

**COMMUNITY AND ENVIRONMENTAL HEALTH PLANNING
URPL 6300 (3 UNITS)
SPRING 2017**

Class meets: Wednesdays, 2:00-4:45 p.m.
CU Building Room 495

Instructor: Assistant Professor Carolyn McAndrews

Office and contact information: CU Building 320BB
carolyn.mcandrews@ucdenver.edu
Tel: (303) 315-1000
Office hours: Tuesdays 12:15-2:15 p.m.
or e-mail to schedule an appointment

1. Course Information

Compared to people in other advanced economies, Americans spend the most on medical care and have poorer health and shorter lives. In addition, our health depends on where we live. The uneven distribution of access to social, physical, and economic resources is at the core of health disparities. For example, when health-promoting amenities such as sidewalks and good schools don't reach at-risk populations, we're not planning for healthy communities.

In this course, we work at the intersection of public health, planning, policy, and design. We consider why certain places promote good health, and how to create a more equitable distribution of health assets and risks across space. The course assignments are flexible so that you can work within your home discipline while branching out to add new ideas. This course works best with a mix of disciplinary backgrounds, and all students are welcome.

This is a graduate-level seminar with no prerequisites.

Schedule

| Week | Date | Topic | Application |
|--|--------|--|---|
| Part 1. Introduction | | | |
| 1 | Jan 18 | Introduction to the course | What is at stake in planning for healthy communities? |
| Part 2. Fundamentals | | | |
| 2 | Jan 25 | Prevention, behavior, actual causes of death | Physical activity |
| 3 | Feb 1 | Population health and health disparities | Air pollution, economic development |
| 4 | Feb 8 | Social determinants of health | Neighborhoods, social capital |
| 5 | Feb 15 | In-class presentations | Images and voices of community health = untangle the people/places question |
| Part 3. Multi-level frameworks for practice | | | |
| 6 | Feb 22 | Exposure and outcome metrics | Transportation injury prevention |
| 7 | Mar 1 | Health assessment and impact analysis | Housing and community development |
| 8 | Mar 8 | Multi-disciplinary public health planning | Colorado |
| 9 | Mar 15 | In-class presentations | Voices of community health = what does your interviewee say about people/places question? |
| Part 4. Example system: Universal design | | | |
| 10 | Mar 22 | No class – spring break | |
| 11 | Mar 29 | Universal design | Accessibility |
| 12 | Apr 5 | Mental health and stress | Public space |
| 13 | Apr 12 | Applications workshop | Prepare memo to inform plans, model code |
| Part 4. Example system: Health promotion in building design | | | |
| 14 | Apr 19 | Child well-being | Housing design and context |
| 15 | Apr 26 | Worker well-being | Worksites |
| 16 | May 3 | Applications workshop | Prepare memo to inform plans, model code |

Learning Objectives

After completing this course, you will be knowledgeable about the intersection of public health, people, place, design, and policy.

Per the Planning Accreditation Board's educational outcomes criteria, the course has the following learning objectives:

1. **Governance and Participation:** Appreciation of the roles of officials, stakeholders, and community members in planned change – particularly the interdisciplinary nature of healthy communities planning.
2. **Quantitative and Qualitative Methods:** Data collection, analysis and modeling tools for forecasting, policy analysis, and design of projects and plans – particularly the data needs and analytical techniques for population health/community health analysis.
3. **Social Justice:** Appreciation of equity concerns in planning – particularly health disparities.
4. **Plan Creation and Implementation:** Integrative tools useful for sound plan formulation, adoption, implementation, and enforcement – particularly with respect to public health components.
5. **Leadership:** Tools for strategic decision-making, team building, and organizational/community motivation – particularly leadership in bringing public health to planning- and design-related policy agendas.

Readings

You are expected to complete all reading assignments before class. Most course materials will be available electronically. Occasionally, additional materials will be handed out in class.

Readings are intended to familiarize you with a range of current topics. They are a form of self-directed learning, and they prepare you to do group-based learning during class sessions. They bring everyone in the class to the same starting point.

Lectures, Class Discussions, and Exercises

The course is not organized around lectures, although sometimes they may be used. Generally, class time is spent in discussion and exercises, which review and extend the material covered in the readings.

You are expected to be active participants and leaders in these discussions and exercises, and to integrate information from lectures, readings, discussions, and exercises into your assignments.

Most students will be more expert in certain areas than in others because of disciplinary backgrounds and prior experience, but everyone has a lot to learn from one another. You should prepare to share your learning with the class to facilitate peer instruction. Additional readings, meetings with subject-matter experts, or meetings with the instructor during office hours may also help you become more proficient in topics outside of your home discipline.

