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• **Multiple reviewers**, Public Health – Seattle and King County, Seattle, WA
• **Multiple reviewers**, Seattle Public Utilities, Seattle, WA
If you are a green infrastructure provider, you are a health provider—but in ways you might not expect. This guide provides information about new ways to connect green infrastructure and public health, and some tools to help achieve human health improvements from green infrastructure projects.

In the mid-19th century, public sanitation improvements led to the greatest improvement in life expectancy.\(^1\) These infrastructure investments brought clean drinking water into people’s homes and businesses, and also treated wastewater. They increased life expectancy from 35\(^2\) to 80\(^3\) years, largely by reducing communicable disease such as cholera. Since then, public health efforts such as regular vaccination have decreased infectious disease rates, but not with as great an increase in life expectancy.\(^4\)

Now, chronic conditions (such as heart disease, cancer, respiratory diseases, diabetes, depression, and others) are the most prevalent health issues in the United States, Canada, and other nations\(^5\), and preventing them is the public health challenge of our time. Green infrastructure can be part of the solution, but achieving health is hard work. It means being intentional about engaging community, locating green infrastructure, and selecting designs that improve physical activity, mental health, social cohesion, air quality, and other health factors.

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\(^2\) Ibid.


1.1. Using This Guideline

This guide provides some general principles, best practices, and experiences about how best to use green infrastructure to promote better health equity. It is designed for use by managers, engineers, community organizations, planners, and others who are siting, designing, building, and stewarding green infrastructure in urban areas and rural towns across Canada and the United States. The guide is a product of several Green Infrastructure Leadership Exchange cities coming together to build stronger partnerships between green infrastructure providers and health providers. The guide is organized in sections that can help green infrastructure providers and their partners answer important questions about how green infrastructure can improve health (Table 1.1.).

Not every city or community may be in a position today to implement all the recommendations in this guide for every green infrastructure project, but all can get started. See Section 7 for ideas on asking a neighborhood or particular parts of the community where and how to start.

**TABLE 1.1. ORGANIZATION OF THE GUIDE**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>QUESTIONS THIS GUIDE ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green infrastructure and health: What is the connection?</td>
<td>Why is the link between green infrastructure and health important?</td>
</tr>
<tr>
<td>Nature experiences and health: current evidence</td>
<td>What are the health benefits of green infrastructure and where is that evidence?</td>
</tr>
<tr>
<td>Shared language</td>
<td>What are some basic terms from both the health and green infrastructure sectors that are needed to communicate better across sectors?</td>
</tr>
<tr>
<td>Identifying community health needs</td>
<td>How can health goals be incorporated into a green infrastructure program?</td>
</tr>
<tr>
<td>Make the case: Business and more</td>
<td>How can the case be made for green infrastructure as a health intervention?</td>
</tr>
<tr>
<td>Community engagement: Why and how?</td>
<td>How does community engagement promote health, and how can people engage meaningfully?</td>
</tr>
<tr>
<td>Green infrastructure siting and design considerations for health</td>
<td>Where should green infrastructure projects be located for the most health benefit? What design elements should be included to maximize positive health impact?</td>
</tr>
<tr>
<td>Evaluating health benefits of green infrastructure</td>
<td>How can progress on health improvement be measured and communicated?</td>
</tr>
<tr>
<td>Needs and next steps</td>
<td>What additional information, tools, partners, and resources are needed in the short- and long-term to further advance the connection between green infrastructure and health improvement?</td>
</tr>
</tbody>
</table>
Green Infrastructure and Health: What is the Connection?

Throughout Canada and the United States, communities use green infrastructure to manage stormwater quantity and quality, reduce urban heat island effects, provide wildlife habitat, create park space, and create resilience to climate change. Cities, provinces, and counties around the world are investing in green infrastructure—both by protecting existing, natural green infrastructure, such as streams, wetlands, and trees, and by creating new green infrastructure that mimics the natural systems.

At the same time, communities are also looking at upstream, or preventive, solutions to address the social and environmental factors that negatively impact health—especially for communities most impacted by poor health outcomes. Healthcare providers, health systems, and health insurers are focusing more on promoting health and preventing disease before it happens, not just treating disease. Promoting health—especially improving health equity—is key to reducing healthcare costs in the long term, and building livable communities that will thrive into the future.

BOX 2.0. CLIMATE CHANGE AND HEALTH ARE LINKED

Climate change (rising temperature, changes in precipitation, sea level rise, and storm severity) has health impacts. Climate change will directly affect clean air, clean water, and access to healthy food.\(^6\) Flooding and other disasters have health impacts, including stress, displacement, and death.\(^7\) Green infrastructure is a tool to make cities more climate resilient.\(^8\) This guide is explicit about the health benefits of green infrastructure for reducing heat and air pollution exposure. It does not address flood risk or water pollution reduction because those goals are often central to current city water management goals. The guide also does not articulate in detail the root causes of chronic disease or the magnitude of threats, including climate change. Future versions of this guide will more explicitly connect climate change and health.

The World Health Organization,\(^9\) U.S. Climate Resilience Toolkit,\(^10\) Public Health Association of British Columbia,\(^11\) Canadian Coalition for Green Health Care,\(^12\) and the American Public Health Association\(^13\) have compiled data and resources for climate action and public health.

---


\(^12\) Canadian Coalition for Green Health Care. (n.d.). Climate-related hazards can have significant implications for demand on health care services. Accessed June 24, 2018 from http://greenhealthcare.ca/climate-change/.

An extensive and growing body of research demonstrates that more time in and near natural and green spaces can measurably improve health. Both natural and built green infrastructure can provide clean air, clean water, and natural places to play while serving as health-improving green space. Protecting, enhancing, and expanding natural and open areas; planting street trees in paved areas; creating bioswales in road rights-of-way and parking lots; adding eco-roofs and living walls to buildings; and increasing tree canopy—all elements of green infrastructure—can potentially move the needle on disease prevention, health promotion, equity, and ultimately, healthcare cost savings.
Much is known about how more time in and better access to nature contributes to health. More time in nature is strongly correlated with increased physical activity and improved mental health, social cohesion, and air quality. Figure 3.0 provides an overall framework linking time in nature and health.

Table 3.0 provides some of the research linking time in nature and health outcomes cited in the popular press and can be used as a template to communicate to local audiences. Other sources have compiled research and conducted reviews of the literature. In general, more time outdoors and nearby natural places (from wilderness to green streets) creates an exposure to the healing effects of nature. The dose of that exposure can be measured by duration, intensity, and other factors that determine how someone will respond from their time in nature. That response generates a health benefit, which in turn has a value (e.g., reduced disease, reduced healthcare cost, or improvement in a health factor). Hartig et al. define a logic model connecting nature contact and health, and a sample logic model for connecting urban tree planting to health that is presented in Appendix C.

**Figure 3.0. Conceptual Framework Linking Contact with Nature to Improved Health Outcomes.**

THE OUTDOORS → EXPOSURE → DOSE RESPONSE → HEALTH BENEFIT → VALUATION

---


16 Ibid.

**TABLE 3.0. HEALTH BENEFITS OF NATURE CONTACT**

<table>
<thead>
<tr>
<th>HEALTH BENEFIT</th>
<th>POPULAR PRESS AND CASE EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced stress</td>
<td>NBC News: How the Simple Act of Nature Helps You De-Stress</td>
</tr>
<tr>
<td>Better sleep</td>
<td>TIME Magazine: How Camping Helps You Sleep Better</td>
</tr>
<tr>
<td>Improved mental health (reduced depression, reduced anxiety)</td>
<td>New Yorker: How Trees Calm Us Down</td>
</tr>
<tr>
<td></td>
<td>The Atlantic: The Nature Cure</td>
</tr>
<tr>
<td>Greater happiness, well-being, life satisfaction</td>
<td>TIME Magazine: How Just 15 Minutes in Nature Can Make You Happier</td>
</tr>
<tr>
<td>Reduced aggression</td>
<td>The Brain Flux: Nature Reduces Teen Aggression</td>
</tr>
<tr>
<td>Reduced ADHD symptoms</td>
<td>CARE.com: 5 Benefits of Kids Playing Outside</td>
</tr>
<tr>
<td>Increased prosocial behavior (actions intended to help others)(^\text{18}) and social connectedness</td>
<td>National Geographic: We Are Wired to Be Outside</td>
</tr>
<tr>
<td>Lower blood pressure</td>
<td>ScienceAlert: Just 30 Minutes of Nature a Week Could Reduce Your Risk of Depression and Heart Disease</td>
</tr>
<tr>
<td>Improved postoperative recovery</td>
<td>SHARP Health: 5 Ways Being Outdoors Can Make You Healthier and Happier</td>
</tr>
<tr>
<td>Improved birth outcomes</td>
<td>The Oregonian: The More Trees in a City Bring Surprising Benefit, Portland Study Finds</td>
</tr>
<tr>
<td>Improved congestive heart failure</td>
<td>U.S. News: Can Nature Help You Deal With Heart Disease?</td>
</tr>
<tr>
<td>Improved child development (cognitive and motor)</td>
<td>The Atlantic: The Push for Outdoor and Nature-Based Preschools</td>
</tr>
<tr>
<td>Improved pain control</td>
<td>Harvard Health: A Prescription for Better Health: Go Alfresco</td>
</tr>
<tr>
<td>Reduced obesity</td>
<td>NPR: To Make Children Healthier, A Doctor Prescribes a Trip to the Park</td>
</tr>
<tr>
<td>Reduced diabetes</td>
<td>The National: The Health Benefits of Being Outdoors</td>
</tr>
<tr>
<td>Better eyesight</td>
<td>NPR: The Telegraph: Time Spent Outdoors Linked to Better Eyesight</td>
</tr>
<tr>
<td>Improved immune function</td>
<td>Business Insider</td>
</tr>
<tr>
<td>Improved general health (Adults, cancer survivors, children)</td>
<td>Harvard Health: A Prescription for Better Health: Go Alfresco</td>
</tr>
<tr>
<td>Reduced mortality</td>
<td>CNN: Living Near Nature Could Prolong Your Life</td>
</tr>
<tr>
<td>Asthma and/or allergies (studies show both improvement and exacerbations)</td>
<td>Plaid Zebra: Spending Time Outside Could Help Prevent the Development of Asthma</td>
</tr>
<tr>
<td>Improved Air Quality</td>
<td>Oregon Public Broadcasting: New Study Says Urban Trees Significantly Reduce Pollution</td>
</tr>
</tbody>
</table>

3.1. Outstanding Research Questions

There are important questions remaining about health and nature links. Some of these areas of inquiry include:\(^{19}\):

- How exactly does nature improve health? There are strong correlations, but little is known about the mechanisms that create health improvement. Theories range from attention restoration to changes in immune system response.\(^{20}\)

- Is there a correct dose of nature? It is not known which types of nature are most effective or important, how much time in nature is needed and how often, and what the health response is to corresponding marginal increases in exposure to nature.

- How do different populations respond? For example, adult white men may respond differently to time in the woods than Latino families do…but how? How do differences in race/ethnicity, gender, age, culture, and other characteristics affect health response to nature?

