
GSD 5330 HEALTHY PLACES: COVID-19 AND CITIES

2020 SYLLABUS DRAFT **OCT 10 UPDATE**



Photo: Ann Forsyth, Vallingby, Sweden

Fall 2020, Location: Zoom (see Canvas for links); Time: 3-6pm Eastern

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<https://www.gsd.harvard.edu/course/healthy-places-covid-19-and-cities-fall-2020/>

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1. BASIC TIMETABLE

Week	Topics	Potential Assignment	Case/Project Deadlines	Major Class Activity
Health Basics				
1	Priorities			Workshops
2	COVID-19 in Context	✓		Author Q&A
3	Populations	✓		Author Q&A
4	Exposures	✓	Project/case proposal	Author Q&A
Interventions				
5	Health Assessments	✓		Workshop
6	City Planning	✓		Practitioner Q&A
7	Parks and Outdoors	✓		Practitioner Q&A
8	Healthy Communities	✓		Author Q&A
Emerging Issues				
9	Emerging Issues	✓		Practitioner Q&A
10	Student Choice	✓	Draft paper/project	Discussion + Peer review of papers
11	Hindsight Conference on Health Equity	✓		Conference + discussion
12	Project Gallery/ Reviews [Thanksgiving]		Presentation	Presentation + discussion [Thanksgiving]
13	Workshop on a Healthy Place			Workshop
			Final paper/project due December 11, 6pm; also upload your discussion contributions.	

2. COURSE AIMS

OVERVIEW AND DESCRIPTION

The connections between health, well-being, and place are complex. This class uses COVID-19 as a starting point for examining how to make healthier places. It examines the health situation in different kinds of places and among key population groups. It explores how to assess environments and how to make changes that reflect knowledge from multiple disciplines and from local people.

The class will be divided into two streams—input and action. In the input part of the class students will engage readings, interact with authors, and discuss ideas. In the action component individuals and groups of students will develop an approach to improving well-being and health in places. These projects may engage clients or be more speculative.

Throughout the class students will also reflect on some larger questions. Can the ways that places are planned and designed improve health? What are the key health issues that should concern those in planning and related fields? Given social processes are so important in health, a question at least in part about health equity, where does physical planning fit? Does the work of incorporating health issues into planning and design processes always add value? Is evidence-based practice really an improvement over business-as-usual? What is the relationship between the different approaches to incorporating health into planning and design practice: health assessments, built projects, regulations and policies, interagency coordination, and programs to change how places are used?

LEARNING OBJECTIVES AND OUTCOMES

By the end of the course a student will be able to:

1. Recognize the many determinants of health including, but not limited to, built environments.
2. Understand ethical issues related to health and places including health equity.
3. Appreciate how some populations are particularly vulnerable to health problems related to environments.
4. Understand, analyze, and evaluate research related to health and places.
5. Comprehend the potentials and limitations of using research to create evidence-based interventions.
6. Appreciate the roles of different disciplines, and of local knowledge, in working on issues connecting health and places.
7. Identify points of leverage in designing and regulating the physical built environment, creating policies related to how it is used, and developing programs set in the built environment.
8. Use tools for assessing environments and for creating healthier places.
9. Articulate their own perspective on the relationship between health and place.

3. LOGISTICS

READINGS

Required readings will be available online for free or in the library, including some online books.

Two more general books are **recommended**. They are available online in second hand and in eBook editions for about \$5 each and are worth it as investments:

- Booth W., G.G. Colomb, J.M. Williams, J. Bizup, and W.T. Fitzgerald. 2016. *The Craft of Research*. Fourth Edition. Chicago: University of Chicago Press. Recommended.
- Turabian, Kate. 2007. *A Manual for Writers of Research Papers, Theses, and Dissertations*. Chicago: University of Chicago Press. Recommended.

COVID-19 is an unfolding pandemic so I may shift around readings later in the semester.

CLASS RHYTHM

The class agenda will vary from day to day. **Your friend is the module section of Canvas where I have all the work organized by week: <https://canvas.harvard.edu/courses/77803/modules>**

Weeks 1, 5, 10, 11, 12, and 13 include a visioning workshop, a training session, student-selected readings, a conference on health equity, sharing your projects, and a wrap up activity. Some of those weeks will be largely asynchronous and others largely synchronous—see each week for specifics. **These will be up to the full class time from 3:10 – 6pm—but will include a break—although some will be shorter.**

Weeks 2, 3, 4, 6, 7, 8, 9 will look like the following though this is subject to change:

Synchronous (2 hours and 5 mins—roughly 3:10-5:00 or 5:15 with a break):

- **Class group break out discussions** about a **relevant question for the week**, e.g. on the readings, reporting out to a discussion and/or a collaboration document (5-10 mins/class).
- **Author Q&A** (talk with an author of one of that week's readings about why they wrote the piece and what they think now), **practitioner Q&A**, or **class workshop** (60 mins/class).
- **Break** (10 mins).

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- **Debrief** from Q&A/Panel/Workshop (10 mins).
 - **Discuss** readings and/or basics video and/or project progress (20 mins).
 - Class small group discussions and/or chat about **lessons learned** (5-10 mins).

