GSD 5330 HEALTHY PLACES
2017 SYLLABUS DRAFT

Photo: Ann Forsyth

Fall 2017, Location: Gund 510; Time: F 9-12
Instructor: Ann Forsyth, 309 Gund Hall, aforsyth@gsd.harvard.edu
Office Hours: Typically Mondays 4-6; Wednesdays 3-5; Fridays 1-3,
Sign-up: http://annforsyth.net/for-students/logistics/
http://www.gsd.harvard.edu/course/healthy-places-fall-2017/

CONTENTS

Class sessions by week	Potential Weekly paper	Longer paper deadlines/other (note short assignments potentially due most weeks)
1: Background: histories and priorities		
2: Concepts: populations and environments	✓	
3: Place: suburbia 1	✓	
4: Place: suburbia 2	✓	Project/case proposal
5: Population: aging 1	✓	
6: Population: aging 2	✓	
7: No Class--Make up October 21		
8 Process: collaborative projects 1	✓	Draft paper/project
8A: Make-up session: Method: Health assessment 1/2 (Saturday Oct 21, 10-4, lunch supplied)	✓	
9: Process: collaborative projects 2	✓	
10: No Class: move to make-up day		
11: Student choice	✓	
12: Presentations		Presentation
[13: Thanksgiving]		
14:Possibilities for healthy places	✓	Final paper/project due December 8

2. Course Aims

Overview

The connection between health, well-being, and place is a complex one with many dimensions. This class focuses on four topics that will be important in coming decades: a place, suburbia; a population, older people; a method, neighborhood health assessment; and an implementation strategy, multi-sectoral collaboration.

- **Place: Suburbia** is a key site for urban growth in coming decades and has provoked polarized opinions about its healthiness. The class will look beyond the hype to understand the strengths and weaknesses of this very diverse part of the metropolitan landscape.
- **Population:** The **aging** of the world's population is an enormous challenge that will fundamentally reshape households, cities, and regions. The class will engage the shifting physiological and psychological dimensions of aging. This is an area of some innovation in terms of technology, housing forms, transportation options, and lifestyle options.
- **Method:** Understanding the healthiness of existing and proposed neighborhoods is an issue that is more contentious than it would at first appear as various **health assessments** start from different premises. The class will examine existing tools including health impact assessment, healthy community assessment, community health needs assessment, as well as various livability and sustainability tools. The course will also engage with an emerging kind of tool the neighborhood health assessment or audit.
- **Implementation strategy:** Because health and well-being are so multifaceted many propose **collaborative** models of implementing healthy places strategies including well-known approaches like healthy cities, age-friendly communities, and child-friendly environments. The course will unpack these approaches, asking how effective they really are.

In examining these topics students will also reflect on some larger questions. Can the way places are planned and designed improve health? What are the key health issues that should concern those in planning and related fields? 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 a number of key concepts and debates pertaining to the relationship between health and places.
2. Appreciate the many determinants of health including, but not limited to, built environments.
3. Understand, analyze, and evaluate research related to health and places particularly in the areas of suburban development, aging, assessment, and collaborative implementation.
4. Comprehend the potentials and limitations of using research to create evidence-based interventions.
5. Appreciate the roles of different disciplines, and of local knowledge, in working on issues connecting health and places.
6. 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.
7. Use a number of tools for assessing how environments promote or undermine health and for creating healthier places.

3. LOGISTICS

READINGS

Required readings will be available online and 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, Wayne, Gregory G. Colomb, and Joseph M. Williams. 2008. *The Craft of Research.* 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.

OTHER

CONTACTING THE INSTRUCTOR

I have lots of office hours in 309 Gund—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. You can also just turn up at office hours but may need to wait. If you just pop by outside office hours I'm typically busy with other work and will just ask you to sign up for the next available slot.

There is a great deal of advice for students at http://annforsyth.net/for-students/. It may answer your questions.

ACADEMIC INTEGRITY

You are expected to adhere to high standards of academic integrity as outlined in university policy: http://courses.dce.harvard.edu/~phils4/honesty.html. Pay particular attention to the resources on plagiarism at the bottom.