- How can the health values of nature be reflected quantitatively in decision-making tools? City green infrastructure providers often use tools to locate, design, and prioritize their capital improvements. These tools could help answer questions such as,” “For every gallon of stormwater managed with bioretention, what is the dollar value of improved mental health?” Without more information on the dosage of nature needed to produce health improvement, it is challenging to develop a range of health values per unit of a particular type of green infrastructure. Some work is beginning to articulate the financial benefits of access to nature and health.\(^{21}\)

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19 Frumkin et al., note 7.


Shared Language

Different professions have their own language and terms to describe their work and why they do it. Sometimes that language is unifying, but sometimes it can be exclusionary. To link green infrastructure and health, city and health partners need common language they can use to describe their work together and the reason for their partnership. This section describes some of the key terms used in the fields of green infrastructure and health.

Health can be a unifying organizing framework. Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. People care deeply about their own and their family’s health. In polling on why people care about the environment, themes of clean air, clean water, and natural places to play emerge regardless of location, race, or political philosophy. These reasons are closely linked to health—to be healthy, people need clean air to breathe, clean water to nourish themselves, and natural places to be active and to relax.

**BOX 4.1. A BROAD VIEW OF NATURE: HANDCYCLING AT THE PORTLAND**

Each week in the summer months, about 35 individuals who use wheelchairs or other mobility devices participate in handcycling events at the Portland International Raceway. To people outside the disability community, cycling around a paved track built for cars might not seem very “outdoorsy,” but consider the perspective of participants: much of the raceway is lined with trees and is surrounded by natural areas. It is accessible for mobility devices, and can be reached by public transit. It is away from dangerous traffic and other stressors. For many participants, this is one of the best opportunities for physical activity in greenspace available to them. As one participant noted, sometimes “we have preconceived notions about what nature or green space is.”

---


IV


**Green infrastructure**, as used in this guide, are the natural and built green spaces\(^{26}\) that use nature and natural processes to manage a variety of challenges, including improving water quality, reducing flood risk, providing wildlife habitat, improving air quality, and now—improving human health. Some groups, such as The Nature Conservancy, call these “nature-based solutions.” Green infrastructure can be narrowly defined as a stormwater management solution (see “green stormwater infrastructure”), but that definition limits the ability of cities, counties, and provinces to use nature and natural processes to advance human health.

**Green stormwater infrastructure** is an approach to water management that protects, restores, or mimics the natural water cycle.\(^{27}\) The U.S. Environmental Protection Agency adds, “Green infrastructure is a cost-effective, resilient approach to managing wet weather impacts that provides many community benefits. While single-purpose gray stormwater infrastructure—conventional piped drainage and water treatment systems—is designed to move urban stormwater away from the built environment, green infrastructure reduces and treats stormwater at its source while delivering environmental, social, and economic benefits.”\(^{28}\) Green Stormwater Infrastructure (GSI) is a term often used to describe the subset of more engineered approaches, including bioswales and bioretention, rain gardens, depaving, green roofs and walls, tree canopy, and compost and mulch.

**Nature** is an area containing elements of living systems that include plants and nonhuman animals across a range of scales and degrees of human management, from a small urban park to relatively pristine wilderness,\(^{29}\) together with abiotic elements such as sunset or mountain views. Multiple definitions of nature are appropriate, varying with the form of nature contact being studied and the ways that people relate to nature.\(^{30}\)


\(^{30}\) Frumkin et al., note 7.
4.2. Social Determinants of Health, Health Equity, and Disparities

Health organizations know that health is mostly determined outside the clinic or hospital, in the communities where people live, work, learn, and play. To successfully partner with health organizations, green infrastructure providers must have a working understanding of how social and environmental conditions impact the health of individuals and communities, and green infrastructure’s potential to address those conditions and improve health. Social determinants of health, health equity, and health disparities are key terms for green infrastructure providers to understand (Figure 4.2.a.).

FIGURE 4.2.A. SOCIAL DETERMINANTS OF HEALTH

The social, economic, and environmental conditions influencing human health of individuals and communities are referred to as the social determinants of health in the health and healthcare fields. Examples of social determinants include income level, education attainment, neighborhood safety, and housing status. Kaiser Family Foundation has produced another social determinants framework.


Health equity means that everyone has a fair and just opportunity to be as healthy as possible. 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. Another important aspect of health equity is understanding structural inequity—where public policy, institutional practices, and other norms reinforce and perpetuate group inequity. Structural inequity is not something practiced by a few people or organizations, it is a feature of the systems in which people exist. Structural inequality can be perpetuated along race, gender, age, class, sexual orientation, religion, ability or at the intersection of several group characteristics.

BOX 4.2. THE PRACTICE OF REDLINING AND STRUCTURAL RACISM

“Redlining” in the United States included public policies that made it difficult to impossible for people of color to purchase homes in certain neighborhoods. Those decisions concentrated poverty and limited the ability to accumulate wealth. That legacy is still creating inequity where formerly redlined neighborhoods are now gentrifying and displacing communities of color. For example, 87% of San Francisco’s redlined neighborhoods are low-income neighborhoods undergoing gentrification today. Promoting health means addressing structural inequity, which includes how and where green infrastructure is located and designed.

**Equality** is a similar, but different term than equity. It means that everyone gets equal treatment or resources. **Equity**, on the other hand, means everyone has the opportunity to reach the same outcome—for the purposes of this guide, that outcome is health. Pursuing equity means that some groups may need more or special types of assistance or resources to achieve the same level of engagement or benefit as other groups (Figure 4.2.b.).

**FIGURE 4.2.B. DEFINING EQUALITY AND EQUITY**

**Health disparities and Health inequities** are terms that public health providers often use interchangeably, but they have different meanings. Disparities are differences between groups in health outcomes, presence of disease, or healthcare access. Health inequities are differences between groups that are unfair, unjust, unnecessary, and avoidable.  


4.3. Conceptual Frameworks Linking Social Determinants and Environment

The existence of nature and open space within communities is an important social determinant of health. City green infrastructure providers now have the pieces they need to take action—the evidence of health benefits and the relationship of nature outcomes to other social determinants. Communities can now begin to think about how green infrastructure can be planned and designed to make communities and neighborhoods healthier.

A conceptual framework is a way to organize complex information in a meaningful, readily understood way, often presented as a graphic or visual model. This section presents several frameworks that link green infrastructure to overall health, in addition to the Dalhgren and Whitehead framework (see Figure 4.2.a.). County Health Rankings, a joint program of the University of Wisconsin and the Robert Wood Johnson Foundation, uses a social determinants of health framework to rank each county in the United States relative to other counties in the same state, using data on health outcomes (e.g., length of life) and health factors (e.g., social and economic factors) (Figure 4.3.a.). The framework recognizes that health status varies from place to place, and that the social and environmental context of where people live matters for health. The physical environment health factors account for 10% of the overall county health ranking score. Affecting 10% of someone’s health is significant, but the framework also recognizes that health is a combination of where someone lives, what they do, and the social and economic context in which they live. Adding time in greenspace is important, but so is a good job, education, and individual behavior.

The British Columbia Provincial Health Services have also produced a conceptual framework for a healthy built environment that links neighborhood design, transportation networks, housing, food systems, and the natural environment. The framework provides a vision, planning principles, health impact, and health outcomes for each of these themes. Figure 4.3.b. depicts the planning principles and health impacts and outcomes for the natural environment theme.
FIGURE 4.3.A. COUNTY HEALTH RANKINGS FRAMEWORK

- HEALTH OUTCOMES
  - LENGTH OF LIFE (50%)
  - QUALITY OF LIFE (50%)
    - TOBACCO USE
    - DIET & EXERCISE
    - ALCOHOL & DRUG USE
    - SEXUAL ACTIVITY
    - ACCESS TO CARE
    - QUALITY CARE
    - EDUCATION
    - EMPLOYMENT
    - INCOME
    - FAMILY AND SOCIAL SUPPORT
    - COMMUNITY SAFETY
    - AIR & WATER QUALITY
    - HOUSING & TRANSIT

- HEALTH BEHAVIORS (30%)

- CLINICAL CARE (20%)

- SOCIAL AND ECONOMICAL FACTORS (40%)

- PHYSICAL ENVIRONMENT (10%)

---

### FIGURE 4.3.B. HEALTHY BUILT ENVIRONMENT FRAMEWORK

<table>
<thead>
<tr>
<th>IMPACTS ON THE BUILT ENVIRONMENT</th>
<th>POPULATION HEALTH OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biodiversity and reservation of biodiversity (New research area)</td>
<td>Costs for air pollution removal</td>
</tr>
<tr>
<td>Tree canopy</td>
<td>Energy savings to home owners/renters</td>
</tr>
<tr>
<td></td>
<td>Storm management costs</td>
</tr>
<tr>
<td><strong>Biodiversity and preservation of biodiversity</strong></td>
<td><strong>Attention restoration</strong></td>
</tr>
<tr>
<td><strong>Tree canopy</strong></td>
<td><strong>Chronic disease</strong></td>
</tr>
<tr>
<td><strong>Biodiversity and preservation of biodiversity</strong></td>
<td><strong>Health care costs</strong></td>
</tr>
<tr>
<td><strong>Attention restoration</strong></td>
<td><strong>Mental health</strong></td>
</tr>
<tr>
<td><strong>Chronic disease</strong></td>
<td><strong>Mood/depression regulation</strong></td>
</tr>
<tr>
<td><strong>Health care costs</strong></td>
<td><strong>Physical activity</strong></td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td><strong>Social well being</strong></td>
</tr>
<tr>
<td><strong>Mood/depression regulation</strong></td>
<td><strong>Social well being</strong></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td><strong>Stress</strong></td>
</tr>
<tr>
<td><strong>Mood/depression regulation</strong></td>
<td><strong>Social well being</strong></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td><strong>Stress</strong></td>
</tr>
<tr>
<td><strong>Mood/depression regulation</strong></td>
<td><strong>Social well being</strong></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
<td><strong>Stress</strong></td>
</tr>
</tbody>
</table>

**DIRECTION OF EFFECT:**
- Increase
- Decrease

---

Identifying Community Health Needs

One of the easiest ways to start a conversation with a community health or healthcare partner is to link green infrastructure work to identified community health priorities. In the United States, the Affordable Care Act requires all tax-exempt hospitals to produce a report about the state of their community’s health and their most important health priorities, and many county health departments are also undertaking assessments as part of accreditation processes. In Canada, provincial health authorities often gather information on public health priorities. The method below for creating a Health and Outdoors Opportunities Assessment draws heavily on the American context of publicly available Community Health Needs Assessments (CHNA) and Community Health Improvement Plans (CHIPs) in each county. Many regions are creating joint CHNAs and coalitions to implement priorities (e.g., Activate Tucson). Community Commons provides a toolkit for completing a CHNA that includes data and other resources for identifying community health needs. The County Health Rankings Framework mentioned above includes health data for every county in the United States.