Communication

Unless otherwise noted, we will use Canvas for all official course communication and it is your responsibility to use Canvas settings that enable reliable communication. For example, this may mean selecting a personal e-mail address as the default in Canvas. I may use Canvas for course announcements, announcing changes to the schedule and/or syllabus, returning graded assignments, personal communication, or other course-related business. All assignments, unless otherwise noted, must be submitted on Canvas. You should be familiar with Canvas's assignment submission procedures.

Grading Policy

Grades will be based on the following (see the descriptions and rubrics below):

| Date Due | Assignment | Points |
|-------------|---|------------|
| Each class | Attendance and engagement | 150 |
| Each class | Single slide for discussion | 100 |
| Each class | Commentary about readings | 100 |
| February 15 | Images of community health + presentation | 100 |
| March 15 | Voices of community health + presentation | 100 |
| April 12 | In-class workshop | 150 |
| May 3 | In-class workshop | 150 |
| | Total | 800 |

Final grades will be based on the total number of points earned.

800-720 = A/A-
719-640 = B+/B/B-
639-560 = C+/C/C-
559-480 = D+/D/D-
479 or below = F

All assignments, unless otherwise noted, must be submitted in PDF format on Canvas by 14:00 on the due date. Please compile multiple pieces of an assignment into a single PDF. Each student should be familiar with Canvas's assignment submission procedures.

Grading will be based primarily on the quality and depth of the work presented, but organization, composition, presentation, and copy editing will also be taken into account.

You are expected to turn in both graded and ungraded assignments on time (see schedule). Out of respect and fairness for all members of the class, extensions will be granted only in the case of an actual emergency. Late assignments (those for which an extension has not been granted) lose up to 25 points per day.

Academic Honesty

Education at the University of Colorado Denver and in the College of Architecture and Planning (CAP) depends on honesty and integrity, as well as appropriate conduct. CAP students are required to follow the Student Code of Conduct and the Honor Code. Please refer to <http://www.ucdenver.edu/academics/colleges/ArchitecturePlanning/discover/Documents/HonorCode-Graduate Students-Fall 2009.pdf> for details.

All University and College policy, as well as common sense, regarding academic honesty applies in this course. Plagiarism and cheating are not tolerated and will be handled through the University's official process. When working in a group, it is the responsibility of everyone in the group to maintain the norms of academic integrity.

You may do joint work with other courses only with the permission of all instructors and when the work is suitable for the topic and the course.

Accommodations

If you need accommodations, or if you are not sure whether you need accommodations, then you need to contact the Disability Resources and Services Office on campus. See <http://www.ucdenver.edu/student-services/resources/disability-resources-services/accommodations/Pages/accommodations.aspx> for more details.

2. Assignments

The assignments are designed to give students experience analyzing various aspects of healthy communities planning, and to prepare students to participate in a cross-disciplinary practice environment.

ASSIGNMENT 1: Attendance and participation

Due: At each class session

Total points: 150

Class participation traditionally means demonstrating one's knowledge verbally and hiding any evidence of gaps in knowledge, doubts, and questions. These traditional expectations of class participation do not support learning in the classroom. They are particularly difficult for students who are less verbal. Instead, positive participation for this course means having positive externalities on others' learning.

Norms of participation in this course include the following aspects of engagement (adapted from: Lathrop A. 2006. Teaching How to Question: Participation Rubrics. The Teaching Professor, 20(2): 4-5):

- Preparation: Demonstrate being prepared for class by arriving on time, taking notes, bringing notes and copies of the readings to class, researching unfamiliar or interesting topics found in the readings, and setting an intention for the class meeting.
- Engagement: Actively engage with other members of the class in respectful and inclusive discussion and active listening. It is usually more important to listen than to talk. It's also important to engage with people who you perceive as different from you. This means being curious about and open to what other people think and experience.
- Initiative within a group: Ask questions during discussion that focus, clarify, and summarize what the group is talking about. Help others express themselves when they have trouble communicating. Create space for shy people. Don't monopolize conversation. In general, try to have a positive effect on other people.
- Discussion: Discussion is about increasing collective understanding, not only individual understanding. Successful class discussion requires having compassionate and respectful relationships with peers, and these relationships reflect higher order intellectual and emotional skills (analysis, synthesis, compassion, etc.). In contrast to the traditional classroom, discussion in this class is not about showing other people how much you know.

Each week, you may earn up to 10 points for attendance and participation. These points will be added to the assignment in Canvas each week until they total 150 at the end of the semester.