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 term. 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

I do not grade participation, only outputs, but when you are in the classroom you are expected to be fully present. For that reason anyone who wishes to use an electronic device during class time (apart from specific collaborative working time for the HIA) will need to meet with me outside of class and explain why it is absolutely necessary. Such devices include phones, laptops, tablets, and other gadgets capable of connecting to the internet or phone system. Unless you have explicit permission from me you will need to turn off and store such devices.

To learn more about why this is useful please see Professor Stephen Chew's five terrific short videos on metacognition: http://www.samford.edu/how-to-study/. This article is also useful: http://m.theatlantic.com/technology/archive/2014/05/to-remember-a-lecture-better-take-notes-by-hand/361478/

4. COURSE REQUIREMENTS AND GRADING SUMMARY

ASSIGNMENTS

There are two components to grading, listed here and explained in detail at the end of the syllabus. They are due at the **beginning of class** on the course web site.

- Response Papers 60%
- Paper and Informal Presentation 40 %

Students are also expected to do the readings before class.

TIMELINESS

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 a schedule later in the syllabus. **Late response papers are not accepted.**

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, or rather I will return marked up grade sheets. I will also give you opportunities for

feedback about the course including a mid-semester evaluation. I will share the results of the evaluation with you.

5. TENTATIVE COURSE SCHEDULE

WEEK 1, SEPT 1: BACKGROUND: HISTORIES AND PRIORITIES

Topics:
- Course introduction
- What is good health? Determinants/causes and theories
- Planning and public health—basic connections between the fields in terms of
    - Histories
    - Topics—from air quality to water quality, mental health to social connections
    - Methods—research and practice
    - Practice including evidence-based practice, model communities

Background (look at some time for review):
- Sloan, D.C. 2006. From congestion to sprawl: Planning and health in historical context. *Journal of the American Planning Association* 72, 1: 10-18.
- CDC. 1999. Achievements in Public Health, 1900-1999: Changes in the Public Health System. *Morbidity and Mortality Weekly Report* http://www.mchd.com/data_reports/ph_top10.htm.
- Health and Places Initiative. 2015. Research Briefs: http://research.gsd.harvard.edu/hapi/research-briefs/ **(skim)**
- CDC. 2015. Healthy Community Design Topics. http://www.cdc.gov/healthyplaces/default.htm **skim)**

WEEK 2, SEPT 8: CONCEPTS: POPULATIONS AND ENVIRONMENTS

Topics:
- Health, well-being, etc.
- Theories of how health relates to place
- How much do places matter and how?
    - Place effects, places as settings, physical places vs. social, economic, institutional, and perceived places
- How to read research
    - Research designs
    - Reliability, validity, utility
- Exercises: key points of intervention; theories and actions; if the environment is the only tool for behavior change

Readings:
- McGinnis, J.M., P Williams-Russo, J. Knickman. 2002. The case for more active policy attention to health promotion. *Health Affairs* 21, 2: 78-93.
- Schroeder, S.A. 2016 in press. American health improvement depends on addressing class disparities. *Preventive Medicine*. [skim]
- Baranowski, T., K.W. Cullen, T. Micklas, D. Thompson, and J. Baranowski. 2003. Are current health behavioral change models helpful in guiding prevention of weight gain efforts. Obesity Research 11, 23s-43s. **[skim]**
- Ellen, I.G. and S. Liied. 2015. Housing, neighborhoods, and children's health. *The Future of Children* 25, 1: 135-153.
- Better life Index http://www.oecdbetterlifeindex.org/#/11111111111 [skim]

WEEK 3, SEPT 15: PLACE: SUBURBIA 1: GREEN AND CLEAN?

Topics:
- Nineteenth century urban health penalty: congestion, density, and crowding

- Where are suburbs? Suburban types in global perspective
- Why people have moved to suburbs—push and pull factors
- More on density and health
- Benefits of green/nature
- Pollution
- Cases: Model company towns, suburban developments, and new towns
- Exercises: environments and health determinants, scales—micro to macro
- Guest: Kim Rollings, Notre Dame

Readings:
- Harris, R. and M.E. Mercier. 2015. How healthy were the suburbs? *Journal of Urban History* 31, 6: 767-798.
- Crewe, K., and A. Forsyth. 2011. Compactness and connection in environmental design: insights from ecoburbs and ecocities for design with nature. *Environment and Planning-Part B*–267 :2 ,38 .288
- Prüss- Üstün, A., C. Vickers, P. Haefliger, and R. Bertollini. 2011. Knowns and unknowns on burden of disease due to chemicals: A systematic review. *Environmental Health* 10, 9. Online resource. doi:10.1186/1476-069X-10-9.
- Wells, N. and K. Rollings. 2012. The natural environment: Influences on human health and function. In *The Handbook on Environmental and Conservation Psychology*, edited by S. Clayton. New York: Oxford University Press.