**BOX 5.0. OTHER USES FOR COUNTY HEALTH RANKINGS**

County Health Rankings can give green infrastructure providers a snapshot of health in their county, and can also be helpful in making the case for green infrastructure as a health improvement strategy: the direct benefits of green infrastructure affect the Physical Environment category in Figure 4.3.a., and depending on siting and design, can also impact the Social & Environmental Factors category.

**CAUTION**—Assessing health needs at a countywide level can mask health inequities that exist in neighborhoods. County-level data is a good start, but applying an equity lens relies on disaggregating data to the smallest geography and by population to the extent possible.

County Health Rankings also offers What Works for Health, a free database of health interventions that have been reviewed and scored based on evidence of effectiveness and likely impact on disparities. Some of the green infrastructure strategies in the database include rain barrels, rain gardens, permeable pavement, multi-component groundwater management, lead in soil abatement, and several agriculture management best practices. Green infrastructure providers can consult this tool to learn about the potential impact of these interventions on health and inequities, and to select strategies that are a good fit for their communities.

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For example, Healthy Pima in Arizona has identified reducing vehicle crashes as a health priority, which allows green infrastructure providers to initiate a conversation about the traffic calming benefits of green infrastructure (e.g., creating separation between cars and pedestrians). Vancouver, British Columbia has identified extreme heat risks for older adults, so the green infrastructure team can connect tree canopy goals in those neighborhoods to potential for reduced urban heat. Data on community-identified health priorities are increasingly available.

Below is a rapid opportunity assessment method that provides a quick way to collect important information to start partnership conversations.

### 5.1. Method for Creating a Rapid Health and Outdoors Opportunities Assessment

**Step 1. Access the CHNA and CHIP documents for each county public health department and nonprofit hospital that serves a green infrastructure program area.**

Remember that scale is important—county-level data can mask localized health inequities or different community health needs. CHNAs require community input and often use the best available local data, but they are a starting point and should be combined with other information—especially information gleaned from community engagement.

CHNAs can often be found easily online (try these search terms “YOUR CITY/COUNTY NAME” “Hospital” “Community Health Needs Assessment”). CHNAs must be informed through community engagement and existing data on community health needs. From the CHNA, Community Health Improvement Plans (CHIPs) are created to describe how healthcare organizations, the health department, and community stakeholders will work together to address those needs. The CHIP is often very consistent with the CHNA. Both the CHIP and the CHNA are used to guide community health investments from hospitals and health departments.

In the United States, tax-exempt hospitals are required (by the Internal Revenue Service and some state statutes) to invest community benefit dollars in order to maintain a hospital’s tax-exempt status, and these investments will ideally reflect the priorities and goals set forth in the hospital’s CHNA and CHIP. Community benefits include providing free healthcare (often called “charity care” or “indigent care”), research, community health, environmental benefits, etc. Investment in green infrastructure would fall under community health and environmental benefits. Hospitals often produce reports on their community benefit spending that are posted online (try these search terms: “YOUR CITY/COUNTY NAME” “Hospital” “Community Benefits Report”).

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46 CHIPs will often be hosted on the same website as the CHNA, but not always. Two different searches may be needed.

47 Community Benefit Reports are not required, and so may not be available online for all hospitals in all states.
Step 2. Read through the CHNA, CHIP, and Community Benefit Reports to identify actionable opportunities.

While reading through the documents, record the opportunities. Some of the most relevant information might include:

- Hospital/County name;
- Primary health priorities and needs;
- Relevant health indicators/metrics used;
- Green Infrastructure-relevant findings and recommendations;
- Possible green infrastructure connections;
- Relevant existing partners;
- Weblink to the document and page numbers for key pages; and
- Other notes.

Focus on themes. Do not get bogged down in details, but be specific about where important information is, so it is easy to find those pages when there are more detailed or different questions to explore in the documents.

Step 3. Extract information about current community health investments.

Each nonprofit hospital typically produces a Community Benefit Report summarizing annual investments meeting IRS and state requirements. Typical investment categories include charity care, research and education, and community health/programs. Investments in the social determinants of health are most often described in the “community health/programs” section. In the Community Benefit Reports, identify the total overall community benefit investment from a hospital, and the total community health/programs investment. Community health investment is likely to be a small percentage of the overall community benefit investment. The reports will often identify examples of their investments—identify the partnerships that are similar to green infrastructure programs, or where access to green infrastructure could play a role.

Step 4. Identify patterns, linkages, and opportunities.

Compare what has been learned from the CHNA, CHIP, and Community Benefit Report to the general evidence on how green infrastructure improves health (see Section 3) to identify opportunities of how green infrastructure work links to health priorities. Brainstorm possible patterns linking science findings, local health priorities, and the environments created by green infrastructure. Note that if a City/Region has many hospitals (e.g., Los Angeles), health priorities may not be consistent across hospitals, and some of the hospitals may not be aware of opportunities for alignment.

Step 5. Write up something simple to use as a conversation starter.

The Green Infrastructure Leadership Exchange produced a 2-page template for a Health and Outdoors Opportunities Assessment and filled in the template for Vancouver, Seattle, Portland, Tucson, and Los Angeles. The analysis was rapid, and city staff could then use the practical handout to start up conversations.

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There are many ways to make a health case for green infrastructure. The most effective appeals will speak to the hearts, minds, and wallets of the people who need to be convinced. This section provides talking points and suggestions for how to build arguments that make the case for different audiences.

Do you need a 30-second elevator pitch on why green infrastructure can be good for health? The templates in Table 6.0. provide a general pitch on the health and green infrastructure link, and a customizable pitch template into which can be filled out with information for specific communities, health needs, and audiences based on the information in Section 6.2.
Did you know that your ZIP/postal code determines more of your health than your genetic code? Where we live and how we live our daily lives has more impact on health than going to the doctor, and that’s especially true for communities facing inequities. We don’t all live in equally healthy places: did you know that across the U.S., race is the most significant predictor of a person living near contaminated air, water, or soil? We need a way to create healthier places in the communities with the greatest need. Making these communities greener is a way to do that.

The United States spent > $10,000 per capita on health care (18% of Gross Domestic Product) in 2016, and Canada spent $4,700 per capita (12% of GDP). We know healthcare costs continue to grow and we know access to green spaces improve health and can potentially reduce those costs. Studies show that kids who walk for 20 minutes in a park perform better in school, that a 90-minute walk outdoors can significantly reduce stress and early stages of depression, and that street trees along busy streets can reduce the air pollutants we breathe. We MUST strengthen the link between more green space and better health, and act on it.

Now imagine that we’re getting ready to spend billions on our road, energy, and water infrastructure. What if we spent that money in a way that brings people together to plant trees, protect open space, create jobs, and advance health? It’s not that difficult—we just need solutions that work for both nature and people.

Our City is already greening neighborhoods in ways that improve health. Together, we can do more:
- Green infrastructure is health infrastructure—something we need to invest in and care for;
- Engaging the community in design and implementation of green infrastructure builds social cohesion and better health; and
- We can reduce health inequity by locating green infrastructure in the places that need it most, and designing it with communities to improve health.

We know that more green space and time outdoors in green and natural areas improves health: it leads to cleaner air, reduced stress, improved mental health, more physical activity, and stronger social connections. Health partners in CITY/UTILITY NAME have also identified the most significant health needs: HEALTH NEED 1, HEALTH NEED 2, HEALTH NEED 3.

Our organization has an obligation to do MISSION AREA 1, MISSION AREA 2, MISSION AREA 3. We have an opportunity to use green infrastructure to meet those needs in CITY NAME/UTILITY AREA WHILE ALSO making progress on these health priorities, and we can do it in a way that creates an asset for the community, prevents disease, lowers healthcare costs, and protects the environment.

If we want to do more to improve health through green infrastructure, we should:
- ACTION 1 (e.g., engage with communities experiencing inequity);
- ACTION 2 (e.g., Prioritize use of green infrastructure to achieve stormwater management goals while also increasing proximity and connectivity of greenspace);
- ACTION 3 (e.g., Remove physical barriers to accessing existing greenspace); and
- ACTION 4 (e.g., Remove perceived barriers to accessing existing greenspace).

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6.1. The Business Case for Health and Green Infrastructure

Healthcare represents 18% of GDP in the United States,\textsuperscript{53} or 8% of the average household’s expenditures.\textsuperscript{54} Time in green spaces has the potential to reduce healthcare costs.\textsuperscript{55} Being healthy is a value that appeals to almost everyone, and it has the potential to lead to new partnerships and engage and support communities working on and/or interested in green infrastructure. These are all important reasons that more access to green infrastructure is important, and that green infrastructure providers should consider themselves public health providers.

People in many different roles will make and carry out decisions about green infrastructure investment for health. They have to weigh all sorts of variables such as cost, political mood, and community acceptance. Table 6.1. lists examples of messages and appeals for decision makers and supporters.

\begin{itemize}
\item \textsuperscript{53} Sawyer and Cox, note 33.
\end{itemize}
### TABLE 6.1. EXAMPLES OF MESSAGES AND APPEALS FOR DECISION MAKERS AND SUPPORTERS

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>CASE</th>
<th>CASE STATEMENTS</th>
</tr>
</thead>
</table>
| Utility ratepayers | 1) Green infrastructure does more than collect and clean water—it can also have human health benefits.  
2) And that is why it is worth investing in green infrastructure, and having it in your neighborhood or close to your business. | Your zip code/postal code determines more of your health than your genetic code, so when you think about a green infrastructure project in your neighborhood, do not just think about captured and cleaned stormwater—think about your health, your kids’ health, your neighbor’s health, and what it means to be a healthy community. Green infrastructure projects bring more nature into our neighborhoods, and being in areas with trees, greenspace and other natural elements can improve our health—even if it is just a few minutes each day. It eases stress and anxiety, encourages people to be more active, and can strengthen our relationships with friends and the greater community. |
| Elected officials | 1) Broader audiences are engaged when the health and equity benefits of green infrastructure are talked about.  
2) Green infrastructure can offer health return on investment (ROI) as well as stormwater/infrastructure ROI.  
3) Investing in green infrastructure makes a city more resilient – able to withstand environmental, economic and social challenges. | 1) People love clean water, clean air, and natural places to play—they love being healthy. When discussing green infrastructure projects, talk about what they will do for the health of the community, and how they can address health equity. More people will listen, and more people will show up to support green infrastructure.  
2) Green infrastructure costs money, but it’s an investment in more than just stormwater management. With the right design, siting, and community engagement, it can reduce healthcare spending and improve health equity—it is an asset that build quality of life and opportunity. Additionally, the cost of green infrastructure is often less than for gray infrastructure when the full life cycle costs are considered. |