ASSIGNMENT 2: Slide and reading commentary for discussion

Due: Each Monday by 11:59 p.m.

Total points: 200 (10 points for each commentary and 10 points for each slide)

Readings are a primary method of learning in this course. Each week, approximately three required readings present information, themes, and arguments that we will discuss in class. The

syllabus includes optional readings for anyone who desires more information. Often, these optional readings are relatively theoretical or they offer an interesting case or perspective. The syllabus also offers questions to focus your reading, but feel free to read in whatever way works best for you. Materials posted on Canvas offer information about strengthening your reading skills – these are essentially guides to “reading in graduate school.”

Students will prepare a total of 10 weekly commentaries related to the readings. The first commentary is due in the second week of class, and the final commentary is due during the week of April 24th.

The commentaries should be no more than 250 words in length, and they should be posted to the discussion board in Canvas. One’s own commentary must be posted before one can read those of other students.

Also make a single power point slide, composed primarily of images, that creatively reflects your response to the readings. These slides will be the basis for our class discussion. Upload your slide with your commentary.

These commentaries and slides are an exercise in reflection. They are an opportunity for students to share opinions, thoughts, and doubts about the readings. The best commentaries demonstrate that the student has gained a new insight into public health, place, and policy. A possible prompt is: “What is the main thing that you take away from this set of readings?”

The commentaries and slides are due no later than 11:59 pm on Monday for Wednesday’s class to allow everyone one day to read them before class, and even comment on another student’s commentary.

There is no rubric for this assignment. Commentaries and slides that are submitted on time receive full credit. No credit is given for only a summary of the readings.

ASSIGNMENT 3: Images of Community Health + Presentation

Due: February 15

Total points: 150

Select a topic at the intersection of public health and place that matters to you, and that you will investigate throughout the semester. Examples of topics include the health impacts of racial segregation of housing in the US (these impacts are likely different for different racial and ethnic groups, so be specific), the effects of brownfields or brownfield redevelopment on neighboring communities, worksite design and physical activity, community policing and law enforcement policies, etc. etc.

The purpose of this first assignment is to investigate the role for individual health, community health, and the characteristics of healthy places. You will investigate this question for your topic.

1. What are the important social factors that must be considered to understand your topic?

2. What are the important environmental factors that must be considered to understand your topic?
3. How do you think these social and environmental factors might be connected in the case of your topic?
4. What is at stake, i.e., why is this topic important?

This assignment has two deliverables. The first is a well-designed poster (no larger than 24"x36") that accomplishes the following things:

1. Responds to the questions posed above using photographs, drawings, graphic archival materials, etc. Successful documentation will “show” the audience how people are place are related to public health rather than “tell” them.
2. Communicate the significance of your topic. The goal here is to be analytical and insightful, not simply descriptive.

The second deliverable is a presentation of the poster. You will present you work in a pin-up session in class on February 15th and we will discuss the work as a group. Note: You should investigate options for using the printers/plotters in the CAP computer lab in advance of the deadline.

| Grading Rubric: Images of Community Health | | | |
|---|--|---|--|
| | Excellent | Good | Poor |
| Respond to the questions | Powerful images that focus in on one issue (60 points) | Images are ok but they are not aligning clearly with the questions and topic (54-69 points) | Images do not respond to the questions (≤ 53 points) |
| Insight into the topic | The interpretation of the topic is focused, insightful, and analytical (30 points) | Interpretation is descriptive, not analytical, and not focused (27-29 points) | Problem is not accurately analyzed and/or is not focused (≤ 26 points) |
| Organization, composition, presentation | Professional (10 points) | A good draft (9 points) | Needs serious revision (≤ 8 points) |
| Total | 100 points | 90-99 points | ≤ 89 points |

ASSIGNMENT 4: Voices of Community Health (Interview) + Presentation

Due: March 15

Total points: 150

Build on Assignment Three to complete this assignment. Now that you have knowledge of the social and environmental factors that are important for your topic, it is time to learn about the actors, agencies, policies, and other “institutional” factors that are important.

The assignment is to conduct an interview with an expert practitioner or community member involved in healthy communities planning and/or design. The interviewee may work in any institutional context: government, consulting or private sector, nonprofit, community, academia, etc. This person is an expert because he or she has a deep and rich understanding of the issues at stake when linking people, place, public health, and policy. The interviews should provide insight into the topic you have chosen to investigate this semester, specifically, about how people *practice* planning, policy, design, and public health in this area. Also, about the central question of individual health, community health, and the characteristics of healthy places.