Asynchronous (40 mins):

- **Basics video**—a brief overview of key ideas for this week to review before class many weeks (15 minutes).
- **Previews** of the following week's readings and any assignment logistics will be via pages and slides linked to the module (5 mins per week).
- Engage in the **online discussions** on Canvas about readings, your projects, etc. (20 mins per week on average, when class is not taking the full 3 hours).
- Also do readings and assignments as is normal in any class.

Scheduled (5 mins):

- **Meet with Ann in small groups** for 30 minutes twice during the class—with signup on a google doc (turns out to average about 5 mins per week).

OTHER

CONTACTING THE INSTRUCTOR

I have lots of office hours—about 3-4 times as many as is typical. To sign up for office hours go to <http://annforsyth.net/>, click on the “office hours” link on the top right, and follow the instructions. There is a great deal of advice for students at <http://annforsyth.net/for-students/>. It may answer your question.

ACADEMIC INTEGRITY

You are expected to adhere to high standards of academic integrity as outlined in university policy. The GSAS describes this well <https://gsas.harvard.edu/codes-conduct/academic-integrity>. Please be familiar with Harvard's web site on plagiarism: <https://usingsources.fas.harvard.edu/avoiding-plagiarism>. It is inappropriate to use any form of plagiarism. The GSD's own library has a useful web site as well: <http://guides.library.harvard.edu/gsd/write>

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Students needing academic adjustments or accommodations because of a documented disability must present their Faculty Letter from the Accessible Education Office (AEO) and speak with me (Ann) by the end of the second week of the class. Failure to do so may result in my inability to respond in a timely manner. All discussions will remain confidential, although faculty members are invited to contact AEO to discuss appropriate implementation.

TECHNOLOGY IN THE “CLASSROOM”

Normally I have a policy that you can't use electronic devices in the classroom. This is because I want you to be fully present. Obviously, that isn't possible this semester but please read the following articles to see why your full attention is important and that even with online learning it may be worth taking hand-written notes.

- Dynarski, 2017, For Note Taking, Low-Tech Is Often Best:
[https://www.gse.harvard.edu/news/uk/17/08/note-taking-low-tech-often-best?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=09.05.2017%20\(1\)](https://www.gse.harvard.edu/news/uk/17/08/note-taking-low-tech-often-best?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=09.05.2017%20(1))
- May and Elder, 2018, Efficient, Helpful, or Distracting? A Literature Review of Media Multitasking in Relation to Academic Performance
<https://educationaltechnologyjournal.springeropen.com/articles/10.1186/s41239-018-0096-z>

PARTICIPATION AND RISK

Virtual participation poses risks for GSD students from certain countries, especially as many of them will be living in those countries for the duration of this GSD course and thus will be more vulnerable than usual. Class members concerned about participation in particular sessions must contact the instructor in advance of class and request that they be allowed to keep their video turned off, participate via the Zoom 'chat' function directly with the instructor, participate in the class in written form or request through an application process run by GSD Student Services (lsnowdon@gsd.harvard.edu) special status for this course which will confer the right upon a class member to not participate in certain classes without fear of grade consequences. For further details see the Appendix titled- 'Participation and Risk in Virtual Classes' prepared by the University located on the course Canvas site.

4. COURSE REQUIREMENTS AND GRADING SUMMARY

REQUIREMENTS

There are three sorts of assignments. All are described in some detail later in the syllabus.

- Response Papers 45%--the best five of however many you hand in (there are 10 potential weeks you can do this in)
- Online discussions 15%--contribute in a substantial way to at least five Canvas discussions and there will be at least 7.
- Paper and Informal Presentation 40 %

Students are also expected to do the readings before class—we will often start class with a Q&A with an article author or with exercises such as listing questions raised by the readings.

TIMELINESS

Late short papers are not accepted. Short illnesses, family events, etc. should be dealt with using the flexibility of being able to drop paper grades for short assignments. That is, assume you will be sick some time; an illness of a day or two is not an excuse for a late paper. Those with religious holidays that make it impossible to hand in something need to inform Ann Forsyth in writing at least a week in advance. If you do have a significant illness that incapacitates you for **several weeks** you need to inform Ann Forsyth ASAP.

For the **paper/project** late submissions are docked marks on the following schedule: 1 hour late -5%; up to 5 hours late -10%; up to 24 hours late -15%; up to 48 hours late -20%; and 10% for every day or part of a day after that.

WHAT ANN PROMISES IN RETURN

If students do the work described in this syllabus in a timely manner, I promise return work promptly with comments. I will also give you opportunities for feedback about the course. I typically comment on the papers within Canvas—and you can find comments under "submission details". This link has the instructions: <https://community.canvaslms.com/docs/DOC-10542-4212352349>.

5. PRELIMINARY COURSE SCHEDULE

When it says “Skim”—read the introduction, conclusion, major headings, and look at all figures and tables.

As the world is in an evolving situation, I may change some readings later in the semester but I will always give you 10 days of warning.