Continued on page 27
<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>CASE</th>
<th>CASE STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based organizations; Public health officials and advocates; Healthcare; Foundations; Environmental groups</td>
<td>1) The greatest health impact comes with a focus on health equity. 2) If there is interest in partnering to lead, fund, or support green infrastructure projects because of their potential health impact, then advocacy for equity impacts is also important. 3) Cities might be looking for only a small cost difference (e.g., 10% cheaper) to select a green infrastructure alternative over a gray option. Frequently green is cheaper, but not always. City infrastructure projects might be looking for a small cost difference to select a green infrastructure alternative over a gray option. Partner organizations could make a big impact if they are able to help fund the shift in city infrastructure strategies from grey to green strategies.</td>
<td>Reducing health inequity is the right thing to do, but it is also one of the most important strategies in reducing healthcare costs. If someone has a disability, is a person of color, has a low income, or lives in rural areas, they have a higher risk of chronic disease. When green infrastructure is a health strategy, green infrastructure needs to benefit the communities that need the most health improvement. When green infrastructure providers are explicit about advancing health equity and which populations they are serving, it becomes easier for health officials and community-based organizations to see their role as partners. This might mean adjusting who to work with, where green infrastructure is placed, and how it is designed—all exciting opportunities.</td>
</tr>
<tr>
<td>Hospitals; state Medicaid; Elected officials; Foundations; Environmental groups</td>
<td>1) Green infrastructure can increase access to nature, which can improve health and reduce healthcare costs. 2) Cities might be looking for only a small cost difference (e.g., less than 10% more expensive) to select a green infrastructure alternative over a gray option. A small investment could leverage large infrastructure investments.</td>
<td>Green infrastructure projects bring greenspace to people and make it more accessible—whether it is at a worksite, school, a hospital, or in a neighborhood. There is evidence that time in nature can increase physical activity, improve mental health, and improve social cohesion—not to mention that trees clean the air that people breathe. These are benefits that address some of the top health issues: obesity, chronic disease, mental health, and respiratory conditions. There is potential to lower healthcare spending by investing in green infrastructure that is designed and sited to maximize health impact.</td>
</tr>
</tbody>
</table>

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56 Tracy Tacket, Seattle Public Utilities, personal communication, June 25, 2018.
Begin casemaking with what communities say is important to improving health (see Section 5 for getting data from Community Health Needs Assessments). With that anchor, link green infrastructure work to those needs (see Appendix C for sample logic model). This can be enough information to make a compelling case to ratepayers or city councils for changing how green infrastructure investments are made. Some other questions that can inform how to build the case include:

- Where is an agency or organization preparing to invest in a project where a health-nature lens could contribute to the same goals, at similar cost, and with broader benefits (e.g., a new city combined sewer overflow plan; the state making a major investment in rolling back access to prescription opioids; significant transportation or other infrastructure investments; or a new hospital facility, merger, or foundation formation)?

- How can green infrastructure support other priority goals (e.g., housing stability, reducing opioid addiction, or reducing extreme heat exposure)?

- Who is best suited to deliver the case? Who are respected champions? A message usually has greater influence when delivered by the combined voices of business, health, community, and environmental groups.

- Who else is already doing similar work (e.g., public agency, nonprofit, or private sector)? And how can that work or project be leveraged to add value, rather than duplicate efforts and costs?

- Is it possible to form a coalition of organizations all working toward health goals to collectively pursue larger funding sources, rather than each organization competing for rare funds?

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**BOX 6.1. ACCESSING HEALTHCARE FUNDING FOR GREEN INFRASTRUCTURE**

There are multiple ways that healthcare and cities can collaborate to share costs of green infrastructure programs. Capital expenses (e.g., trees and sidewalks) may be the most difficult for healthcare to fund. It may be easier for healthcare partners to support actions such as outdoor programming, acquiring data, conducting evaluation, doing community engagement, or even stewardship. These activities fall under utility operations and maintenance budgets, which are often limited by fund restrictions—so a healthcare partner may be quite helpful. There are examples of cities and healthcare funders co-investing for more time in nature to improve health. For example, Park Prescriptions and Walk with a Doc are two programs with healthcare funding that get patients and clinicians out together in green spaces. There are some examples where hospitals have funded greenway and active transportation capital improvements (e.g., Seattle Children’s hospital Livable Streets investments in greenways and bike lanes).

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57 Tackett, 2018, note 52.
58 http://www.parkrx.org/park-prescription-programs
59 https://walkwithadoc.org/
60 http://construction.seattlechildrens.org/livablestreets/
6.2. Nesting Health Within Broader Organizational Goals

If a green infrastructure program is housed in an agency or department that manages stormwater or wastewater, or is in a parks department or utility, it is likely that public health improvement is already part of the agency’s mission statement. Managers and staff readily recognize the health contributions of their projects and sites. However, if the department is a drinking water or wastewater department, the mission statement’s health focus may still be on removing the direct risk of communicable disease (e.g., viruses and bacteria) or eliminating toxins, and may not include reducing chronic disease. Because these departments’ projects often create green spaces where nature experiences can happen—and thus where health benefits can be created—the understanding of their mission statements could be modified to include reducing chronic disease.

Some strategies for nesting the green infrastructure-health link within an organization’s broader mission or strategic focus are included in Table 6.2.

**TABLE 6.2. STRATEGIES FOR NESTING HEALTH IN ORGANIZATIONAL GOALS**

<table>
<thead>
<tr>
<th>STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>When “health” already appears as an aspirational goal in an agency’s mission, use a social determinants of health framework to provide more detailed strategy or action area.</td>
</tr>
<tr>
<td>Use a health equity frame to make an organizational exploration of equity, diversity, and inclusion more explicit (see Section 7).</td>
</tr>
<tr>
<td>Include health factor/outcome metrics in annual reports to the public, capital improvement planning and prioritization, or organizational budgeting decisions.</td>
</tr>
<tr>
<td>Ensure voices for health equity are present in leadership (e.g., elected boards, advisory committees, staff job descriptions, and formal partnerships).</td>
</tr>
</tbody>
</table>
Engaging communities impacted by green infrastructure projects is essential. Bringing communities to the table early on in the process and sharing decision-making—especially with groups who have been underrepresented in decision-making and/or are experiencing inequities—is integral to a project’s success, especially when considering impacts on health and equity. Community engagement is one of the most important tools for advancing health equity. Appendix A includes detailed guidelines and principles of community engagement.

BOX 7.1. WHY COMMUNITY ENGAGEMENT IS ESSENTIAL

Affirming and including the wisdom, expertise, and experience of the community generates better project outcomes and increases social cohesion, which in turn has positive effects on community health. Those stronger social relationships provide capacity to solve future community challenges and increase community ownership of green infrastructure solutions.

Not all external-facing activities classified as community engagement are meaningful. Sherry Arnstein’s Ladder of Citizen Participation and the International Association of Public Participation (Figure 7.1.) provide conceptual frameworks that are useful for gauging meaningfulness of community engagement.

**FIGURE 7.1. SPECTRUM OF COMMUNITY ENGAGEMENT**

<table>
<thead>
<tr>
<th>PUBLIC PARTICIPATION GOAL</th>
<th>INFORM</th>
<th>CONSULT</th>
<th>INVOLVE</th>
<th>COLLABORATE</th>
<th>EMPOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision making in the hands of the public.</td>
<td></td>
</tr>
<tr>
<td>To obtain public feedback on analysis, alternatives and/or decisions.</td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.</td>
<td>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.</td>
<td>We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.</td>
<td>We will implement what you decide.</td>
<td></td>
</tr>
<tr>
<td>We will keep you informed.</td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.</td>
<td>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.</td>
<td>We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.</td>
<td>We will implement what you decide.</td>
<td></td>
</tr>
</tbody>
</table>

There are several practices and characteristics that identify meaningful community engagement:

- Leverage existing relationships—ideally, the relationships that already exist with communities, but also relationships partner organizations have built with communities;
- Plan and budget for meaningful community engagement throughout the project;
- Identify questions and commit to incorporating the community’s answer;
- Practice dialogue, not direction;
- Listen and be consistent; and
- Meaningful community engagement produces some degree of positive change.

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BOX 7.2. PORTLAND BUREAU OF PLANNING AND SUSTAINABILITY COMMUNITY LIAISONS

Portland Planning and Sustainability has paid, full-time community liaisons whose job is to network with community groups and form trusting relationships. These liaisons are able to assist other city departments as well. Although other departments may not fund the liaison positions, the arrangement makes key personnel and expertise available throughout the organization.

Equity and community engagement are not the same thing—solving equity issues requires much more than simply interacting with people in communities. However, equity should be a core principle when planning and executing community engagement. This means being attentive to the societal, economic, and political conditions that create inequity between groups, and understanding how these dynamics could affect an engagement process. Work with community members to develop engagement processes that go beyond simply removing barriers to participation, to actually building community capacity—an important part of improving health equity. Consider partnering with Community Health Workers or other local leaders with deep knowledge of the community and expertise in equitable engagement methods (e.g., Popular Education64).

Assessing your readiness for engagement

Before engaging communities, assess your own organization’s readiness and capacity to do so meaningfully. Scan the environment or community to see what community groups are already working on and how to best support and partner. These steps will help walk into the room with important historical context, a better understanding of the extent to which power will be shared with the community, and reasonable expectations for engagement outcomes. In assessing readiness, think about:

- Are there teams or staff within the agency that have worked with the community before (what were the outcomes?) and do they have connections that can be leveraged?
- Is the agency or department experienced with regard to the community’s culture, history, experiences? If not, are there ways to gain that experience?
- Are there disconnects between the agency’s mission and the community’s needs? Can the mission be changed? If not, what are the best ways to communicate the disconnect to the community?
- Not everyone will trust the agency at first. Go in ready to listen, not tell.
- Find supporters and leverage their support with the rest of community.
- Be aware of unintended consequences. For example, adding green infrastructure may increase property value and lead to gentrification. If this is a risk, start working on reducing that risk at the beginning by asking the community what they need and want in the long term. This may mean reaching out to other agencies and organizations to find solutions.

Building the community’s readiness to embrace and succeed in leadership roles

When planning an engagement project, “meet them where they are” is a useful principle both literally and figuratively. Literally speaking, this means conducting engagement activities in a location, time, and format convenient to a focus community, in order to minimize transportation barriers and create a more comfortable environment. Figuratively speaking, it means engaging the focus community at the level that makes sense for the community. Be prepared to use funds to provide childcare, food, interpretation services, transportation, etc., and for compensating individuals for their participation. Be aware that many agencies ask communities (usually via the same culturally-specific and other trusted organizations) to participate in engagement activities that ask similar questions. Whenever possible, combine efforts with other agencies to minimize the burden on these organizations and community members.

Building relationships and trust with communities

Start engaging with community leaders who represent those who have the least capacity and power, then work up to those with the most power. If at first you don’t succeed, try, and try again. If things do not work out the first time, reflect on the approach taken, and keep showing up, building trust, and finding key community members who can help communicate and build relationships. Do not disappear, but take time to invest in the connections that are working and re-strategize with community partners on the best way to increase buy-in.

Be intentional about where, how, and when to engage. For example, do not default to mid-day meetings or formal public comment periods if partner communities cannot get time off from work or have other barriers to engaging that way. It is likely that not all communities that are impacted will show up, so be mindful of the needs of communities not in the room when choosing green infrastructure locations and creating designs.