Background Research and Draft Questions

The assignment has two parts. In coordination with identifying an interview subject and arranging an interview (about 30-60 minutes, depending on the interviewee's availability), each student will carry out background research about the interviewee and his or her area of expertise to help prepare a set of interview questions. To guide the development of interview questions, state what you want to learn from this expert. This "interview theme" should be stated in 50 words or fewer.

The brief background memo (no more than 1,000 words), the 50-word interview theme, and a set of interview questions (three main open-ended questions with probes, for example) are part of the final deliverable.

Please seek out information about qualitative interviewing in preparation. For example:
http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/publications_tools/publications/_pdf/pr_section_3.PDF

Conducting the Interview

To arrange the interview, contact your interviewee and explain who you are, your request for an interview, and the purpose of the interview. Be on time to the interview, and before beginning, explain to the interviewee (again) the purpose of the interview and what to expect. Also, tell the interviewee that he or she can refuse to answer any question and can stop the interview at any time.

Please ask your interviewee if you may contact him or her at a later date for any follow up questions. The Department of Planning and Design is improving its website, and is looking for examples of student work to include online. These interviews would be good material for the website. If your interview is selected to include online, we would like to ask your permission, and the interviewee's permission, to use it online.

You may record the interview if you would like to. Be sure to ask for permission from the interviewee if you elect to do this.

Interview Write-Up and Presentation

The final deliverable is a transcript (or notes) of the interview, including the interview questions and the interviewee's responses. This is an example of an interview transcript from *The New York Times*: http://www.nytimes.com/2013/08/18/magazine/snowden-maass-transcript.html?_r=0

Include in the final submission the background research, interview guide, 50-word interview theme, and a reflection on what you learned from the interview (no more than one page, single-spaced).

During class, each student will present his or her interview and the class will have a group discussion about what was learned, collectively, from these various voices of community health practice.

| Grading Rubric: Voices of Community Health | | | |
|---|---|--|---|
| | Excellent | Good | Poor |
| Interview focus and preparation | The background research, theme, and questions are cohesive (30 points) | The topic may be interesting, but the approach needed more focus (27-29 points) | The preparation was not adequate (≤ 26 points) |
| Effectiveness of interview | Reflection teaches us specific things about practice that relate to the class (60 points) | Reflection is vague and not clearly linked to class, but it is reflective (54-59 points) | Reflection is not effective (≤ 53 points) |
| Demonstration of professionalism | Approach to the interview process is clear, complete, and responsible (10 points) | Approach to the interview process needed more care (9 points) | Approach to the interview process could lead to professional embarrassment (≤ 8 points) |
| Total | 100 points | 90-99 points | ≤ 89 points |

ASSIGNMENTS 5 and 6: In-class workshops to develop model code for health-promoting development practices

Assignment adapted from the syllabus for “Environmental Planning and Management” by Austin Troy University of Colorado Denver.

Memo and model code workshop #1

Due: April 12

Total points: 150

Memo and model code workshop #2

Due: May 3

Total points: 150

These workshops are an opportunity to apply your learning to real-world cases by reviewing and writing model code that local governments may adopt.

Your job is to update and create new content for the Sustainable Development Code Framework. This was formerly housed at the Rocky Mountain Land Use Institute at University of Denver, but now officially housed at CU Denver, College of Architecture and Planning. You can find the model

code documents here ([link](#)). Note that the design for the site will change radically. The current site is just a placeholder and you do not need to work on this aspect of the model code.

Our class will work on developing model code for health-promoting development practices. For the first module (April 12) focus on including accessibility in all aspects of planning and design. For the second module (May 3) focus on health-promoting building design that promotes and protects the health of children and workers. Within these broad categories you can explore any topics that you think are important.

The Code Framework is written as a series of best practices (about one sentence each), ranked by "bronze," "silver" and "gold" levels. General references and examples are given, but only at the level of the general category (e.g. water conservation), not for each recommendation.

Deliverables

Your goals are to: (1) generate new recommendations/ best practices OR edit and amend existing recommendations/best practices; and (2) give supporting details for every recommendation that includes: details about its use and implementation; evidence for why it's a good recommendation and examples of cities or jurisdictions that have implemented it before. To the extent necessary, you may also organize or re-organize any existing recommended practices.

You will achieve your goals in two parts. The first part is to individually research and write a memo that outlines your suggested recommendations, best practices, and provides your background research. This memo can be any length and should include comprehensive and complete references and supporting figures. The second part is a group process through which we work together as a class to synthesize our individual elements into a unified set of recommendations. Please bring a handout to class that summarizes the main points of your memo.