HEALTH BASICS

1. PRIORITIES, SEPT 4

Topics:

- Class welcome and basic introduction, including assignments
- Your COVID-19 stories and questions (**reflection, discussion, and reporting**)
- Imagining a healthy place (**individual/group workshop**)
- **Basics Video:**
 - Determinants/causes of health
 - Why other health issues, beyond COVID-19, still matter
 - Multiple connections between health and places
 - Health and wellbeing
 - Basics of COVID-19
 - Attention and technology

Readings(s)—as background only, there is no assignment this week:

- Shah, S, and Kochtitzky, C. 2020. Remembering Chris Kochtitzky: A conversation on COVID-19. <https://www.planning.org/blog/9201827/remembering-chris-kochtitzky-a-conversation-on-covid-19/> [**A very basic introduction—you may know all this but if not, it is helpful**]
- Frieden, T. 2020. Amateur epidemiology is deterring our covid-19 response. <https://www.washingtonpost.com/opinions/2020/06/10/how-amateur-epidemiology-can-hurt-our-covid-19-response/>
- Forsyth A., E. Salomon, and L. Smead. 2017. *Creating Healthy Neighborhoods: Evidence-based Planning and Design Strategies*. Chicago: APA Planners Press. [**SKIM AT A HIGH LEVEL**]

2. COVID-19 IN CONTEXT, SEPT 11

Topics:

- **Basics Video:**
 - Evidence-based practice
 - How to read research—research designs, reliability and validity
 - How much place matters—exposures, connections, and supports
 - How place matters—effects, settings, supports, perceived, etc.
 - Social dimensions and the limits to physical planning
- Timeframes for COVID-19 effects
- How COVID-19 intersects with other health and planning issues
- What planners and designers can do

Guest(s): **Petra Hurtado**, Research Director, and **Sagar Shah**, Planning and Community Health Center Manager, American Planning Association

Readings(s):

- Hurtado, P. 2020. *COVID-19 and the Planning Profession*. <https://www.planning.org/blog/9198765/covid-19-communities-and-the-planning-profession/>
- Ricklin, A, and S. Shah. 2017. *Metrics for Planning Healthy Communities*. American Planning Association: <https://planning-org-uploaded-media.s3.amazonaws.com/document/Metrics-Planning-Healthy-Communities.pdf> [**SKIM**]
- American Planning Association. 2017. *Healthy Communities Policy Guide*. <https://planning-org-uploaded-media.s3.amazonaws.com/document/Healthy-Communities-Policy-Guide.pdf> [**SKIM**]

3. POPULATIONS, SEPT 18

Topics:

- **Basics Video:**
 - Social determinants of health revisited
 - Vulnerable groups, health equity, and places
 - Key variables e.g. class and race and gender

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- Quick preview of Health in All Policies (HiAP)
 - Aging and COVID-19 in U.S. and global perspective
 - Unpacking broad categories like older people
 - Underlying health conditions and environments (home, neighborhood, and workplace)

Guest(s): Jennifer Molinsky, Senior Research Associate, Joint Center for Housing Studies

Readings(s):

- Molinsky, J. 2020. As economy reopens, guidance must consider older adults' living situations. <https://www.jchs.harvard.edu/blog/as-economy-reopens-guidance-must-consider-older-adults-living-situations/>
- Schroeder, S.A. 2016. American health improvement depends on addressing class disparities. *Preventive Medicine*. **[SKIM]**
- Clark, A, M. Jit, C, Warren-Gashe, B. Guthrie, H. Wang et al. 2020. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. *The Lancet Global Health*. [https://doi.org/10.1016/S2214-109X\(20\)30264-3](https://doi.org/10.1016/S2214-109X(20)30264-3) **[SKIM]**

4. EXPOSURES, SEPT 25

Topics:

- **Basics Video:**
 - Types of exposures from water quality to noise and accidents
 - Urban vs rural health over time
 - Congestion, density, and crowding
 - Climate change and exposures
- Infectious diseases in the contemporary period
- Lessons from other pandemics e.g. HIV/AIDS
- Infectious and zoonotic diseases and environments

Guest(s): Jim Spencer, Vice Provost, LSU

Readings(s):

- Spencer, J.H, S. Saksena, and J. Fox. 2020. New findings on links between urban expansion and viral disease in Vietnam offer lessons for COVID-19. *East-West Wire* [hyperlink], April (**2 pages; full article in reference list at end**).
- Walters, M. 2020. What the HIV/AIDS pandemic can teach us about COVID-19. <https://www.thinkglobalhealth.org/article/what-hiv-aids-pandemic-can-teach-us-about-covid-19>
- Ross, A.G.P., S. Crowe, M. Tyndall. 2015. Planning for the next global pandemic. *International Journal of Infectious Diseases* 38: 89-94.
- Prüss-Ustün, A., J. Wolf, C. Corvalán, T. Neville, R. Bos, M. Neira. 2017. Diseases due to unhealthy environments: an updated estimate of the global burden of disease attributable to environmental determinants of health, *Journal of Public Health* 39, 3:464–475.

INTERVENTIONS

5. HEALTH ASSESSMENTS, OCT 2

Topics:

- **Basics Video:**
 - Health assessments—technical to participatory
 - Screening, scoping, desktop, rapid, intermediate, and full HIA
 - Community health assessments and healthy community assessments
 - How to assess the likely and unlikely
 - Vulnerable groups and HIA
- **Workshop: Learning by doing an HIA**

Readings(s):

- Health Impact Project. 2020. *Do Health Impact Assessments Promote Equity?* <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/03/do-health-impact-assessments-promote-equity>
- Ross, C., M. Orenstein, N. Botchwey. 2014. *Health Impact Assessment in the United States*. New York: Springer. **SKIM Chapter 1 The Purpose of HIA and Chapter 6 International Case Studies**

6. CITY PLANNING OCT 9

Topics:

- **Basics Video:**
 - How to implement healthy places.
- How big cities have handled COVID-19
- Crisis response and recovery
- Where does overall planning fit?