WEEK 4, SEPT 22: PLACE: SUBURBIA 2: ACTIVE AND SAFE?

Topics:
- The sprawl makes you fat debate, revisited—food and physical activity
- Crime safety and traffic safety in suburban areas
- More on causal pathways
- Cases: Model company towns, suburban developments, and new towns

Readings:
- Ewing, R. and E. Dumbaugh. 2009. The built environment and traffic safety a review of empirical evidence. *Journal of Planning Literature* 23, 4: 347– 367.
- Wei, Vi. F., and G. Lovegrove. 2012. Sustainable road safety: A new (?) neighbourhood road pattern that saves VRU lives [question mark in original]. *Accident Analysis & Prevention* 44, 1: 140–148.
- Lorenc, T., S. Clayton, D. Neary, M. Whitehead, M. Petticrew, H. Thomson, S. Cummins, A. Sowden, and A. Renton. 2012. Crime, fear of crime, environment, and mental health and wellbeing: mapping review of theories and causal pathways. *Health & Place* 18, 4: 757–765.
- Bauman A.E., Reis R.S., Sallis J.F., Wells J.C., Loos R.J.F., Martin B.W. 2012. Correlates of physical activity: why are some people physically active and others not? *Lancet* 380: 258-271. **[Focus on tables.]**
- Wells N.M., Ashdown S.P., Davies E.H.S., Cowett F.D., Yang Y. 2007. Environment, design, and obesity: opportunities for interdisciplinary collaborative research. *Environment and Behavior* 39, 1, 6-33**. [skim]**

WEEK 5, SEPT 29: POPULATION: AGING 1: ISSUES

Topics:
- Processes of aging
- Cohorts and generations
- Levels of ability: active aging, frail, cognitively impaired
- Global patterns—numbers, households, care patterns, technologies
- Environments as settings and supports

- Exercise: Theories relative to intervention (time, place, domain)

Readings:

- Health and Places Initiative (HAPI). 2014j. *Physiology and Psychology of Aging, Health, and Place.* A Research Brief. Version 1.0. Cambridge, MA: Harvard Graduate School of Design. http://research.gsd.harvard.edu/hapi/physiology-and-psychology-of-aging/
- National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, and the World Health Organization. 2011. *Global Health and Aging*. http://www.who.int/ageing/publications/global_health.pdf
- Centers for Disease Control and Prevention. 2016. Healthy Aging Data. http://www.cdc.gov/aging/agingdata/index.html [skim]
- Joint Center for Housing Studies of Harvard University. 2014. *Housing America's Older Adults.* http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014.pdf **[Skim]**

WEEK 6, OCT 6: POPULATION AGING 2: ENVIRONMENT MODELS

Topics:

- Housing types
- Models for services—NORC programs, Villages, residences
- Municipal and metro level—Age friendly communities and beyond
- Technological changes
- Exercise: Coordinated vs. distributed approaches.
- Guest: Jennifer Molinsky, JCHS

Readings:

- Green, G. 2013. Age-friendly cities of Europe. *Journal of Urban Health* 90, 1: 116–128.
- Greenfield, E.A., A. Scharlach, A. Lehning, J. Davitt, and C Graham. 2013. A tale of two community initiatives for promoting aging in place: similarities and differences in the national implementation of NORC programs and villages. *The Gerontologist* 53, 6: 928-938.
- Winick, B.H. and M. Jaffe. 2015. P*lanning Aging-Supportive Communities.* Chicago, IL: APA. **(Pages 2-9 Executive Summary)**
- American Seniors Housing Association. N.d. Classifications for seniors property types. https://www.seniorshousing.org/filephotos/Classifications_for_Seniors_Housing_Property_Types.pdf (1 page)

WEEK 7, OCT 13: NO CLASS [ACSP MAKE-UP CLASS SATURDAY OCT 21]

WEEK 8, OCT 20: PROCESS: COLLABORATIVE PROJECTS 1: PROPOSALS

Topics:

- 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
- Cases: Healthy Cities
- Exercises: Theories to actions
- Guest: Jihoon Song, Harvard (on Japan)

Readings:

- Hancock, T. 1993. The evolution, impact and significance of the Healthy Cities/Healthy Communities movement. *Journal of Public Health* 14, 1: 5-18.
- 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.

