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.?
**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)

**Even further upstream is Community Agency**
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=W9OFxtJkpEc
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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