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BOX 7.3. TRAUMA-INFORMED COMMUNITY ENGAGEMENT

Communities facing health inequity have often been subjected to interpersonal violence, structural violence, and historical harms—community trauma. The Urban Institute built a model for trauma-informed engagement that includes principles around “do no harm” and “community power,” strategies, and practices that inform how to engage with communities with current and past traumas.

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Green Infrastructure Siting and Design: Considerations for Health

When it comes to health improvement, not all green infrastructure project locations or designs are created equal. Where should green infrastructure projects be located for the most health benefit? What design elements should be included to maximize positive health impact? Thinking through the details of location (siting) and design can help green infrastructure programs maximize the health benefits of green infrastructure projects.

Cities are composed of systems, such as housing systems and transportations systems. (Figure 8.0.). When green infrastructure is considered through a health lens and how it affects different parts of the built environment, decisions on policy and plans may shift. For example, city planners might sequence housing stability investment, then greening, then active transportation investments to promote health and combat gentrification.
The planning principles in Figure 8.0 are goals. How can green infrastructure help achieve them? Many studies from around the world show correlations between time spent in urban green space and improved health. The siting and design guidelines in the sections below are drawn from this evidence, in addition to examples from programs that link health and time in green spaces. The siting and design guidelines in this section are based to the extent possible on the available evidence, and beyond that they rely on the best professional judgement of the authors. The guidelines should be revisited regularly to incorporate the rapidly emerging science connecting health and nature.

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66 BC Centre for Disease Control, 2018, note 29.
8.1. Siting Guidelines

Selecting locations, or siting, for green infrastructure installations that are co-designed for water, health, and other benefits involves both engineering feasibility and community engagement. The goal is to identify where different types of green infrastructure are possible, preferred, and will not exacerbate pressures from gentrification.

Green infrastructure planners prioritizing health will need accurate information about the health of various focal populations to identify inequities. County and provincial/state health departments may have fine-resolution spatial information on health. State and provincial departments of environmental quality may have local air quality data. Community members and community-based organizations also have a lot of information on where green infrastructure might generate health improvements. Remember, being meaningfully involved in the process by which green infrastructure is prioritized and located can itself improve health among engaged community members. Thus, how siting decisions are made may matter just as much as the final decision on where green infrastructure is placed (Table 8.1.).

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### TABLE 8.1. SAMPLE GREEN INFRASTRUCTURE SITING GUIDELINES FOR HEALTH, WITH A FOCUS ON EQUITY

<table>
<thead>
<tr>
<th>HEALTH BENEFIT</th>
<th>LOCATION CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and Economic Factors</td>
<td>Prioritize postal codes/blocks where people may or do experience health inequities (e.g., high percentage of people of color, low-income, or direct health measures such as incidence of chronic disease). Work with government and community partners to avoid contributing to displacement and gentrification.</td>
</tr>
</tbody>
</table>

Use an equity lens on siting and prioritization to consider how different cultures might engage with a siting prioritization process:

- Identify the populations most likely to use green infrastructure in different neighborhoods, and how to prioritize communities facing health inequity
- Incorporate community priorities articulated in the past relative to land use, environment, transportation, food, and housing into siting criteria
- Consider cultural preferences and expressions, such as how green infrastructure planting design can promote community identity
- Explore how a green infrastructure plan could help provide urban agriculture and healthier food
- Think about ways to plan and act at the same time. Many communities have articulated priorities without seeing action—to get engagement on green infrastructure siting, it may be important to demonstrate commitment by implementing an early community priority
- Consider conducting a health equity impact assessment to better understand how the location of green infrastructure can impact health equity, and to generate neighborhood-level qualitative data from stakeholders (which may not otherwise exist).
<table>
<thead>
<tr>
<th>HEALTH BENEFIT</th>
<th>LOCATION CONSIDERATIONS</th>
</tr>
</thead>
</table>
| **Air Quality** | Prioritize filtering vegetation in postal codes/blocks with high air pollution exposure:  
• proximity of people (especially people experiencing health inequities, low income housing, and sensitive populations such as schools and senior care centers) to land uses correlated to air pollutants such as industrial, or high speed and high volume roadways and other transit  
• Modeled or measured exposure (e.g., to nitrogen dioxide, particulate matter, or heavy metals).  
Prioritize filtering vegetation near heating, ventilation, and air conditioning (HVAC) intakes for buildings. |
| **Heat and Sun Exposure** | Prioritize shade-producing installations at south and west-facing fronts of multi-family and other residential buildings (especially in areas with sensitive populations such as the older adults or children).  
Prioritize shade in/around ball fields and schoolyards to reduce UV exposure for children.  
Prioritize tree planting in areas with a high percentage of impervious surfaces (e.g., streets, parking lots and rooftops) but little tree canopy.  
Protect existing large stands of trees and large meadows from being converted to impervious surfaces.  
Prioritize tree plantings and living walls at south and west-facing fronts of multi-family and other residential buildings, as well as schools, libraries, community centers, churches and other community facilities in areas with sensitive populations such as older adults or children. |
| **Mental Health** | Locate windows and green space to make green space more visible when looking out from inside places like multi-family housing, hospitals, and school buildings.  
Create greenspace corridors (or large or well-connected natural spaces) to “get away from it all” (attention restoration).  
Identify areas along pedestrian routes where green infrastructure can also be used as rest areas to allow for breaks (attention restoration).  
Prioritize adding green infrastructure inside or outside employment centers, in locations where people are or could be taking lunch or midday breaks; and outside areas near larger employment centers to provide areas for relaxation and physical activity during the workday (especially employers with a high number of low income or community of color workers).  
Use vegetation to buffer loud noise or safety concerns (e.g., linear green space that separates cars from pedestrians) (stress reduction). |
| **Physical activity** | Prioritize greening pedestrian corridors that increase use of/access to trails, sidewalks, parks, and open space (e.g., Safe Routes to School). Consider further prioritization in high density areas where there are lots of people that could be walking.  
Enhance green spaces along bike routes.  
Create loop trails around parks.  
Promote greater connectivity between existing parks and other greenspaces by enhancing pedestrian connections with green infrastructure. |
| **Social cohesion** | Enhance areas where people already gather (e.g., schools, churches, big employer lunch areas, hospitals, etc.) with green infrastructure.  
Select areas large enough so that incorporating group activities in later design is possible.  
Select areas where community members have identified a lack of community gathering spaces (both indoors and outdoors). |
8.2. Site Design Guidelines

Where green infrastructure is located matters a lot for factors such as reducing air pollutant and extreme heat exposure. How green infrastructure is designed—how it facilitates the movement and feelings of people through and around green spaces—matters a lot for physical activity, mental health, and social cohesion. In general, the more green infrastructure can enable more frequent and deeper connections between nature and groups of people, the better.

Sometimes, residential stormwater detention facilities are surrounded by a chain-link fence to keep people out and make maintenance of that facility easier. The fence may allow for the health benefits from “seeing” the greenspace, but it removes the opportunities for people to come in contact with a more natural setting. Table 8.2. presents a full suite of nature design options, and the health benefits that might accrue. More information is available from a publication from The Nature Conservancy, Cascading Benefits. In most green infrastructure projects there will be tradeoffs between design and safety, construction and maintenance costs, multiple desired outcomes, and requirements. Yet, if considered early in the green infrastructure project, a commitment to designing for health will expand experiences and benefits.

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### TABLE 8.2. SAMPLE GREEN INFRASTRUCTURE DESIGN GUIDELINES FOR HEALTH

<table>
<thead>
<tr>
<th>HEALTH BENEFIT</th>
<th>DESIGN GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and economic factors</td>
<td>Use an equity lens on site design to consider how different populations (cultural groups, income levels, abilities, etc.) might engage with the design process. Identify the populations most likely to use the space, and how to prioritize communities facing health inequity.</td>
</tr>
<tr>
<td>Air quality</td>
<td>Maximize multi-story vegetation (trees, shrubs, and ground cover) and diversity of vegetation as a buffer/filter between air pollutant sources and people who use the greenspace or live/work nearby. Select tree species that emit lower concentrations of volatile organic compounds, are better at filtering air pollutants (e.g., evergreens if air pollution exposure is highest in winter), and are more resilient to air pollution. In larger greenspaces, locate high-use areas (e.g., play structures, or food prep facilities) farther away from air pollution sources (e.g., highways). Near heating, ventilation, and air conditioning (HVAC) intakes for buildings, select vegetation that A) filters pollutants, and B) does not create high pollen counts, volatile organic compounds, or other potential irritants for people with asthma or chronic respiratory disease.</td>
</tr>
<tr>
<td>Extreme heat</td>
<td>Balance sun and shade. Maximize taller and more shade-producing vegetation, especially to provide shade on buildings during the hottest part of the day during the hottest part of the year. Provide canopy cover/shade along pedestrian and bike corridors. Look to green/living roofs and green walls to mitigate extreme heat exposure and cool buildings.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Where greenspace is designed to be viewed from inside, include a variety of vegetation structure and species. People should be able to see into the space. Create continuous corridors of greenspaces that people experience as they move through the neighborhood (e.g., in rights of way along bike or pedestrian paths). Create spaces where someone can feel “immersed” and “safe” in the greenspace (e.g., benches tucked back from a path but in full view, places to walk and sit where someone cannot see the built environment, outdoor “rooms,” opportunities for kids and families to “touch” nature (e.g. racing sticks down flowing water or crushing aromatic leaves). People prefer being near larger trees. Water features can be restorative. Create paths that wind and do not have a visible end, creating a sense of safe adventure and exploration. People prefer landscapes that strike a balance between feeding curiosity and hanging together coherently. Create green rest areas along pedestrian routes that can allow for breaks for 3 or more people. Create areas for lunch and midday breaks near larger employment centers that can accommodate 3 or more people. Select vegetation that reduces noise. Occupational health limits call for 85 decibels, but human comfort level is closer to 4-60 decibels. Design for separation between transportation routes (vehicles, fast bicycles) and pedestrians.</td>
</tr>
</tbody>
</table>

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70 Prospect-refuge theory holds that people tend to stay near edges in landscapes (refuges), but with a view into the open space (prospect) (Wolf, 2018, note 50).