Guest(s): Irene Figueroa-Ortiz, NYC DOT

Readings(s) [may be updated]:

- Wu, W. and N. Schweber. 2020. Will Cars Rule the Roads in Post-Pandemic New York? *New York Times* <https://nyti.ms/2DOAsne>
- New York City DOT Open Streets <https://www1.nyc.gov/html/dot/html/pedestrians/openstreets.shtml> and in particular Open Restaurants <https://www1.nyc.gov/html/dot/html/pedestrians/openrestaurants.shtml>
- Bertolini, L. 2020. From “streets for traffic” to “streets for people”: can street experiments transform urban mobility. *Transport Reviews* ahead of print.
- Forsyth, A. 2020. What is a healthy place? Models for cities and neighborhoods. *Journal of Urban Design* 25, 2: 186-202.

7. PARKS AND OUTDOORS OCT 16

Topics:

- **Basics Video:**
 - Clean and green as health promoting
 - Density debates revisited
 - Public and private outdoors
- Green space and health
- The conflicting roles of parks—public space, activity areas, respite
- Park equity planning and programming

Guest(s): Mitch Silver, Commissioner, New York City Parks

Readings(s):

- NYC Parks. 2014. NYC parks: *Framework for an Equitable Future*. <http://www.nycgovparks.org/downloads/nyc-parks-framework.pdf> **[SKIM]**
- Lennon, M. 2020. Green space and the compact city: planning issues for a ‘new normal’. *Cities & Health*, DOI: 10.1080/23748834.2020.1778843 **[SHORT!]**
- Rundle, A. Y. Park, J.B. Herbstman, E.W. Kinsey, and Y.C. Wang. 2020. COVID-19-related school closings and risk of weight gain among children. *Obesity* 28, 6: 1008-1009. **[SHORT!]**
- Van den Bosch, M. and A. Ode Sang. 2017. Urban natural environments as nature-based solutions for improved public health—a systematic review of reviews. *Environmental Research* 158: 373-384.

8. HEALTHY COMMUNITIES, OCT 23

Topics:

- **Basics Video:**
 - Healthy cities programs
 - Declarations about the new public health: Alma-Ata, Ottawa, Adelaide,... Helsinki, Athens

- Health for all, healthy public policy, healthy cities, health in all policies, integrated public health policies, cultures of health
- Collaborations and the intersectoral ideas
- The practice of WHO Healthy Cities
- Healthy Cities in international context
- How formal Healthy Cities relate to other cities that may be healthy
- New comprehensive approaches e.g. One Planet (health of the planet and inhabitants)

Guest(s): Trevor Hancock, Professor, University of Victoria, instigator of the Healthy Cities idea

Readings(s):

- Bryson J., B. Crosby, M. Middleton Stone. 2006. The design and implementation of cross-sector collaborations: propositions from the literature. *Public Administration Review* 66: 44-55.
- Hancock, T., Desai, P. and Patrick, R. 2019. Tools for creating a future of healthy One Planet cities in the Anthropocene. *Cities & Health* DOI: 10.1080/23748834.2019.1668336
- De Leeuw, E. 2017. Healthy Cities are back! (They were never gone), *Health Promotion International* 32, 4: 606–609.

EMERGING ISSUES

9. EMERGING ISSUES, OCT 30

Topics:

- Recovery planning revisited
- Overlapping crises—health, environment, social justice/racial equity—how it has unfolded
- COVID and the public realm

Guest(s): Sam Assefa, City of Seattle

Readings(s):

- Assefa, S. and A. Dilleuth. 2020. *Preparing for COVID-19 recovery in Seattle*: <https://www.planning.org/blog/9201351/preparing-for-covid-19-recovery-in-seattle/>
- Sharifi, A. and A. R. Khavarian-Garmsir. 2020. The COVID-19 pandemic: Impacts on cities and major lessons for urban planning, design, and management. *Science of the Total Environment*, 749: online first.
- McKinsey & Company. 2020. When will the COVID-19 pandemic end? <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/when-will-the-covid-19-pandemic-end>

10. STUDENT CHOICE, NOV 6 (ACSP CONFERENCE WEEK)

- Students will select the readings this week by both nominating potential readings and voting on the top choices.
- **Activity:** Peer review of papers and report back—this will take about half the class session.

11. HINDSIGHT CONFERENCE ON HEALTH EQUITY, NOV 12-13

- Our class this week overlaps with the Hindsight Conference on Health Equity (<https://www.hindsightcon.com/>), by the Diversity Committee of the APA New York Metro Chapter, running on Nov 12 from 9:45am to 2:45pm and on Nov 13 from 12 noon to 3:40 pm. Please attend at least one session.
- Class discussions will be after the conference, at approximately **4-5:30 pm on November 13**.
- This may be converted to an online discussion depending on how the class feels.

12. PROJECT GALLERY/REVIEWS, NOV 20 (HOLD ALL 3 HOURS)

- We will hold a live presentation of close-to-final projects and cases.

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- This will either be a traditional presentation, or an interactive gallery, followed by a discussion on zoom or similar.

[THANKSGIVING]

13. WORKSHOP ON A HEALTHY PLACE, DEC 4 (HOLD ALL 3 HOURS)

- Workshop revisiting what makes a healthy place and where you have agency to make a difference and where you don't. This will involve a series of individual and group exercises in a very interactive format as well as a final reflection.

