

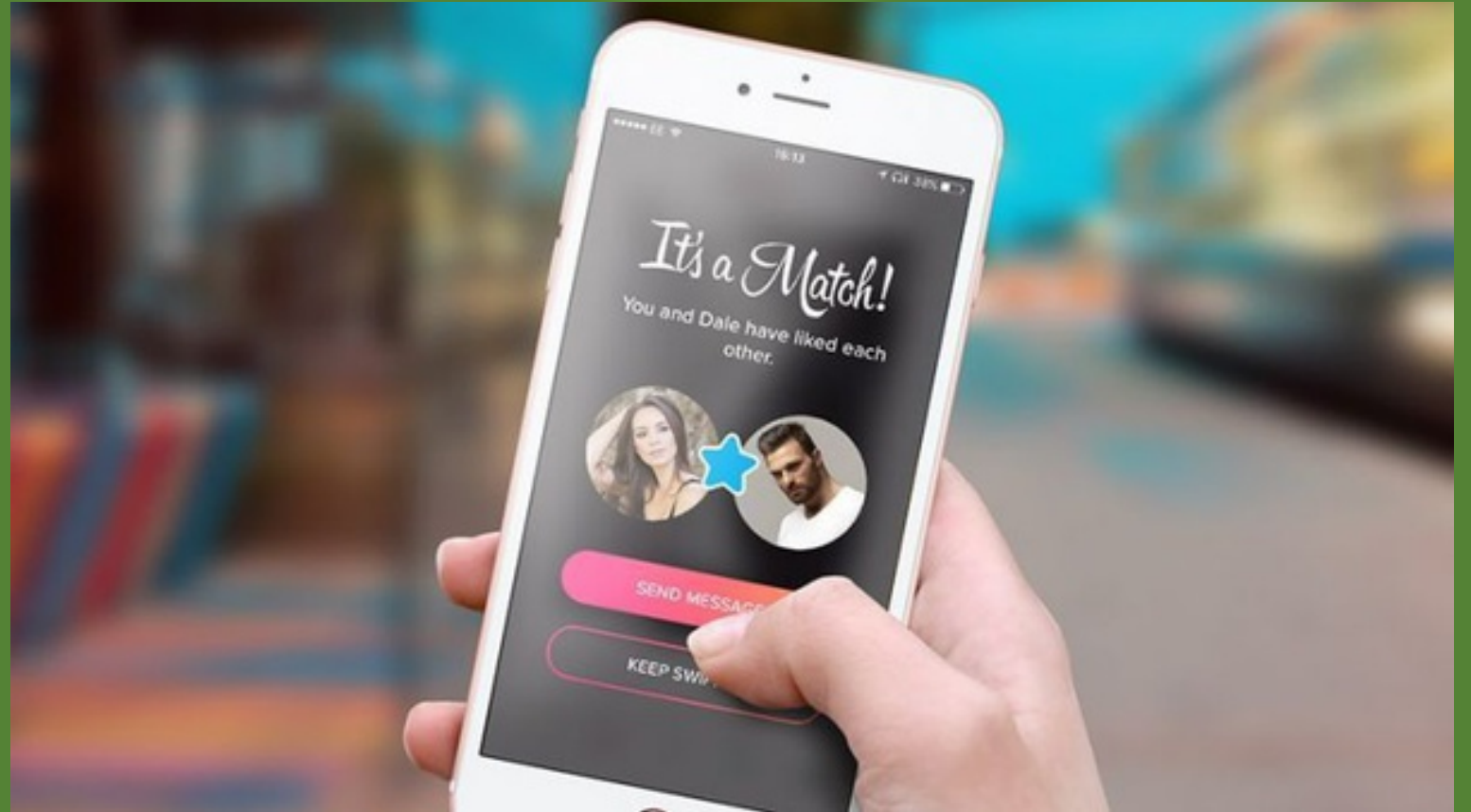


*Health Care to  
Planners:  
Swipe Right?*

Dear  
Planners,

We have so  
much in  
common.  
Swipe right?

Nurses &  
Doctors



# Planning and Health Care:

Not that  
different?

**Common goal: Striving for health for  
Individuals, communities**

**Similar barriers to health:**

- Specialized Language
- Barriers to access
- A challenge to surface agency
- Mostly downstream
  - Industry agendas
  - Danger of prioritizing short-term, performative, surface symptoms, ornamental