In the future, web users will access supporting information for each recommendation by clicking on the recommendation, which will appear as a hyperlink. However, you don't have to worry about the web navigation or architecture; you will simply put the recommendation and the supporting material on the same page and our web team will organize and post later. Generating the supporting material that you develop in your memos will be the bulk of the project. **THE CLIENT STRONGLY ENCOURAGES TO FOCUS ON PRACTICES THAT HAVE BEEN ADOPTED SOMEWHERE IN THE PAST, EVEN IF JUST ONE PLACE.**

Some further guidance:

Generate single-sentence recommendations/ best practices. Your goal is to sift through the literature and determine what the state-of-the-art best practices are for your topic area.

- According to the client's wishes, these recommendations should ideally be adopted somewhere already, so consulting planning documents in your subject area for specific jurisdictions is a good way to start. So too is looking at best practice manuals in your subject area. If you come across a best practice that you would really like to cover but it hasn't

been adopted somewhere, that's OK, but realize that there's a good chance it might not make it into the official website.

- What makes a good recommendation? Recommendations should be practical, concise, clear, and specific. Avoid (and change if pre-existing) any recommendations that are vague, too general, or impractical. The recommendation should fit in one sentence, which should not be too long, if possible. Remember that more details about the recommendation will be given in the supporting details document, to which the recommendation will be hyperlinked, so you don't need too much information in the actual recommendation sentence.
- Can we come up with recommendations for which we don't have time to write up "supporting details documents?" Yes, you can--they simply won't be hyperlinked on the website. Someone will get to those later.
- Look for interesting best practices from existing plan documents from any jurisdiction or best practice manuals and guides. At the very least, check to see what the American Planning Association and American Public Health Associations have available.
- Organize the list of recommended practices by policy approach and level. This involves coming up with thematic policy headings by which to organize recommendations. Currently, the proposed headings are: "remove obstacles," "create incentives and market mechanisms," "enact standards or regulation," "educate and disseminate," "capital investments" and "utilize technical tools." You can come up with other headings. You will also rank each recommendation based on its level: gold, silver and bronze. This is somewhat subjective.

Give supporting details for every recommendation. These supporting details should include its use and implementation, evidence for why it's a good recommendation, and examples of cities or jurisdictions that have implemented it before.

- Details about use and implementation: This is where you put in all the details you can't fit in the single sentence. Describe what the components of such a policy or action might be, how it might be managed and implemented, what kinds of resources it would require, what the costs might be and, if relevant, what might be some difficulties or pitfalls in implementing it.
- Offer evidence for why it is a good policy or planning approach based on your own judgment and references from the literature (best practice guides, journal articles, manuals, etc). In some cases, these are very straightforward recommendations (e.g. create a map of the problem), which simply requires referencing this as a best practice from, say, a guide book. But in others it may be more contentious (e.g. use bioswales for contiguous impervious areas larger than x square meters), in which case you need to cite some literature that supports its effectiveness towards the stated goal. You can use images if needed, but those do not count towards the recommended page minimum.
- Mention where this practice has been implemented, to your knowledge. If it's been implemented in many places, you only need to give a few examples (two or three). Discuss relevant outcomes or findings from these cases. Where available insert links to external web pages that cover these case study examples. As mentioned above, if there is a best practice you read about that you'd really like to cover and you think holds a lot of promise, but it hasn't been implemented yet, you can cover it, and it's acceptable to this assignment, but keep in mind that there's a good chance it won't make it into the actual website. I would

recommend covering no more than one or two unimplemented practices, since we need content for the website.

- Aim for about one page of supporting evidence, single-spaced, per recommendation. Keep it brief and don't get bogged down in too many details. However, there may be cases where you need to go into more details, particularly in a technically complex or somewhat controversial practice. In this case, you can go up to two pages, but try to limit it to that.
- Make sure to cite references. Use the American Psychological Association style. References are key because this is how readers will judge the credibility of recommendations.
- How many supporting details documents should you write? Aim for four. However, if several of your supporting details documents are long by necessity (see above), you can do fewer. Doing more than four is welcomed. If you find that doing only four is too easy, aim for five or six. When in doubt about how many to do, please contact me and we'll review your project together and make a determination.