<table>
<thead>
<tr>
<th>HEALTH BENEFIT</th>
<th>DESIGN GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>Design greenspace that is universally accessible.</td>
</tr>
<tr>
<td></td>
<td>Add appropriate trails and paths along existing streams and wetlands. Be mindful of sensitive fish and wildlife habitat and use trails to direct people away from sensitive areas.</td>
</tr>
<tr>
<td></td>
<td>Create connections wherever possible, increasing proximity and connectivity for green areas. These connections should reflect the cultural and historic roots of a place.</td>
</tr>
<tr>
<td></td>
<td>Use greenspaces to increase route options. Commuters want the most direct path between Point A and Point B. Recreational walkers want to have choices or wander.</td>
</tr>
<tr>
<td></td>
<td>Pay attention to integrated design of three sidewalk zones (building frontage, pedestrian, and planting strips).</td>
</tr>
<tr>
<td></td>
<td>¼ to 1 mile loop trails are great for increasing physical activity.</td>
</tr>
<tr>
<td>Social cohesion and safety</td>
<td>Benches and other seating should let 3 or more people use the space at the same time.</td>
</tr>
<tr>
<td></td>
<td>Design picnic tables or other eating surfaces to be easily arranged for small or large groups.</td>
</tr>
<tr>
<td></td>
<td>Incorporate drinking water and food prep facilities wherever possible.</td>
</tr>
<tr>
<td></td>
<td>Provide restroom access.</td>
</tr>
<tr>
<td></td>
<td>Create areas large enough to accommodate group activities, as gathering spaces are important to many communities. The opportunity to be in green space with a group may help some communities feel safer.</td>
</tr>
<tr>
<td></td>
<td>Incorporate shared management/stewardship of green infrastructure and open spaces with institutions that gather people (e.g., schools, churches, neighborhood groups).</td>
</tr>
<tr>
<td></td>
<td>Use design elements that show the greenspaces are cared for, and not neglected (e.g., mown edges or ornamental borders show the wildness of natural area is intentional).</td>
</tr>
<tr>
<td></td>
<td>Provide play areas for a range of ages.</td>
</tr>
<tr>
<td></td>
<td>Use planting and other design choices that reflect the cultural and historic roots of a place.</td>
</tr>
<tr>
<td></td>
<td>Create opportunities for leadership in stewardship of spaces (e.g., create a Friends of Main Street Bioswale).</td>
</tr>
<tr>
<td></td>
<td>Within public spaces offer a variety of seating arrangements, particularly moveable chairs so that people can stop and rest, or engage with other people.</td>
</tr>
<tr>
<td></td>
<td>Design greenspace to balance visibility for perceived safety (e.g., lighting, multiple lines of visibility) with the feeling of “getting away from it all.”</td>
</tr>
</tbody>
</table>

76 Wolf, 2018, note 50.
77 Wolf, 2018, note 50.
78 Wolf, 2018, note 50.
Evaluating Health Benefits of Green Infrastructure

Program managers and decision makers want to know whether green infrastructure investments are producing anticipated health outcomes. Evaluating health improvement is not easy. Measuring change in chronic disease for a specific population can take years, and measuring health is challenging because a person’s health is shaped by many factors (e.g., individual genetics, race, where people live, their job, etc.). It can be hard to tie specific outcomes to particular program inputs, but it is important to measure what is feasible. Start thinking about evaluation early, and work with the community to define what success looks like and how best to measure that success. Even simple measures of health are important. If in a study or evaluation a subject says, “I am feeling better,” that is important information, simple as it may be. This section provides evaluation steps and ways of collecting data about both the healthy environments that result from green infrastructure and people’s health responses.

9.1. Program Evaluation for Health Outcomes

Programs are a combination of the project leaders, project participants, processes and outcomes or outputs. The collection of decisions to locate, design, implement, and manage green infrastructure is a program. Often, program managers need to know how a program is performing to justify additional funding, grow the work, or adaptively manage a program for improvement. Many programs linking health and green infrastructure are new and may not be mature or large enough to create detectable change in all the health outcomes that are of interest. This section provides guidance on how to plan ahead for evaluation, indications that a green infrastructure or other community health program is ready to evaluate, and the steps for conducting an evaluation.

Some resources for health evaluation include:

- CDC’s online Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide
- The CDC Parks and Trails Health Impact Assessment Toolkit
- Health Impact Assessments
- Robert Wood Johnson Foundation Program Evaluation Resource Library

Program evaluation is a systematic method for collecting, analyzing, and using data to assess the effectiveness and efficiency of programs. Programs evolve over time, and evaluation can be done at any stage of development for different reasons with different criteria (Table 9.1.). When is an evaluation useful? Who are the audiences who need convincing that green infrastructure improves health? These are questions that should be addressed at the very beginning of program development.

---


TABLE 9.1. DEFINING THE PURPOSE OF PROGRAM EVALUATION

<table>
<thead>
<tr>
<th>STAGE OF PROGRAM EVOLUTION</th>
<th>PURPOSE OF EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conception</td>
<td>Plan for community engagement; Anticipate how to inform future monitoring and evaluation.</td>
</tr>
<tr>
<td>Program development</td>
<td>Improve practice to enhance success.</td>
</tr>
<tr>
<td>Operating program</td>
<td>Are objectives met? Did the program result in a change? What are the benefits? What are the unintended consequences? All informed by review of evaluation data.</td>
</tr>
<tr>
<td>Program completion</td>
<td>Inform program improvements; Grow or spread the program.</td>
</tr>
</tbody>
</table>

9.2. Who Conducts Health Evaluations?

It is likely that there are great health evaluators nearby. Public health and healthcare have been doing robust evaluation work for some time. Health evaluators might work in universities, research institutions, nonprofits, consulting firms, county or state health departments, or within program delivery organizations. For many water utilities, it can be difficult to do robust program evaluations internally, so look to outside partnerships. Whether evaluations are done by internal staff or external consultants, it is important to budget for evaluation throughout the project, beginning as early as possible in the planning process. For example, the US federal Social Innovation Fund recommends setting aside 10-15% of a project investment for evaluation. Financial or in-kind loans of evaluation staff can be a resource the local public health agency or healthcare provider may be able to provide.

For projects linking green infrastructure and health, find an evaluator who is most familiar with the topic area and the dynamics at play. It may be hard to find a health evaluator who is knowledgeable about green infrastructure, but there may be some who understand health and the built environment, health and transportation, or other fields with similar health linkages.

9.3. Completing an Evaluation

Every evaluation starts with a clear objective about how evaluation information will eventually be used. If data or measures are collected without a clear purpose, money and community energy can be wasted. Appendix D provides some detailed steps to completing a health evaluation adapted from the U.S. Centers for Disease Control (CDC).

9.4. Measures and Data Collection Examples

Table 9.4 includes sample measures evaluators might use to track health outcomes and improvement. These measures are adapted from existing programs linking health and nature—most of which are measuring proxies for health, and not the health outcomes themselves. Data can be collected at the community (e.g., citywide, census tract, or neighborhood) or program/individual levels. Secondary data (e.g., census demographics and modeled air quality exposure) are often available at the community scale, but not at an individual or program scale. There may be literature and information from other areas where health benefits can be transferred from the studied situation to a local situation. Finally, primary data can be collected, but direct observation, self-reported data, or technology-collected data can be expensive and challenging to gather. In a review of health and nature programs, many programs used self-reported information to aspects of health, and direct observation to capture aspects of nature.

87 Ibid.
TABLE 9.4. SAMPLE HEALTH OUTCOME MEASURES

<table>
<thead>
<tr>
<th>ENVIRONMENTAL &amp; HEALTH OUTCOME</th>
<th>SAMPLE MEASURES &amp; METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall connection to nature and overall health</td>
<td>Level of greenness—Normalized Difference Vegetative Index(^{86}); Tree canopy cover; Distance from urban center as a proxy for remoteness; Proximity of greenspace to priority populations; Home to park distance scores; Park accessibility score; Self-reported exposure through mobile device tracking; Community level indicators toolkit(^{87}); Connection to Nature Index(^{88}).</td>
</tr>
<tr>
<td>Engagement with greening efforts</td>
<td>Type of engagement or activity; Frequency and duration of participation; Breadth of participation in other community and environmental events; Plans for ongoing engagement/stewardship; Distance and time traveled to events.</td>
</tr>
<tr>
<td>Air</td>
<td>NO2 &amp; PM 2.5 exposure; Envi-met model(^{91}).</td>
</tr>
<tr>
<td>Heat</td>
<td>Extreme heat exposure; Envi-met.</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Body Mass Index(^{89}); TRACK tool(^{90}); Pediatric Quality of Life Inventory(^{91}); System for Observing Play and Recreation in Communities(^{92}); CDC Division of Nutrition, Physical Activity and Obesity(^{93}); Community Park Audit Tool(^{94}); Active Neighborhood Checklist(^{95}); RAND 36-item short form survey.</td>
</tr>
<tr>
<td>Overall mental health</td>
<td>How did participation in greening make you feel?; Perceived Restorativeness Scale(^{90}); Perceived Restorative Components Scale for Children (PRCS-C).</td>
</tr>
<tr>
<td>Depression and anxiety</td>
<td>RAND 36-item short form survey; 2-item Patient Health Questionnaire (PHQ-2)(^{96}); 2-item Generalized Anxiety Disorder (GAD-2) scale.</td>
</tr>
<tr>
<td>Stress</td>
<td>RAND short form survey; 4-item Perceived Stress Scale (PSS-4).</td>
</tr>
<tr>
<td>Social cohesion</td>
<td>Peds QL; Nature relatedness survey(^{97}); Attachment to neighborhood; Perceived safety levels.</td>
</tr>
</tbody>
</table>

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Locating, designing, and stewarding green infrastructure to advance health equity is still an emerging field of science and practice. It is known that there are important connections between nearby nature and health, but there are gaps between the rapidly growing evidence and the tools that cities, healthcare facilities, and partners need to apply the science with communities.

Version 1.0 of this guide is intended as a starting point—a place to begin compiling the information, tools, best practices, and lessons learned for green infrastructure providers. This guide will evolve and gain detail as time moves on.
10.1. First Steps

As federal and state agencies, city leaders, foundations, community-based organizations, and healthcare providers are looking to advance health through green infrastructure, there are some near-term actions that any city can take (Table 10.1.).

**TABLE 10.1. FIRST STEPS FOR LINKING GREEN INFRASTRUCTURE AND HEALTH**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>WHY</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct a rapid assessment of community health needs and green infrastructure opportunity.</td>
<td>Easy seeds for conversation with health groups.</td>
<td>Green infrastructure providers.</td>
</tr>
<tr>
<td>Coordinate across cities to build evidence, develop tools, and innovate.</td>
<td>If one city builds a green infrastructure mental health model, another can focus on heat exposure model—and then share. Cities can also coordinate evaluation investments to build stronger, broader evidence.</td>
<td>Green infrastructure providers and researchers.</td>
</tr>
<tr>
<td>Engage community health advocates in green infrastructure planning and have green infrastructure advocates inform community health improvement plans.</td>
<td>Health equity begins with real engagement; and coordinated goals across health planning and green infrastructure planning opens future possibilities for more multi-benefit projects.</td>
<td>Community health organizations; Green infrastructure providers.</td>
</tr>
<tr>
<td>Incentivize the health benefits of stormwater and wastewater actions.</td>
<td>Infrastructure needs to provide multiple benefits, and investments cannot solve for one problem (e.g., nutrient runoff) by creating another (e.g., air pollutant exposure from lack of tree canopy). Water and wastewater are public health, safety, and welfare issues for all public service/utility agencies.</td>
<td>Federal and state regulatory agencies and infrastructure funders.</td>
</tr>
<tr>
<td>Provide access to healthcare funding for social determinants of health.</td>
<td>Improving health means preventing disease and creating overall wellbeing. State Medicaid programs and hospitals can create dedicated funding for social determinants work.</td>
<td>State Medicaid, hospitals, insurers, and other healthcare providers/funders.</td>
</tr>
</tbody>
</table>
10.2. Future Needs

To further advance the connection between green infrastructure and health improvement, additional information, tools, partners, and resources are needed in the long-term. Members of the Green Infrastructure Leadership Exchange and reviewers of this guideline identified these priorities:

- Research specific to the health benefits of green infrastructure, with an ability to extrapolate per-unit health benefits
- Community-scale measurement tools and data to inform location and design considerations
- Partners that can help weave together the objectives of healthcare providers and insurers with the knowledge and capacity of community-based organizations
- Funding sources that are compatible across sectors to achieve the multiple benefits required of infrastructure to improve the social determinants of health
- Educational and technical resources for infrastructure planners and managers to help introduce health topics, as these are typically not available in traditional education and training situations;
- “Health in all policies” guidelines and models so that health is widely considered to be a must have in all green infrastructure resources (including woodlands, parks, gardens, living wall and roofs, etc.) rather than being local one-off efforts
- A network, organization, or agency that is facile with both green infrastructure technologies and public health practices to standardize design and measures, collect and elevate good examples and best practices, and serve as an identifiable and creative advocate for co-design for health co-benefits
- Digests of research and technical resources about linked nature and health programs
- Strategies for avoiding causing gentrification and displacement when green infrastructure is installed in low-income neighborhoods
APPENDIX A: DETAILED COMMUNITY ENGAGEMENT GUIDELINES

This Appendix builds on Section 8 with more detail on community engagement.