# Working downstream . . .

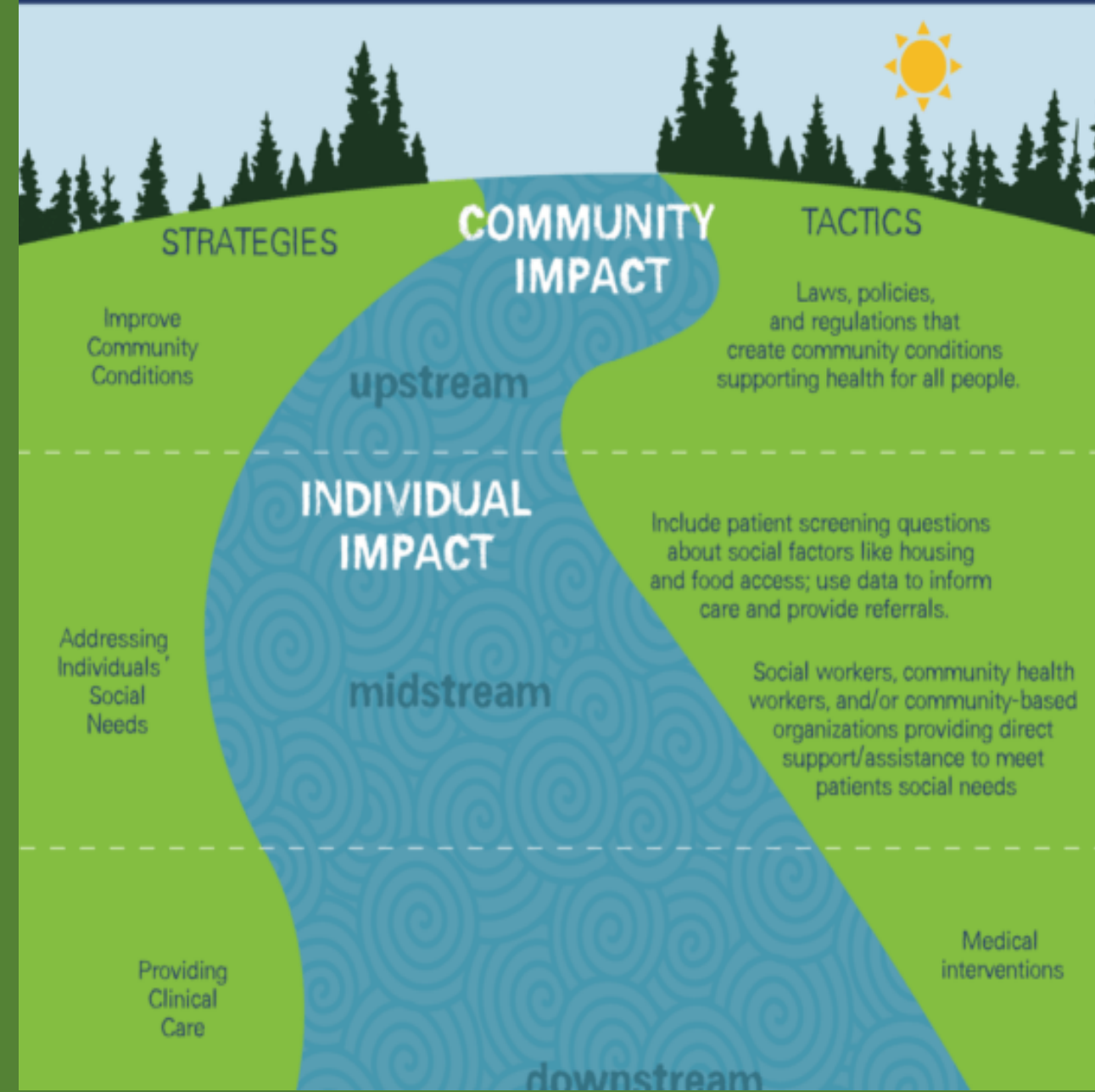


*But what does upstream mean?*

- Economy
- Education
- Food systems
- Environment
- Housing
- Culture
- Systemic Racism
- Etc . . .

*Is this upstream enough? Who has agency for economy, education, etc.?*

## SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM





# SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM

*Related but not identical:*

## Social Determinants of Individual Health

- Economy, education, housing, equity, etc..