6. ASSIGNMENTS

PART 1: RESPONSE PAPERS 45%

On five, six, or more weeks you will hand in a short paper on that week's readings. I **will only count the grades for five**; that is I will drop the worst grade(s) if you do more.

The papers are *due at the beginning of the class session, uploaded* to the course site and I will generally return them graded and with comments the following week. There are 11 weeks in the semester with readings/videos/workshops to review meaning that you will have several weeks when you need to do readings but do not need to hand in a paper on them. You may select which weeks you hand in papers for, but you need to hand them all in and on time. Occasional illnesses (that incapacitate for up to two weeks), religious holidays, family events, etc. should be dealt with using the flexibility inherent in the assignments. **Please assume you will be sick some time and don't wait until the end to hand papers in. Late papers are not accepted.**

I have set a one-page limit—this means it will fit on a page in 12 point font Times Roman, 11 point Arial, 11 point Calibri, or similar. Do not use smaller fonts. You do **not** need a reference list or bibliography if you are **only** using the class readings.

The papers for each week will:

- (1) Outline the basic message of **each** reading (e.g. **each chapter, article, or video**). This is not a summary of the entire chapter—I want to know what the main points of the reading are. (50% of grade). You do **not** need to review papers by Ann Forsyth.
- (2) Give a more personal reflection that **should compare and contrast the main arguments in the readings selected**. What are the main implications for your own work or more general policy, planning, and/or design practice and research. It is perfectly fine to disagree with the reading—just give reasons. (50% of grade)
- (3) Stick within the **page limit**; if you are over the page limit your grade will drop up to 10%).

I will be grading papers in terms of how well you have (a) understood and (b) engaged with the literature, and (c) how well you have argued your positions (e.g. giving evidence etc.) as described later in the rubric. I will not grade on how closely you have mirrored my opinions.

PART 2: ONLINE DISCUSSIONS 15%

Periodically through the semester the class will engage in a discussion on Canvas e.g. related to interesting data sources, non-COVID health issues, or social determinants of health. Twenty minutes of class time each week has been allocated to these discussions.

- You will be expected to contribute to at least five different discussions, and to hand in a copy of your contributions (at least five of them) at the end of the semester.
- All contributions need to be relevant to the discussion topic, civil, well thought out, and not excessively long (that is keep them to a few short paragraphs). **The minimum word count, and**

requirement for writing specific weeks, in early versions of the syllabus have both been eliminated.

PART 3: CASE/PROJECT AND INFORMAL GALLERY/PRESENTATION 40 %

There are two tracks for the final assignment—a case study or a practical project. Both need to be presented to the class.

Case Study

Write a case study of a place, project, policy, plan, or program that has relevance for examining the connections between health and places—describing it and analyzing/evaluating it in relation to some theme from the class. The case should have been implemented, not just a proposal. There will need to be enough materials available to enable a case to be written—such as policy documents, archives, oral histories, maps, and statistics. I do hope at least some students pick cases outside of the United States. The paper should have the following characteristics:

- Single spaced it should be 2,500-5,000 words of text (without references, tables, captions etc). Please put the word count on the cover.
- Make a clear argument for the importance of the place, policy, program, or project; include both general information about the case and a clear theme.
- It should have a significant number of carefully composed illustrations—photos, charts, graphs, tables, and similar, with clear captions and sources.
- You must cite and seriously engage with class readings in your paper as well as a substantial number of additional sources, both primary and secondary. Use all sources in a sophisticated way e.g. demonstrating understanding of their strengths and weaknesses related to methods and data.
- You can re-use parts of the shorter writing assignments in this paper but the more of that you do, the more polished I'll expect the paper to be.

In addition, toward the end of semester students should share their findings. If the class is small this will be a brief, informal, presentation of 5-10 slides—a map if relevant, a slide of basic questions, another of basic findings, and two to three of key illustrations of these points. If the class is larger we will have a gallery format where students can look at each other's work (likely still in slides or a larger sheet), comment on it, and discuss in class. This is not going to be a very formal presentation but rather a quick start for a conversation to share what will hopefully be interesting findings.

I've written this assignment with great flexibility because I'd like people to find interesting cases. If students want to change something about the assignment I am happy to do so but agreement needs to be made in writing.

Stages (for deadlines see earlier matrix):

- A: Project/case proposal—a one-page outline of approach/idea due at the start of class. **It will be posted so other students can read and connect with you.**
- B: Draft paper due for workshop in class. **Upload on the course site before class and we'll share in groups of 3 for peer review as a group. One discussion will reflect on what you learned from reading the draft papers.**
- C: Presentations/gallery. **Again, these will be shared with peers.**
- D: Final case study papers/projects due. There will be an option to share your final paper with the class if you wish.

Project Alternative

An alternative to the case is to do a practical project, preferably for a client though you could create a speculative project. The draft and final versions should conform closely to the requirements for the case above with any departures agreed upon in writing with Ann.

Two potential projects are available though you can also propose your own.

