

The following was an assignment about an urban planning issue of our choosing. I wrote about possible dangers involving inequity in “smart cities”. This assignment piqued my interest in the subject, and I picked up Happy City: Transforming Our Life Through Urban Design and The Death and Life of Great American Cities as a result. Both are excellent books on the topic.

MEMORANDUM

To: Gavin Belson, Sidewalk Labs CEO
From: Navya, Quayside Project Junior Analyst
Subject: Changes to make Quayside Equitable
Date: May 8, 2020

Good afternoon Mr. Belson,

We at Quayside have made great strides in addressing issues related to environmental pollutants, transportation, energy use, and green space. Although our project can potentially reduce health disparities, our approach, specifically with respect to design, is counterproductive to these ends because we are not centering the community. As you may remember, our lengthy disagreement with Toronto’s government stemmed from Sidewalk’s desire to design, monitor and profit from Quayside’s urban space (as we have done in the digital world). We have just reached a compromise regarding our ability to collect data and profit from this project: we must work with local developers and treat any data collected as a public asset, rather than our property.

My leadership on this project has framed this as a huge financial loss. Additionally, they are disappointed that we are not able to prioritize innovation for innovation’s sake, as our amazing team worked incredibly hard to develop remarkable, creative technologies with Sidewalk Labs’ resources. Although I understand the monetary, intellectual, and personal concerns of the team, this project’s scope, target, and goals necessitate different priorities: namely, that of the community and its constituents.

In summation, in the interest of health equity, I urge you to take the following three actions before the next leadership meeting with my superiors:

- 1. Invest in research of Quayside's public health**
- 2. Create a community-based consultancy to work with our corporate team**
- 3. Urge the leadership to prioritize health equity above innovation**

1. Invest in further research of Quayside's public health

Although there are public health data available regarding the Quayside community, we have not done a thorough enough job sifting through these patterns and trends to critically evaluate their implications. Our strategies are tailored towards improving broad health and environmental outcomes but are not fitted to the particular needs of this community, evidence of our under-coverage. As an analyst, I've assessed a number of these trends, such as Toronto's diabetes prevalence. While Quayside has committed to increasing all citizens' baseline health, we have not accounted for the inequities demonstrated in analyses such as *The Unequal City Report*: released by the Toronto government in 2015, it shows that low-income groups have worse health for 20 out of 34 status indicators, including diabetes, cardiovascular disease, and various STIs.

Although it seems as if addressing these concerns on a broad level for all citizens will "level the playing field," this macro-level approach ignores intersectionality, including, but not limited to, facets such as economic status, that can exacerbate poor health outcomes. Our current strategies do just that: take the population data for face value without considering various intersections of experience. For example, to decrease incidence of cardiovascular disease, diabetes, and physical inactivity, my team has proposed incredible plans to make Quayside more pedestrian and bike-friendly. However, leadership did not second the motion to incorporate data on how many people may be commuting outside the community for work or other obligations, the population's accessibility needs, and ways to subsidize transportation. Additionally, there are potential bases of exclusion my team has glossed over related to socioeconomic factors. For example, those who work longer hours to make ends meet will not be able to engage in community spaces like their wealthier

counterparts. Additionally, smoke-free environments restrict engagement of people navigating substance addiction, a condition that is highly prevalent among socioeconomic minorities. Thus, we should ask and pursue better research questions to re-calibrate our design process.

2. Create a community-based consultancy to work with our corporate team

In addition to the macro-level research, which can often obfuscate relevant details, we ought to have more dialogue with the community we are serving. Instead of designing the city “behind closed doors,” we should incorporate consulting mirrored on community-based participatory research. This way, we can gauge what the community needs by asking them, rather than deciding for ourselves.

The consultancy is not an alternative, but an *addition* to investing in public health research, as it provides additional, different context and a more complete picture to what it’s like to live in this community. We should focus on three things: where people struggle with community engagement, health-related challenges, and how citizens are affected by their environment. Negotiating with the government was a step in the right direction, and it’s great that we emerged with a compromise rather than posing an ultimatum. We should also have these discussions with diverse sub-communities who will live in Quayside, balancing what we can and want to achieve as a company with these constituents’ interests and needs.

In meetings with community stakeholders, we ought to ask how our proposed plans would affect their daily lives and long-term health and wellness. We should then incorporate user feedback and data by measuring the right thing—often times, things go under the radar if we’re not asking the right questions: we’ll end up solving the wrong “problems.” For example, many non-governmental organizations use pseudo-markers of success, such as mosquito nets distributed, as a proxy for achieving public health outcomes, such as decreasing malaria prevalence. Similarly, failing to address the community’s real problems, especially those disproportionately affecting minorities, is counterproductive to our goal of health equity. Additionally, our current approach could re-entrench

oppression and marginalization by designing a space that excludes engagement from minority populations. Thus, excluding the perspectives of marginalized populations, who are often ignored by the government, is a huge threat to health equity.

I've received pushback on these ideas because of resource allocation: the team, specifically leadership, wants to move ahead with development rather than investing more into research and design. However, in the interest of achieving our main goal—building an equitable community—I urge you to create a community-based consultancy with whom we will have ongoing dialogue regarding the many facets of this project.

3. Urge leadership to prioritize health equity above innovation

This step is less of a concrete “step” than it is a demonstration of a commitment that will re-orient all further action on this project towards the ultimate end of health equity. As CEO of Sidewalk Labs, you are the only one who can make a statement that will change behavior in all levels of leadership. Historically, urban renewal movements that centered themselves on broad ideals or innovation as an end in itself—rather than communities and their individuals—have failed.

Le Corbusier's approach to redesigning Chandigarh, the capital of the Indian state of Punjab, exemplifies the influence leadership and majority populations can have on a community without incorporating community members/stakeholders into the process. Although Chandigarh's design was seen as a triumph by critics, it was not seen the same way by citizens. In “Chandigarh: A Planned City”, Ravi Kalia maintains that the foreign architect did not incorporate culture and community contexts into his design, leading to a sense of alienation among Chandigarh's citizens. Though our team is arguably more equity centric than Le Corbusier, who prioritized his creative vision above all else, we are still imposing our “ideal” vision of a “smart” city onto a community we are not a part of. The two prior action-items were concrete steps for my team to take, but this step embodies the main idea that will hopefully force our team to re-examine our motivations behind

taking certain actions on the project. Although it will receive pushback because this might mean scrapping hours of work our team has invested in innovation, planning, and design, the ends of health equity justify the means of taking the long way of doing things right.

Next steps

We've made incredible strides as individuals, a team, and a company to commit ourselves to designing a community centered around health equity, social justice, and societal well-being. In order to make this commitment a success, I advise you to **invest in further research of Quayside's public health** to ensure we are asking and answering the right questions to guide our progress on this project. Furthermore, I urge you to **create a community-based consultancy to work with our corporate team** to ensure our knowledge is experiential, pluralistic, and diverse in addition to data-driven. This also centers intersectional and marginalized voices who are often ignored by the government and other powerful community decision-makers. Finally, I advise you to explicitly **urge leadership to prioritize health equity above innovation** to demonstrate a cultural shift in our values and guiding principles. While these changes will lead to a greater investment of time, effort, and resources on our part, it is all worthwhile because of the impact we'll have on fulfilling our commitments to creating safer, healthier and happier communities.