A.1. Community Engagement Principles to Live By

Not all external-facing activities classified as community engagement are meaningful. Meaningful engagement means more than getting the right people at the table—it requires a deep commitment to involve the communities served throughout engagement processes, elevating their voices in decision-making wherever possible. Without partnering with and empowering communities, community engagement is simply ticking off a box and potentially perpetuating a cycle of inequity. Sherry Arnstein’s Ladder of Citizen Participation\(^\text{106}\) and International Association of Public Participation (Figure A.1.) provide diagrams that are useful for gauging meaningfulness of community engagement.

**FIGURE A.1. SPECTRUM OF COMMUNITY ENGAGEMENT\(^\text{107}\)**

<table>
<thead>
<tr>
<th>INFORM</th>
<th>CONSULT</th>
<th>INVOLVE</th>
<th>COLLABORATE</th>
<th>EMPOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC PARTICIPATION GOAL</strong></td>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To obtain public feedback on analysis, alternatives and/or decisions.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
</tr>
<tr>
<td><strong>PROMISE TO THE PUBLIC</strong></td>
<td>We will keep you informed.</td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.</td>
<td>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.</td>
<td>We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.</td>
</tr>
</tbody>
</table>

\(^{106}\) Arnstein, 1969, note 45.

\(^{107}\) International Association of Public Participation, 2014, note 46.
There are several characteristics that identify meaningful community engagement:

- **The best relationships are existing relationships**: Whenever possible, build relationships with the communities served before something is needed from them. Sponsor and attend community events, host culturally-specific “meet-and-greet” events, learn about other community projects, and support efforts to build community capacity.

- **Plan and budget for meaningful community engagement**: Engagement should not be an afterthought. When planning a project budget, include the cost of both initial engagement (before a decision or project) and continued engagement throughout the project and during post-project assessments. Budget for costs such as meals during meetings, childcare, translation, transportation, and stipends for participants. Consider budgeting for a community partner organization that is trusted by the community to conduct engagement for or with you. When writing a budget, remember that the community members are experts who should be compensated for their time and expertise whenever possible. Recognize that it may take significantly more time than planned to answer community engagement questions.

- **Identify questions and commit to incorporating the community’s answer**: Before engaging the community, identify what specifically needs to be known from them. Develop questions where answers are needed, and build an engagement strategy around answering them. Be transparent and communicative about the level of influence the community's feedback will have on decisions, and make good on this commitment.

- **Dialogue, not direction**: Listen to what the community's needs are, and share your needs with them. Do not prescribe solutions based on a perception of the community's needs—co-create solutions based on what is heard from them.

- **Listen and be consistent**: Keep showing up to demonstrate commitment, and do not disappear when the initial engagement phase is over. Make sure someone is checking in regularly to update the community on progress, and listen during implementation to make sure the community is on board with how things are going.

- **People learn and engage differently**: Some people will engage with visuals (e.g., future design concepts), and others will engage with story. Community engagement provides different modes for learning and connecting with people and can flex to meet the needs of people interested in participating.

- **Meaningful community engagement produces some degree of positive change**: Not all engagement will lead to funded projects, but building relationships between communities and agencies has other positive outcomes: namely increased trust and improved working relationships; and improved social cohesion and community health. Remember to evaluate the effectiveness and impact of community engagement and seek to continually improve.
A.2. The Importance of Equity in Community Engagement

Equity and community engagement are not the same thing—solving equity issues requires much more than engaging communities. However, equity should be a driving principle when planning and executing community engagement. This means being attentive to the societal, economic, and political conditions that create inequities between groups, and understanding how these dynamics could affect the engagement process. No one understands these nuances better than focus communities. Work with community members to develop an engagement process that goes beyond removing barriers to participation and builds community capacity. Consider partnering with Community Health Workers or other leaders with deep knowledge of the community and expertise in equitable engagement methods (e.g. Popular Education).

BOX A.2. GREEN INFRASTRUCTURE CAN’T SOLVE ALL STRUCTURAL INEQUITY

Many of the problems causing inequity in communities are large, societal issues that are the result of unjust policies dating back decades and even centuries. Many current policies are also unjust. While trying to address equity issues, it is also important to understand that a green infrastructure project or program will not solve every problem that contributes to systemic issues. However, by working meaningful community engagement into green infrastructure, programs can help advance larger, societal change.
A.3. Assessing Your Readiness for Engagement

Before engaging communities, assess your (individual) and your organization’s readiness to do so meaningfully. This step will help walk into the room with important historical context, a better understanding of the extent to which power will be shared with the community, and reasonable expectations for engagement outcomes.

I. **Know what has come before**: Find out which groups have worked with the community before and what challenges arose out of that engagement (e.g., reports or other outcomes generated). It is especially important to learn your organization’s history with the community in question.

II. **Assess your cultural experience**: Ensure team members are culturally competent and able to establish respectful relationships with people of different backgrounds. Consider setting a goal that your agency staff and board looks like the community served. Make cultural competency training an ongoing part of your team’s professional development, and consider being explicit about training for institutional racism and white privilege.

III. **Be prepared for a mismatch in your agency’s charge and the community’s needs**: For example, your agency may be charged with reducing stormwater pollution, but the community might rather work on traffic calming. How flexible can your agency be in shifting course in order to meet the community’s needs? Work out answers to these questions ahead of time so you can be upfront and honest with community members. Be transparent about your goals, the limits to what you can do, and areas where you may be at odds with one another.

IV. **You may face pushback or animosity from some community members when you start working with a new group**: Do not give up if there are people who seem to be against you. This is potentially an opportunity to build trust. Listen to and acknowledge the concerns of individuals who voice opposition. Record and integrate their feedback where possible, and constructively redirect the conversation if it veers off topic. Hang on to those community members who understand and support you. They can help others see the benefits of working with you, and they will be the ones who can help push the ball forward.

V. **Set your community partners up for success**: Once you understand the capacity the community has for change, make sure you have the capacity to give them the support and tools they need to be successful. Do not ask community members to spend their time and resources as a partner with you if you are not able to assist them in achieving success.
A.4. Building the Community’s Readiness to Embrace and Succeed in Leadership Roles

When planning an engagement project, “meet them where they are” is a useful principle both literally and figuratively. Literally speaking, this means engagement activities should be conducted in a location convenient to the focus community, in order to minimize transportation barriers and create a more comfortable environment. Figuratively speaking, it means engaging the focus community at the level that makes sense for the community. For example, if the community has low capacity for engagement, the expectation probably should not be to form an advisory committee that meets on a semi-weekly basis.

Engagement also requires time and resources that communities experiencing inequities may not have readily accessible, so learn in advance about the challenges that may prevent community members from showing up. Be prepared to spend your agency’s resources to ensure these issues do not present barriers to participation. Compensate partners or community members for the expertise they bring via their involvement. This can mean providing child care, food, translation services, transportation, etc., and compensating individuals for their participation.

It is important to understand that your agency is likely not the only one attempting to engage a focus community. Many agencies ask communities (particularly culturally-specific and other trusted organizations) to participate in engagement activities that ask similar questions. Conserve the resources of the focal community and your agency by combining engagement efforts with other organizations, or piggybacking off existing community meetings. This can be anything from town halls to dance classes. This also removes pressure from having to organize and facilitate a meeting all on your own.

A.5. Beginning the Relationship with Communities (Who is in the Room? What if There is Not One Voice for the Community)

I. Getting Started with Engagement

Before diving in to any engagement project, do research to learn what information is already available.

- A good starting point is to take a survey of existing community-based groups (nonprofits, faith-based, ethnicity-based) to see what organizational structures already exist. Then, work on meeting them where they are.

- Talk to your agency partners and contacts to see if anyone has worked with this community before and what information may be useful in planning a project.

- Use crowd-source information. Find community leaders, then ask them for connections to help navigate a way through community groups. Word of mouth comes in handy here, and having a personal connection when to reach out to someone (e.g., “so-and-so told me you’d be a great person to contact”) makes things easier and increases the likelihood of getting the right people at the table. It also ensures that no matter your position in your home organization (ex. director, staff, etc.), community members see you as having the cache to be effective.

Once the research is done, involve the community and identified, trusted organizations in crafting a research question. Engaging at this step is critical to make sure hard work later is in line with community needs and reflective of/respectful toward community culture.
A.6. Walking in relationship with communities

I. Engagement Moving Forward

Be aware of how groups identify (e.g., Pacific Islanders may identify as Tongans or Samoans), and understand if there are different voices and opinions within groups. Acknowledge those differences, and set clear expectations for when answers/consensus is needed and when next steps need to be taken.

Also, know that engagement can be outsourced if your agency has the resources to do so. Make business connections with people who are already engaged in these communities to speed things up, or follow the example of the City of Portland and leverage your networks to develop specific trusted community engagers who can then be borrowed across departments.

II. If at first you don’t succeed, try, try again.

Even with all the preparation in the world, there will inevitably be unforeseeable challenges that require quick thinking and adaptive response.

BOX A.6. TIMING IS IMPORTANT

Sometimes the political environment may present additional challenges to engagement, so projects may need to be put on hold. For example, The Oregon Health & Outdoors Initiative was ready to work with a LatinX hiking group in the Columbia River Gorge, and just before the pilot launched, Donald Trump won the presidency. Anti-immigrant sentiments were a central part of campaign rhetoric, and much of the focus population of the pilot did not feel safe participating in outdoor activities.

When things do not work out the first time, keep showing up, building trust, and finding key community members who can help you succeed in the future. Do not disappear, but take time to invest in the connections that are working and re-strategize with community partners on the best way to increase buy in.
Appendix B: Sample Tree Planting Health Survey (Jade District, Portland, OR)

This survey was built to capture self-reported improvement in physical activity, depression, stress, and social cohesion for participants in a community tree planting effort. The survey was produced by Providence Center for Outcomes Research and Education, adapted from a similar survey built to measure similar health outcomes from outdoor recreation.