Client for both projects: Pallavi Mande, Charles River Watershed Association:
<https://www.crw.org/>

Project 1: Community Health Assessment, Allston: Two major projects are reshaping Allston. The **Allston Multimodal Project** is re-configuring the I-90 Interchange. Harvard is planning the Enterprise Research Campus: <https://provost.harvard.edu/allston>. Both initiatives will dramatically change the area. Building on environmental assessment work already being conducted, students will work with the CRWA to assess the health impacts on the local neighborhood and wider community. This will include identifying positive effects to strengthen and negative effects to mitigate. Topics include traffic, stormwater, resiliency, flooding, and the long-term health of the neighborhood seen broadly. As background, CWRA is on the I-90 Task Force and developed a **sub-watershed restoration plan**.

Project 2: Green Infrastructure Assessment, Health, and Climate Justice, Charles River Watershed: in the fall of 2019 CWRA launched the Charles River Climate Compact: <https://www.crw.org/climate-compact>. This project would help the Climate Compact by investigating under-served populations in the watershed, including environmental justice and health equity issues. How might the Climate Compact help social resilience? The team will prepare a report and develop a method for future work. Nearby examples include a similar effort in the Mystic watershed called the **Resilient Mystic Collaborative**.

7. CRUCIAL ADVICE ON GRADES AND PRODUCING QUALITY WORK

GRADING NUMBERS

The GSD uses an unusual grading approach: The grade of "Pass" is the standard mark for recognizing satisfactory work **and the vast majority of students in any class receive a pass**—around 80%. "Distinction" and "High Pass" are reserved for work of clearly exceptional merit. "Low Pass" indicates a performance that, although deficient in some respects, meets minimal course standards" (<http://www.gsd.harvard.edu/#/gsd-resources/registrar/grading/grades.html>). To make it easier for students to track their progress I will assign numerical grades that can then be converted to the GSD system.

- High pass 90%+
- Pass 75%+
- Low pass 65%+

Remember you drop your worst grades.

GRADING CRITERIA

I typically grade in two ways. First, I check you did all parts of the assignment using criteria taken directly from the assignment descriptions—if it's a bullet, it will be an item I look for though I may combine some bullets in actual grading (some are really steps along the way to a larger product).

Second, I assess how well you completed the work using the matrix below. I **make comments on assignments in two places**--in the comment box under the rubric on Canvas AND on the assignment itself. For the latter open your assignment file in Canvas to see the comments which are text floating on top of the page.

	Very good (High Pass)	Good (Pass)	OK (Low Pass)	Needs Work (Not passing)
Overall	Hits on almost all of basic content (what this is depends on the assignment) + Memorable	Hits on almost all of the basic content + Writing Interesting to read	Hits on some basic content	Hits on a small amount of basic content (one item) and/or Numerous digressions/errors
Argument	Argument is coherent, well organized, interesting, well qualified, with adequate evidence, and memorable—engages the reader with a lively mind	Argument is coherent, well organized, interesting, well qualified, with adequate evidence	Argument is fairly coherent and well organized with some evidence and qualifications	Some confusion/vagueness/parts that don't make sense/missed the point
Sources	Sources are cited (using author/date page); used critically*	Sources are cited; some are used critically	Some sources are missing	Sources are not cited
Writing	Writing/graphics largely free from errors	Perhaps some writing errors, but none critical for comprehension	More than a few writing errors that may impede comprehension	Many careless writing errors that may impede comprehension
Graphics and layout	Easy to read fonts. Graphics that are legible and convey information well. Layout that is striking and imaginative	Easy to read fonts. Graphics that are legible and convey information well.	Adequate font size or shape. Adequate graphics though there may be weaknesses in content and/or execution	Tiny and hard to read fonts; graphics that are either difficult to understand or do not convey useful information

*Critical use of sources reflects consciousness of the sources of evidence and methods used in the source and whether they can answer a question appropriately.

FONTS AND LAYOUT

I have set page limits not word limits for this class. I don't care about the line spacing, but text should typically be no smaller than Arial 10pt or Times Roman 11pt. You might use something smaller for a label. You need to provide adequate margins to allow easy comprehension and to provide space for comments in grading. Do not put too many characters on a line. Typically, comprehension is easier with ragged layouts—that is don't line up both sides of text but let the spacing between characters fall more naturally. Also, remember that faculty are typically older than you and our eyesight is often worse—it's a real strain to read tiny fonts and your materials will be treated much less sympathetically if they are hard to read.

WRITING INSTRUCTIONS

I advise students to do one of the following activities before handing in any project: (a) put the piece aside for at least a few hours and then go back and edit it for clarity, or (b) get a sympathetic friend to edit it for clarity, or (c) read it out loud and change any sentences that don't make sense. I do this in my own work as a consideration to those who are reading it (and a few things still slip through)!

Where you cite sources, you should use the author-date-page or parenthetical reference/reference list style of citation generally used in the social sciences. For example, in the text you list only the author, date and page e.g. (Goldsmith 1994, 3). You then list the full details for the source alphabetically by author's name in a reference list at the end—if it is a class required reading, however, you can just refer to it in the text and no need to note it in the reference list. If you cite a web site, I need the full URL.

All quotes quoted directly should include the page number in the citation e.g. (Goldsmith 1994, 3). Also cite with a page number all ideas not quoted directly but coming from a specific part of a document. Only when you refer very generally to an entire work should you merely cite the author and date, for example, (Marris 1987).