Workshop. You will present your recommendations during our workshop sessions. Come prepared with handouts that will help you summarize your findings. Make sure you start by presenting the larger "problem" or reason that these practices are needed, but keep that quite short. Then present each practice with some bullets to justify why it's a good practice, and making sure to include what jurisdiction(s) it's been used in before. You are encouraged to use images or diagrams to illustrate, where appropriate. As a group, we will organize the individual memos into a larger framework.

| Grading Rubric: Developing Model Code | | | |
|---|--|---|---|
| | Excellent | Good | Poor |
| Organized, impactful recommendations | Selected a set of impactful recommendations and this impact is justified in the memo (25 points) | Selected recommendations but not perfectly clear why these specific approaches should be prioritized (23-24 points) | Recommendations selected seemingly at random, not a cohesive argument (\leq 22 points) |
| Grounded in practice and supported with documentation | Supporting materials draw from multiple sources of evidence and practice, are complete and convincing (100 points) | Draws information from only one main source, needs more evidence to triangulate and justify (90-99 points) | Supporting materials are weak or invalid (\leq 89 points) |
| Group process | Advances the group process toward the goal, supports others to do their best thinking (25 points) | Suits up and shows up, but does not lead or support (23-24 points) | Does not appear willing to participate (\leq 22 points) |
| Total | 100 points | 90-99 points | \leq 89 points |

4. Readings

Week 1. January 18: Introduction to the course

Discussion in class: What is at stake in planning for healthy communities?

Questions to focus reading: As you work through these readings, pay attention to the systems, laws, concepts, etc. that are least familiar to you. Contrast these with ideas in the readings that are already familiar to you. What do you make of this contrast?

Required readings:

1. Robert Wood Johnson Foundation Commission to Build a Healthier America. 2013. "Overcoming Obstacles to Health in 2013 and Beyond." <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406474>.
2. Corburn, Jason. 2004. "Confronting the Challenges in Reconnecting Urban Planning and Public Health." *American Journal of Public Health*, 94(4):541-546.
3. Gruskin, Sofia and Bernard Dickens. 2006. "Human Rights and Ethics in Public Health." *American Journal of Public Health*, 96(11):1903-1905.

Week 2. January 25: Prevention, behavior, and population health

Questions to focus reading: Prevention is the primary motivation for combining public health, place, and policy. An equally important idea is equitable access to prevention, including environments that are health promoting. Consider the potential differences and overlap between the concepts of health at the individual level, the population level, and the place or environmental level. What, then, constitutes a healthy community?

Required readings:

1. Mokdad, Ali H., James S. Marks, Donna F. Stroup, Julie L. Gerberding. 2004. "Actual Causes of Death in the United States, 2000." *Journal of the American Medical Association*, 291(10):1238-1245.
2. Centers for Disease Control and Prevention. 2010. "Health Behaviors of Adults: United States, 2005-2007."
3. Kindig, David. 2013. "What is population health?" <http://www.improvingpopulationhealth.org/blog/what-is-population-health.html>
4. Stoto, Michael A. 2013. "Population Health in the Affordable Care Act Era." Academy Health. FOCUS on the first figure.
5. U.S. Department of Health and Human Services. 2015. *Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

Optional readings:

6. Glanz, Karen and Donald B. Bishop. 2010. "The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions." *Annual Review of Public Health*, 31:399-418.

Week 3. February 1: Population health and health disparities

Questions to focus reading: Conversations about sustainability often highlight the tensions between social equity, economic development, and environmental protection. How do these tensions play out in the field of healthy communities planning? How do they play out in the context of goods movement?

Watch:

https://www.youtube.com/watch?v=2zI0BP_eUgA

Required readings:

1. THE Impact Project. 2012. "Storing Harm: The Health and Community Impacts of Goods Movement Warehousing and Logistics." THE Impact Project Policy Brief Series.
2. Sampson, Natalie. 2013. "Global Freight Transport's Local Impacts: Background and Literature" in *Freight Transport and Health: A Comprehensive Investigation of Planning and Public Participation within U.S. Host Communities*, Dissertation, University of Michigan.
3. Boehmer, Tegan K., Stephanie L. Foster, Jeffrey R. Henry, Efomo L. Woghiren-Akinnifsi, and Fuyen Y. Yip. 2013. "Residential Proximity to Major Highways—United States, 2010," in *CDC Health Disparities and Inequalities Report—United States, 2013*, pp. 46-50.

Optional reading:

4. Künzli, Nino, Rob McConnell, David Bates, Tracy Bastain, Andrea Hricko, Fred Lurmann, Frank Gilliland, and John Peters. 2003. "Breathless in Los Angeles: The Exhausting Search for Clean Air." *American Journal of Public Health*, 93:1494-1499.

Week 4. February 8: Social determinants of health and the social-ecological model

Questions to focus reading: Think about how places—what we often associate with built and natural environments—manifest and operate through social relationships. What are examples from your own experience of how place influences, or brings meaning to our lives through social relationships (e.g., families)? How might social relationships play a role in individual and community health? How might social relationships shape behavior? Pay attention to the discussion of the social-ecological model in these readings.

