redress the environmental and health impacts of these land use decisions.

In Delaware, a coalition of state agencies, healthcare providers, and university researchers partnered to develop the Healthy Living and Active Design Scorecard for Comprehensive Plans. The scorecard uses a rubric to score plans for its incorporation of key components that help to foster healthy communities like complete streets, access to fresh drinking water, and the preservation of local farms.

Researchers at the University of Maryland's Community Engagement, Environmental Justice, and Health Laboratory and the National Center for Smart Growth developed the [Maryland Environmental Justice Screen Tool](#) for the City of Baltimore and Montgomery and Prince George's counties. The tool combines health data with land-use data to establish baseline indicators and begin to address inequities.

More equitable planning practices help everyone

When jurisdictions provide physical interventions to protect residents from the impacts of climate change, they aren't just protecting the community that is nearest the potential hazard, they are also protecting adjacent communities. This investment in mitigation also saves the jurisdiction money it would otherwise

spend on disaster clean-up in the future, which a [2017 FEMA report](#) estimates costs \$6 for every \$1 spent.

Similarly, if a community ensures that residents who work third shifts or other late hours have a safe and affordable mode of transit, this does not just benefit those workers, but also the people who want to attend (and the companies that them to attend) a [late-night Nationals game](#). Communities that plan for racial and health equity also plan for economic and environmental resilience to benefit all residents.

To better address health outcomes through the built environment, it is critical that planners make a concerted effort to understand how their work has historically contributed to racially-segregated communities and as a result, worse health outcomes for people of color.

Planners should also work intimately with their local health departments to understand the health challenges their communities face, and work with communities to improve social determinants of health. This in turn will help planners carry out their mission of serving the public and promoting the health, safety, and wellbeing of all current and future residents in the jurisdictions they are charged with serving.

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