## Social Determinants of Community Health

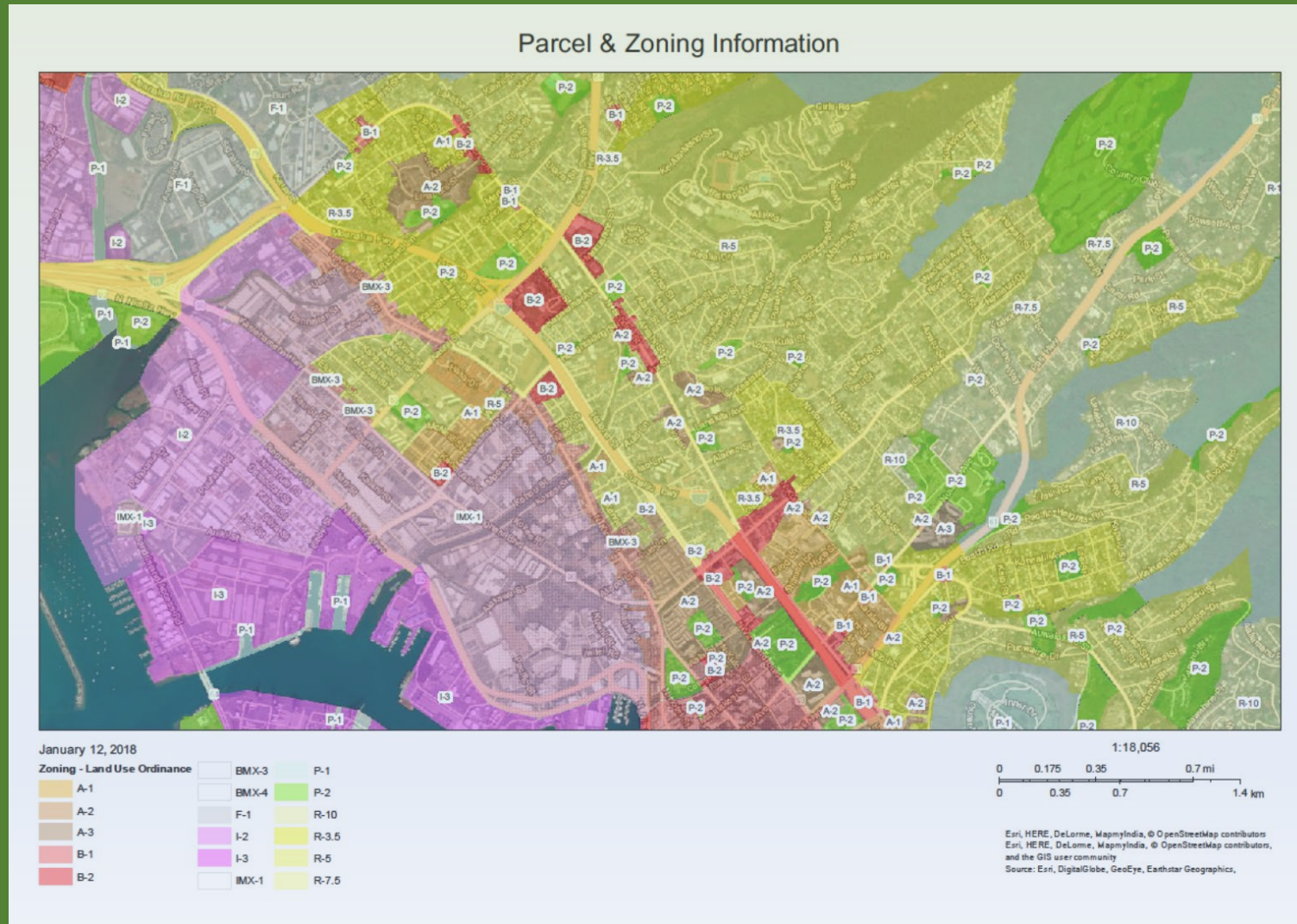
### Examples:

- Shared values & narratives
- Mutual trust and respect
- Cultural practice and protocol
- Celebration
- Translational capacity
- Community owned institutions (CDCs, CDFIs, CHDOs, CDEs)



# Our Beloved Kalihi: What's going on Downstream?

- Transit Oriented Development (3 rail stops)
- Redevelopment of OCCC site
- Public Housing Redevelopment
- Fear of Gentrification/ Displacement
- What else?







**Zoom down to just  
one Ulu tree on  
Gulick Avenue . . .**

***Stories as catalyst for  
connection, health,  
resilience***

***Loss of stories as  
disconnection,  
displacement,  
pathology***



*COVID as Accelerant:*

Through reaching out and connecting through accessible COVID testing, **social determinants advocacy**, deliveries of food, produce, hot meals and supplies, and listening to and sharing stories and gifts, both staff and community members are transformed.

“In the true essence of why KKV started, people are being reminded that we are descendants of those super aunties that went door to door – this is our genealogy.”





How do we  
move upstream  
in the  
development of  
communities?

KKV's beginner's  
mind. We hope  
we're not eaten.



*Health Framework*

**Pilinahā:**

## **The Four Connections**

*Health is Connection*

*to place*

*to others*

*to past-present-future*

*to our best selves*

*Can this also be our framework for  
community development?*





# COVID PSA: It's our turn

<https://www.youtube.com/watch?v=W90FxtJkpEc>



# First: Transformational Hosting for Systems Change

*Defined as fostering—through cultural protocol, storytelling, healing environment, shared meals, and slow, caring, respectful facilitation—the understanding, trust, and vulnerability necessary for a group of people to (re)awaken and employ their individual and collective capacity to affect positive change in their community.*



We are not technical experts  
outside of the circle.  
We are part of the circle.



# Second: Leadership Development

**Youth**  
Start early

**Professional Students**  
Finance, Architecture, Planning, etc

**Learning Collaboratives**  
“Human, Learning, Systems”, Toby Lowe

**Emerging Leaders**  
Towards community-owned institutions



# Third: Direct CIVIC Engagement

- Still responsible to effect downstream change as best we can
- Downstream planning opportunities as learning labs & case studies
- Engage all cohorts (youth, collaboratives, emerging leaders, students)
- Don't let short-term timelines impede long-term capacity building



Health Care & Planning:

What is our respective *kuleana* for fostering upstream and sustainable community agency?

What is our role in fostering the Social Determinants of Community Health? Community Agency over the Social Determinants of Individual Health?

How do we work together?



# Thank you!

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Kokua Kalihi Valley  
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