1. Eicher, Caitlin and Ichiro Kawachi. 2011. "Social Capital and Community Design," in *Making Healthy Places: Designing and Building for Health, Well-Being, and Sustainability*, Dannenberg AL, Frumkin H, and Jackson RJ, eds. Washington, D.C.: Island Press. Pp. 117-128.

2. Ellen, Ingrid Gould, Tod Mijanovich, and Keri-Nicole Dillman. 2001. "Neighborhood Effects on Health: Exploring the Links and Assessing the Evidence." *Journal of Urban Affairs*, 23(3-4):391-408.

Optional readings:

3. Burton, Linda M. and Robin L. Jarrett. 2000. "In the Mix, Yet on the Margins: The Place of Families in Urban Neighborhood and Child Development Research." *Journal of Marriage and Family*, 62(4):1114-1135.
4. Diez Roux, Ana V. 2003. "The Examination of Neighborhood Effects on Health: Conceptual and Methodological Issues Related to the Presence of Multiple Levels of Organization," in *Neighborhoods and Health*, Ichiro Kawachi and Lisa F. Berkman, eds. New York: Oxford University Press.

Week 5. February 15: In-class presentations, images of community health

No readings this week.

Week 6. February 22: Exposure and outcome metrics

Questions to focus reading: A set of concepts from public health—exposures and outcomes—are essential for analyzing relationships between people, places, and public health. These concepts describe risk. How do you think public investment should consider the question of risk in allocation decisions?

1. Evans Jr., Marion Willard. No date. "Basic Concepts in Public Health." READ the section "Assessment of Risk and Occurrence of Disease" through "Risk Ratio," pp. 38-41.
2. McAndrews, Carolyn, Kirsten Beyer, Clare E. Guse, Peter Layde. 2017. "Linking transportation and population health to reduce racial and ethnic disparities in transportation injury: Implications for policy and practice." *International Journal of Sustainable Transportation*, 11(3):197-205.
3. Rothschild, Nathalie. 2015. "Is it possible to eliminate suicide?" *The Atlantic*. June 5, 2015

Week 7. March 1: Health assessments and impact analysis

Questions to focus readings: What styles of assessment, evaluation, and impact analysis are you most comfortable with, and what styles are you least comfortable with? Why? Do you think that assessment and advocacy are very distinct, somewhat distinct, or not very distinct from one another? Under what conditions?

Required readings:

1. Dannenberg, Andrew L. and Arthur W. Mendel. 2011. "Measuring, Assessing, and Certifying Healthy Places," in *Making Healthy Places: Designing and Building for Health, Well-Being, and Sustainability*, Dannenberg AL, Frumkin H, and Jackson RJ, eds. Washington, D.C.: Island Press. Pp. 303-318.

2. Bhatia, Rajiv. 2007. "Protecting Health Using an Environmental Impact Assessment: A Case Study of San Francisco Land Use Decision Making." *American Journal of Public Health*, 97(3):406-413.
3. Heller, Jonathan C., Margaret Gordon, and Rajiv Bhatia. 2007. "Jack London Gateway Rapid Health Impact Assessment: A Case Study."
4. Neushel, Kim and Jessica LeClair. No date. "Creating a Sense of Place in Southwest Madison: An Evidence-Based, Public Health Approach to Community Revitalization." Public Health Madison Dane County.

Week 8. March 8: Multidisciplinary public health planning

Questions to focus readings: Using what you have learned so far, can you identify gaps and opportunities to build a multidisciplinary public health planning that includes both sectors?

1. American Planning Association. 2016. "Planning and Zoning for Health in the Built Environment."
2. Colorado Department of Public Health and Environment. 2013. Statewide Health Assessment.
3. Colorado Department of Public Health and Environment. 2015. Healthy Colorado: Shaping a State of Health, Colorado's Plan for Improving Public Health and the Environment, 2015-2019.

Week 9. March 15: In-class presentations, voices of community health

No readings this week.

Week 10. March 22: No class, spring break

No readings this week.

Week 11. March 29: Disability

Questions to focus reading: What would a world of Universal Design be like? How do issues such as human rights and social justice fit into a social-ecological model of health? How do issues such as the capabilities approach fit into our models of public participation and community health planning?

Required readings and videos:

Watch:

1. https://www.youtube.com/watch?v=7THtXfm_954
2. <https://www.youtube.com/watch?v=rj9eBVp4QE>
3. Examined Life: Martha Nussbaum. <https://www.youtube.com/watch?v=cbcGbflpFzI>

Read:

3. Hamraie, Aimi. 2013. "Designing Collective Access: A Feminist Disability Theory of Universal Design." *Disability Studies Quarterly*, 33(4).

dsq-sds.org/article/view/3871/3411.