- 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.
- 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 [**Read summary]**

WEEK 8A: SATURDAY OCT 21: METHOD: HEALTH ASSESSMENT ½
WORKSHOP 10-4 WITH LUNCH

Topics:
- Health assessment processes—community health needs assessment, health impact assessment, healthy community assessment, neighborhood health assessment
- Core measurement issues—places, data, analysis, reporting
- Health impact assessment training
    - Screening, scoping, and desktop (checklists)
    - Rapid HIA
    - Intermediate HIA
- Exercise: HIA practice

Readings:
- 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. 2005 [or 2012 edition]. 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.
- 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 **[skim]**

WEEK 9, OCT 27: PROCESS: COLLABORATIVE PROJECTS 2: EVALUATIONS

Topics:
- Gap between idea and practice
- Institutionalizing collaboration
- Dilemmas for single fields.
- Exercise: Breaking past the impasse

Readings:
- 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.
- 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.
- Hendricks, A.M., J. Habraken, M.W.J. Jansen et al. 2014. 'Are we there yet'—operationalizing the concept of Integrated Public Health Policies. *Health Policy* 114: 174-182.
- Pucher, J., and R. Buehler. 2008. Making cycling irresistible: lessons from the Netherlands, Denmark, and Germany. *Transport Reviews*, 28: 495–528.

WEEK 10, NOV 3: [OPEN HOUSE—MAKE-UP CLASS SATURDAY OCT 21]

WEEK 11, NOV 10: STUDENT CHOICE

Topics:
- Students will select the readings.

Topics
- Students will present their cases/projects for discussion.

[WEEK 13: THANKSGIVING RECESS]

WEEK 14, DEC 1: POSSIBILITIES FOR HEALTHY PLACES

Topics:
- Comprehensive approaches
- Barriers and supports
- Professional roles
- Excerpts from Designing Healthy Communities videos.

Readings [note: these may be replaced depending on student interests]
- Designing Healthy Communities: http://harvard.kanopystreaming.com.ezp-prod1.hul.harvard.edu/video/designing-healthy-communities
- Forsyth A., E. Salomon, and L. Smead. 2017. *Creating Healthy Neighborhoods: Evidence-based Planning and Design Strategies*. Chicago: APA Planners Press. [skim]
- 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.

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6. ASSIGNMENTS

All assignments to be handed in on canvas before the start of class on the day it is due.

PART 1: RESPONSE PAPERS 60%

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

The papers are *due at the beginning of class of the week, uploaded* to the course site and I will generally hand them back graded and with comments the following week. Taking out the first and presentation week of class, and given one class is a combined class (Oct 15), there are 10 weeks left in the semester with readings 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.

The papers for each week will:
> (1) Outline the basic message of **each** reading (e.g. **each chapter**). This is not a summary of the entire chapter--I want to know what the main points of the reading are. (50% of grade).
> (2) Give a more personal reflection on *one* of the questions below although the response **should** refer to the readings. It is perfectly fine to disagree with the reading—just give reasons. (50% of grade)
> (3) Stick within the **page limit** and be clearly marked with your **name**, the **question to be answered** (If there is no name you will not get a grade; if you are over the word limit or have missing questions, your grade will drop up to 10%).

In answering the questions below I will be grading papers in terms of how well you have (a) understood and (b) engaged with the literature in terms of points 1 through 3 above, and on (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.

Note: there are no response papers on the first week or the presentation week. Weeks 4 and 9 are transferred to week 7A (make up class).

2: Concepts: populations and environments
- What are some of the pathways linking environments to health outcomes? How important are they? A diagram may help.
- Consider the concept of weathering. What are the implications for planning and design.