For more information see a style manual such as Kate Turabian's (2007) *A Manual for Writers of Research Papers, Theses, and Dissertations* (Chicago: University of Chicago Press) although you should note that she shows two kinds of citation (footnote and bibliography, and parenthetical reference/reference list) and it is the second of these that I prefer.

I am very concerned that findings are based explicitly on evidence. You will receive a low grade if you fail to cite sources or if they are not listed systematically in the reference list. More about evidence is explained in Booth et al.'s (2008) *Craft of Research* (Chicago: University of Chicago Press).

If you need to use a copy editor to improve your writing, that is fine. However, they should be copy editing not writing the paper. Please let me know if you are using such a service. I won't grade you down for it, but it will help my understanding of your work.

8. ADDITIONAL READINGS

PRIORITIES/ COVID-19 IN CONTEXT

- APA Planning and Community Health Research Center: <https://www.planning.org/nationalcenters/health/>
- APA. 2017. Healthy Communities Policy Guide. <https://planning-org-uploaded-media.s3.amazonaws.com/document/Healthy-Communities-Policy-Guide.pdf>
- Devlin A.S., & Arneill A.B. 2003. Health care environments and patient outcomes: a review of the literature. *Environment and Behavior* 35: 665-694.
- Health and Places Initiative. 2015. Research Briefs: <http://research.gsd.harvard.edu/hapi/research-briefs/>
- Shah, S. and B. Wong. 2020. Toolkit to Integrate Health and Equity into Comprehensive Plans. <https://www.planning.org/publications/document/9201866/>
- University of Kansas. 2015. *Community Tool Box*. <http://ctb.ku.edu/en>
- Urban Land Institute (ULI). 2015. Building Healthy Places Toolkit: Strategies for Enhancing Health in the Built Environment. Washington, DC: Urban Land Institute: <http://uli.org/wp-content/uploads/ULI-Documents/Building-Healthy-Places-Toolkit.pdf>.
- Vlahov, D., Bouford, J.I., Pearson, C., Norris, L. eds. 2010. *Urban Health: Global Perspectives*. San Francisco: Jossey-Bass.

POPULATIONS

- AARP Public Policy Institute (AARP). 2006. *State of 50+ America: 2006*. Washington, DC: AARP. http://www.aarp.org/money/budgeting-saving/info-2006/fifty_plus_2006.html.
- Bailey, Z, N. Krieger, M. Agenor, J. Graves, N. Linos, and M.T. Bassett. 2017. Structural racism and health inequities in the USA: evidence and interventions. *The Lancet* 389: 1453-63.
- Centers for Disease Control and Prevention. 2016. Healthy Aging Data. <http://www.cdc.gov/aging/agingdata/index.html>
- European Portal for Action on Health Inequalities. 2013. http://www.health-inequalities.eu/HEALTHY/EN/policies/health_in_all_policies/
- Forsyth, A., J. Molinsky, H.Y. Kan. 2019. Improving Housing and Neighborhoods for the Vulnerable: Older People, Small Households, Urban Design, and Planning. *Urban Design International* 24, 3: 171-186. <https://rdcu.be/bNW1y>
- Lynott, J., J. Haase, K. Nelson, A. Taylor, H. Twaddell, J. Ulmer, B. McCann, and Edward. R. Stollof. 2009. *Planning complete streets for an aging America*. Washington, DC: AARP Public Policy Institute. <http://assets.aarp.org/rgcenter/ppi/liv-com/2009-12-streets.pdf>.
- Molinsky, J. and A. Forsyth. Housing, the Built Environment, and the Good Life. *Hastings Center Report* September-October: s50-s56.

-
- Preiser, W. F. E. and K. H. Smith, eds. 2011. *Universal Design Handbook*. Second edition. New York: McGraw Hill.
- Resnick, B., L. P. Gwyther, and K. A. Roberto. 2011. *Resilience in Aging: Concepts, Research, and Outcomes*. New York, NY: Springer.
- Thompson, H. and S. Thomas. 2015. Developing empirically supported theories of change for housing investment and health. *Social Science & Medicine* 124: 205–214.
- World Health Organization (WHO). 2007. *Global Age-Friendly Cities: A Guide*. Geneva: World Health Organization. http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.
- World Health Organization, 2015. *World Report on Ageing and Health*. World Health Organization.

EXPOSURES

- Forsyth, A. 2018. Congested Cities vs. Sprawl Makes You Fat: Unpacking the Health Effects of Planning Density, *Town Planning Review*. 89, 4" 333-354.
- Spencer, J. H., M. Finucane, J. Fox, S. Saksena, and N. Sultana. 2020. Emerging Infectious Disease, the Built Landscape, and Urban Planning: Evidence on Avian Influenza in Viet Nam. *Landscape and Urban Planning*.