4. World Health Organization. 2011. *World Report on Disability*. Geneva: World Health Organization. **Read chapters 1 and 2 and skim the rest.**
5. Hammell, Joy, Robin Jones, Andrea Gossett, Elizabeth Morgan. 2006. "Examining Barriers and Supports to Community Living and Participation After a Stroke from a Participatory Action Research Approach." *Topics in Stroke Rehabilitation*, 13(3):43-58.

Optional readings:

6. Wendell, Susan. 1989. "Toward a Feminist Theory of Disability." *Hypatia*, 4(2):104-124.
7. Winner, Langdon. 2007. "Is there a right to shape technology? (¿Existe el derecho a modelar la tecnología?) *Argumentos de Razón Técnica*, 10:199-213.
8. Aboelata, Manal J. Leah Ersoylu, and Larry Cohen. 2011. "Community Engagement in Design and Planning," in *Making Healthy Places: Designing and Building for Health, Well-Being, and Sustainability*, Dannenberg AL, Frumkin H, and Jackson RJ, eds. Washington, D.C.: Island Press. Pp. 287-302.
9. Inclusion International. 2015. *Assessing the Ballot Box: Inclusive Civic Engagement for People with Intellectual Disabilities*.
10. Frediani, Alex. 2015. *Participatory Capabilities in Development Practice*. DPU Working Papers. Pp. 121-136.
11. Sen, Amartya. 2005. "Human Rights and Capabilities." *Journal of Human Development*, 6(2):151-166.
12. Robeyns, Ingrid. 2016. *The Capability Approach*. Stanford Encyclopedia of Philosophy. <https://plato.stanford.edu/entries/capability-approach/>

Week 12. April 5: Mental health and stress

Questions to focus reading: What are some examples of the linkages between everyday stress, mental health, and design?

1. Sullivan, William C. and Chun-Yen Chang. "Mental Health and the Built Environment," in *Making Healthy Places: Designing and Building for Health, Well-Being, and Sustainability*, Dannenberg AL, Frumkin H, and Jackson RJ, eds. Washington, D.C.: Island Press. Pp. 106-116.
2. Knight, Knight R., Andrea M. Lopez, Megan Comfort, Martha Shumway, Jennifer Cohen, Elise Riley. 2013. "Single Room Occupancy (SRO) hotels as mental health risk environments among impoverished women: the intersection of policy, drug use, trauma, and urban space." Forthcoming in *International Journal of Drug Policy*.
3. *Midlife in the United States: A National Study of Health and Well-Being (MIDUS)*. No date. "Daily Stress: How Does It Affect Our Health & Well-being?"
4. Cohen, Sheldon, Denise Janicki-Deverts, Gregory E. Miller. 2007. "Psychological Stress and Disease." *Journal of the American Medical Association*, 298(14):1685-1687.

Optional readings:

5. Ryff, Carol D. 1989. "Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being." *Journal of Personality and Social Psychology*, 57(6):1069-1081.
6. Libman, Kimberly, Desiree Fields, and Susan Saegert. 2012. "Housing and Health: A Social Ecological Perspective on the US Foreclosure Crisis." *Housing, Theory and Society*, 29(1):1-24.

Week 13. April 12: In-class workshop session

No additional readings this week. Please prepare your memos and sources.

Week 14. April 19: Housing design, neighborhood context, and child health

Required readings:

1. Vandivere, Sharon, et al. 2006. "How Housing Affects Child Well-Being." White paper for Funder's Network of Smart Growth and Livable Communities.
2. U.S. Department of Housing and Urban Development. 2014. "Housing and Neighborhoods' Role in Shaping Children's Future."
3. Federal Healthy Homes Work Group. No date. "Advancing Healthy Housing—A Strategy for Action."

Optional readings:

4. Evans, Gary. 2004. "The Environment of Child Poverty." *American Psychologist*, 59(2): 77-92.

Week 15. April 26: Worksite design and worker health

Required readings:

1. Colorado Department of Public Health and Environment. 2010. "Colorado Worksites: Resources and Tools for Implementing Wellness."
2. Institute of Medicine. 2014. "Environmental Scan: Role of Corporate America in Community Health and Wellness."
3. Sorensen et al. 2011. "Preventing Chronic Disease in the Workplace: A Workshop Report and Recommendations." *American Journal of Public Health*, 101(S1): S196-S207.

Week 16. May 3: In-class workshop session

No additional readings this week. Please prepare your memos and sources.