Jade District Tree Planting: Baseline Survey

Instructions: This survey will help us learn more about the benefits of community tree planting events. For each question, please fill in the box that best represents your answer. Your results are completely private, and you can skip any question. When you are finished with the survey, please give the survey back to a Friends of Trees staff person.

Part 1: Tree Planting with Friends of Trees

1. How did you hear about Friends of Trees? Mark all that apply.
   - Facebook/Social Media/NextDoor
   - Email
   - Flyer
   - From a friend
   - Friends of Trees yard sign
   - Friends of Trees tree tag
   - Someone spoke to me at my home
   - Other: ________________________________ (please tell us)

2. What type of volunteer are you? Mark all that apply:
   - Tree planter
   - Crew Leader
   - Tree recipient
   - Tree pruner
   - Part of a volunteer group
3. How many tree planting/care events have you participated in?
   - This is my first one
   - 1-2 total
   - 3-6 total
   - I volunteer Once/twice a month
   - I volunteer Every week
   - Other: ____________________________ (please tell us)

4. Do you participate in other community and environmental events (i.e. clean up, invasive species removal, etc.)?
   - Yes (If so, what types of events:) ____________________________
   - No

5. How did the tree planting/care event make you feel? ____________________________
   __________________________________________________________
   __________________________________________________________

6. Do you plan to care for the trees you helped plant?
   - Yes
   - No
   - N/A

7. Do you want to participate in more tree planting events in the future?
   - Yes
   - No
8. For each of the following, please rate the extent to which you agree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trees are important because they shade and cool their surroundings.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees in cities help people feel calmer.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees are a problem in cities because they cause allergies.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should not be planted in cities because they are messy and drop leaves and residue.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should not be planted because they are too costly to maintain.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should be planted in cities to attract wildlife.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should be used in cities because they reduce noise.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should not be planted because their roots crack sidewalks.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Trees should be planted in cities because they help clean our air.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

9. Thinking about the neighborhood that this tree planting event occurred in, please rate the extent to which you agree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love living here in this neighborhood</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I would find it a great pity if I had to move away.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My neighborhood is very special to me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I would recommend this neighborhood to my friends as a living place</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I feel very attached to my neighborhood</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My neighborhood means a lot to me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I do not want to live in another place</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Part 3: Your Health and How You’re Doing Now

10. During the past 2 weeks, about how often have you been bothered by the following problems:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At All</th>
<th>Several Days</th>
<th>Over Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling, down depressed or hopeless</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

11. In the past month, how often have you:

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt that you were unable to control the important things in your life?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Felt confident about your ability to handle your personal problems?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Felt that things were going your way?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Felt difficulties were piling up so high that you could not overcome them?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Reflected on episodes of your life that you should no longer concern yourself with?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Spent a great deal of time thinking back over your embarrassing or disappointing moments?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Part 4: About You

12. What year were you born?

13. Which of these describes you?
   - [ ] Male
   - [ ] Female
   - [ ] Transgender or gender non-conforming
   - [ ] I prefer to self-describe __________

14. How do you describe your race/ethnicity? Mark all that apply.
   - [ ] White
   - [ ] Hispanic, Latino, or Spanish origin
   - [ ] Black or African American
   - [ ] Asian
   - [ ] American Indian or Alaska Native
   - [ ] Middle Eastern or North African
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] I prefer to self-describe __________

15. What language do you speak best? Mark only one
   - [ ] English
   - [ ] Spanish
   - [ ] Mandarin
   - [ ] Vietnamese
   - [ ] Other: _________________

16. What is the closest major intersection to your house? _____________________________

17. We will ask participants to take a follow-up survey in a few months. Please provide us with an email or text-capable cell phone. We would greatly appreciate your participation in our follow up survey.

   Cell phone (include area code): _____________________________

   E-mail: _____________________________

   Participant Name: _____________________________
Appendix C: Sample Logic Model Linking Tree Planting and Health

This logic model was built to design evaluation for health improvement in physical activity, depression, stress, and social cohesion tied to community greening efforts. The logic model was produced by Providence Center for Outcomes Research and Education.

Neighborhood Greening Project

Question: impact of a community greening/revitalization project on residents' health

### Key:

**Inputs**: What are the resources needed for the program?

**Activities**: What activities will the program implement?

**Process outcomes**: What is produced?

**Initial outcomes**: Outcomes that occur within the first year of the program. For the most part, these outcomes will continue into intermediate and long term outcomes.

**Intermediate outcomes**: Outcomes that occur 3-5 years after the start of the program. For the most part, these outcomes will continue into long term outcomes.

**Long-term outcomes**: Outcomes that occur 5+ years after the start of the program.

### Table

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Process Outcomes</th>
<th>Initial Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff</td>
<td>Program Planning</td>
<td># of Events Organized</td>
<td>Community Green Space</td>
<td>Roadside Safety</td>
<td>Heart disease (Donovan 2015)</td>
</tr>
<tr>
<td>Partner Staff</td>
<td>• Build Relationships</td>
<td># of Attendees</td>
<td>Tree Canopy</td>
<td>Pollution Removal</td>
<td>Acute respiratory symptoms (Nowak 2014)</td>
</tr>
<tr>
<td>Evaluation Staff</td>
<td>• Develop An Evaluation Plan</td>
<td># of Trees Planted</td>
<td>Neighborhood Beautification</td>
<td>Air quality improvements (Nowak 2014; McPherson 1994)</td>
<td>Asthma (Lovasi 2013; Lovasi 2008)</td>
</tr>
<tr>
<td>Volunteers for All Events</td>
<td>• Recruit Volunteers</td>
<td>Community Reaction to the Program</td>
<td>Community Attachment (Arnberger 2012; Maas 2009)</td>
<td>Crime (Troy 2012; Kuo 2001)</td>
<td>Gentrification and Displacement</td>
</tr>
<tr>
<td>Materials for Tree Planting, Tree Care, Clean Up</td>
<td>Tree Focused</td>
<td>Spacial Location of the Green Space</td>
<td>Physical Activity (Hillsdon 2006; Coombes 2010)</td>
<td>Birth outcomes (Donovan 2011)</td>
<td></td>
</tr>
<tr>
<td>Space for Neighborhood Meeting</td>
<td>• Tree Planting</td>
<td></td>
<td>Mental Health (den Berg 2010; Alcock 2013; Astell-But 2013; Barton 2010; Nusford 2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Funding</td>
<td>• Tree Walks</td>
<td></td>
<td>Water Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tree Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community Garden</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Backyard Habitat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Focused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clean Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Canvassing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix D: Steps for Program Evaluation

Evaluation steps are interdependent and can occur simultaneously. The steps are not prescriptive and can be adapted and revisited as a program evolves or evaluation needs change.

### TABLE D.0. PROGRAM EVALUATION STEPS

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION STEP</th>
<th>THINGS TO ASK AND DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage stakeholders</td>
<td>Who is the audience for the evaluation? How will it be used? Stakeholders include the population the program serves, who will use the findings, and people running the program. Bring these stakeholders in early!</td>
</tr>
<tr>
<td>Describe the program</td>
<td>What are the program activities and goals?</td>
</tr>
<tr>
<td></td>
<td>What is the need/problem to be solved? Some examples:</td>
</tr>
<tr>
<td></td>
<td>Anticipated health and environmental outcomes from proposed greening;</td>
</tr>
<tr>
<td></td>
<td>Another way to prioritize locations and types of greenspaces;</td>
</tr>
<tr>
<td></td>
<td>A way to track and communicate progress over time; and</td>
</tr>
<tr>
<td></td>
<td>Addressing community concerns.</td>
</tr>
<tr>
<td></td>
<td>What is the focus population/community?</td>
</tr>
<tr>
<td></td>
<td>What is the logic model connecting inputs/activities to outcomes (see Appendix C for sample logic model for tree planting)?</td>
</tr>
<tr>
<td>Focus the evaluation design</td>
<td>What is important to learn most given the resources available for evaluation?</td>
</tr>
<tr>
<td></td>
<td>Prioritize the activities most important to evaluate (e.g., greenspace in the right-of-way or urban tree planting) and consider how to address stakeholders’ needs and interests.</td>
</tr>
<tr>
<td></td>
<td>What are current conditions before the program begins? It is hard to measure change and improvement without a good baseline description.</td>
</tr>
<tr>
<td></td>
<td>Use existing evidence to show connections to health; make use of existing data resources from government (federal, state and county), hospitals, or NGOs.</td>
</tr>
<tr>
<td></td>
<td>Make sure the project partners have the capacity to implement and use the evaluation (e.g., do not expect community organizers to help distribute surveys if it is not built into their job; anticipate that some activities may not happen because of lack of staff availability in summer).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROGRAM EVALUATION STEP</th>
<th>THINGS TO ASK AND DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather credible evidence</td>
<td>Data may come from multiple sources, such as program measures, partner data, public sources, or primary data collection. Decide whether data is needed at the community level (e.g., postal code obesity rates) or the individual level (e.g., my own physical activity). For health data (primary or secondary) clearance to access data gets challenging as evaluation needs data closer to the individual scale. The Healthcare Insurance Portability and Accountability Act (HIPAA) strictly protects privacy for medical information and individual health records. Other useful sources may be the U.S. E.P.A. EnviroAtlas, or the Trust for Public Land’s ParkScore rankings. Potential data needs: • Inputs (money, staff, time, materials); • Outputs/Process (number of people served, activities completed, consistency across subgroups); and • Outcomes (changes in health, social cohesion, community engagement)—These can be broken down into initial, intermediate, and long-term outcomes in a logic model. Qualitative and quantitative data are complimentary. Avoid numbers without a story, or a story without numbers. Each speaks to the hearts and minds of different audiences. Choose data sources carefully. For example, administrative crime statistics are a better measurement of where police are active, not necessarily the changing levels of crime. Also, peer-reviewed journal articles do not publish evaluations where there is no (or a null) effect. So if a tree planting effort showed no change in asthma, that result might not get published even if very relevant for city decision-making around asthma and urban forestry. People who have done similar evaluations before may have such information on activities that have not been effective. Be aware that a detected change in outcomes may have nothing to do with program activities. When crime rates dropped in the 1990s, was it because of tough on crime laws? There remains broad disagreement over the causes of crime rate drops. The strongest evidence comes when an evaluation can contrast outcomes with a comparison group not served by the program, measuring change against benchmark and toward a target health outcome. Wait lists for program participation can be a creative way to find a control group. At the City scale, neighborhood comparisons can be useful. Justify conclusions Analyze data and work with stakeholders and health experts (if available) to understand the meaning. Ensure use and share lessons learned Report to relevant partners and officials. Improve the program. Extend or spread the program. Make recommendations. Leverage the results to access more funding.</td>
</tr>
</tbody>
</table>

109 https://www.epa.gov/enviroatlas.
110 http://parkscore.tpl.org/.