ASSESSMENTS

- Bikeability Checklist <http://www.bicyclinginfo.org/pdf/bikabilitychecklist.pdf>
- Community Planning. 2016. Methods. http://www.communityplanning.net/methods/methods_a-z.php
- Design for Health. 2009. Comprehensive Plan Review Checklists. <http://designforhealth.net/resources/legacy/checklists/>
- Forsyth, A. Schively Slotterback, C. and Krizek, K. 2010. Health impact assessment for planners: what tools are useful? *Journal of Planning Literature* 24, 3: 231-245.
- Hancock, T. and M. Minkler. 2012. Community Health Assessment or Healthy Community Assessment: Whose Community? Whose Health? Whose Assessment? In *Community Organizing and Community Building for Health*, edited by M. Minkler, 138-157?. Piscataway, NJ: Rutgers University Press.
- Health and Places Initiative. 2015. Health assessment tools: <http://research.gsd.harvard.edu/hapi/health-impact-assessment-tools/>
- HIA Connect. 2007. Health Impact Assessment: A Practical Guide. http://hiaconnect.edu.au/wp-content/uploads/2012/05/Health_Impact_Assessment_A_Practical_Guide.pdf.
- HIA Connect. 2007. Health Impact Assessment: A Practical Guide. http://hiaconnect.edu.au/wp-content/uploads/2012/05/Health_Impact_Assessment_A_Practical_Guide.pdf. **Assignment 5: Health**
- Kemm, J. 2013. *Health Impact Assessment: Past Achievement, Current Understanding, and Future Progress*. Oxford: Oxford University Press.
- Norton, R. S. Buckman, G. Meadows, Z. Rable. 2019. Using simple, decision-centered, scenario-based planning to improve local coastal management. *JAPA* 85, 4: forthcoming.
- NSW Health. 2009. Healthy Urban Development Checklist. http://www.health.nsw.gov.au/pubs/2010/pdf/hud_checklist.pdf
- Raskin, P. et al. 2005. Global scenarios in historical perspective. In Scenarios Working Group, *Scenarios Assessment*. <http://www.millenniumassessment.org/documents/document.326.aspx.pdf>
- U.S. Environmental Protection Agency (U.S. EPA). 2013. *A Review of Health Impact Assessments in the U.S.: Current State-of-Science, Best Practices, and Areas for Improvement*. Washington, DC: U.S. Environmental Protection Agency. <http://www2.epa.gov/sites/production/files/2015-03/documents/review-hia.pdf>.
- U.S. Environmental Protection Agency. 2013. A Review of Health Impact Assessments in the U.S. <http://www2.epa.gov/sites/production/files/2015-03/documents/review-hia.pdf>
- Walkability Checklist <http://drusilla.hsrb.unc.edu/cms/downloads/walkabilitychecklist.pdf>
- World Health Organization. 2001. *Community Health Needs Assessment*. Copenhagen: World Health Organization. http://www.euro.who.int/__data/assets/pdf_file/0018/102249/E73494.pdf

CITY PLANNING AND PARKS

- Baum, F. A. Lawless, C. MacDougall et al. 2015. New norms, new policies: Did the Adelaide Thinkers in Residence scheme encourage new thinking about promoting well-being and Health in All Policies. *Social Science and Medicine* 147: 1-9.
- Baum, F. et al. 2014. Evaluation of Health in All Policies: concept, theory, and application. *Health Promotion International* 29, S1: i130-i142.

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- Corbin, J.H., J. Jones, M. M. Barry. 2018. What makes intersectoral partnerships for health promotion work? A review of the international literature, *Health Promotion International*, 33, 1: 4–26, <https://doi-org.ezp-prod1.hul.harvard.edu/10.1093/heapro/daw061>
- de Leeuw, E. 2001. Global and local (glocal) health: the WHO healthy cities program. *Global Change and Human Health* 2, 1: 34-45.
- Delany, T. A. Lawless, F. Baum, J. Popay, L. Jones, D. McDermott, E. Harris, D. Broderick, and M. Marmot. 2015. Health in All Policies in South Australia: what has supported early implementation. *Health Promotion International*.
- European Portal for Action on Health Inequalities. 2013. Health in All Policies (HAiP): http://www.health-inequalities.eu/HEALTHY/EN/policies/health_in_all_policies/
- Farrers, L., C. Marinetti, Y.K. Cavaco, and C. Costongs. 2015. Advocacy for health equity,: a synthesis review. *The Milbank Quarterly* 93, 2: 392-437.
- Hua, F. 2010. The healthy city program in Shanghai. In *Urban Health, Global Perspectives*, Ch 27.
- Molnar A., Renahy E., O'Campo P., Muntaner C., Freiler A., Shankardass K. 2016. Using Win-Win Strategies to Implement Health in All Policies: A Cross-Case Analysis. *PLoS ONE* 11(2): e0147003. doi:10.1371/journal.pone.0147003
- Pucher, J., and R. Buehler. 2008. Making cycling irresistible: lessons from the Netherlands, Denmark, and Germany. *Transport Reviews*, 28: 495–528.
- Rudolph, L. et al. 2018. *Climate Change, health, and Equity: a Guide for Local Health Departments*. Oakland Ca/Washington DC: PHI and APHA. <https://www.apha.org/topics-and-issues/climate-change/guide> [in one PDF on Canvas]

HEALTHY COMMUNITIES

- Chandra, A. et al. 2016. *Building a National Culture of Health*: http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1199/RAND_RR1199.pdf
- Davies, S.C., E. Winpenny, S. Ball, J. Rubin, and E. Nolte. 2014. For debate: A new wave of public health improvement. *Lancet* 384: 1889-1895.
- Hancock, T. 1993. The evolution, impact and significance of the Healthy Cities/Healthy Communities movement. *Journal of Public Health* 14, 1: 5-18.
- Hancock, T. 2014. The little idea that could: a global perspective on healthy cities and communities. *National Civic Review* 29-33.
- Tsouros, A.D. 2015. Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level. *Health Promotion International* 30: s1, i3-i7.