3: Place: suburbia 1
- Outline the strengths and weaknesses of suburban areas for health.
- What type of suburb would be most healthy?

5: Place: suburbia 2
- Are suburbs safe?
- Who would be most active in suburbs and where?

6: Population: aging 1
- How might the U.S. housing stock need to change to accommodate an aging population?
- Think about those in their 50s and 60s now—what kinds of environments will they need as they age? How will they differ from current generations in their 80s and 90s.

7: Population: aging 2 (Friday)
- What are the strengths and limitations of NORC and village type programs?
- Are approaches to help people stay at home inherently superior to those with purpose-built housing?

7A: Make-up session: Method: Health assessment 1/2 (Saturday)
- Should health impact assessment be required?
- Compare top down vs. participatory approaches to health assessments.

8 Process: collaborative projects 1
- Why hasn't the healthy cities program been adopted everywhere?
- What is the place of the planning and design professions in an approach like the cultures of health?

10: Process: collaborative projects 2
- What are the barriers to collaboration in healthy communities work?
- Should a thinkers-in-residence style of program be used more widely to promote health? Why?

11: Student choice
- Compare and contrast the arguments in the selected readings. What are the implications for creating healthy places?

14: Possibilities for healthy places

- The readings and videos promote healthy place making. How different is this to general good planning and good design?
- Is it possible to improve health through place making? What are the most important points of leverage?

CASE/PROJECT AND INFORMAL PRESENTATION 40 %

There are three tracks for the final assignment—a case study, a practical project for a client, or a plan for the new Healthy Places D-Lab at the GSD (from the perspective of student involvement). All need to be presented to the class.

CASE STUDY

Write a case study of a place, project, policy, plan, or program that has tried to make districts and/or cities and/or regions more healthy—describing it and analyzing it in relation to some theme from the class. The case should have been implemented, not just a proposal. It should be bigger than a single dwelling, preferably substantially so. 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. It would be handy to visit it but not essential, and 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 4,000-6,000 words (put the word count on the cover).
- It should have a significant number of illustrations—photos, charts, graphs, and similar. This is why I have not provided a page limit.
- In addition to a reference list there should be a bibliographic note at the end describing key sources including web documents, original policy documents, and visual materials. This note needs to say where you found materials and assess their strengths.
- You must cite and seriously engage with at least five class readings in your paper; you can, of course, engage with more.
- 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 with a brief, informal, PowerPoint presentation of 5-20 slides—a map if relevant, a slide of basic questions, another of basic findings, and two to three of key illustrations of these points. 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 the assignment I am happy to do so but agreement needs to be made in writing. Better cases will:

- Conform to the requirements above: word limit (state world count), illustrations, reference list, bibliographic note, engage with five or more readings.
- Make a clear argument for the importance of the particular place, policy, program, or project (though it may be important because it is very typical). **This should have an evaluative component—how well does it perform?**
- Include both general information about the case and a clear theme related to the themes of the course (health).
- Be focused enough—this will be particularly tricky with a place that may be the result of a number of policies, programs, and plans.
- Use carefully selected and composed matrices, charts, statistical tables, and images. These should have clear captions and cite their sources.

- Draw on a variety of primary and secondary sources about the cases—e.g. policy documents, social media, statistics, oral histories, media, formal histories, maps, images etc. Not all will be available and such availability or lack of it should be discussed in the bibliographic note.
- Provide thoughtful commentaries clearly linked to class subject matter and readings (i.e. citing class readings).
- Cite other readings related to the theme or case showing that the student has looked, for example, at sources cited in class readings.
- Use sources in a sophisticated way e.g. demonstrating understanding of their strengths and weaknesses related to methods and data.
- Overall, provide a clear argument (with evidence for claims including illustrations and narrative, countering reasonable objections), showing a richness and depth of understanding both of the case itself and the theme being explored.

To find cases you might try the following:
- http://network.aia.org/designforaging/home (documents periodic awards for housing for older people including aging in place—scroll down to the POE report and those on "insights and innovations" and "data mining.
- http://www.alliance-healthycities.com/htmls/awards/index_awards.html for healthy cities awards.

PROJECT ALTERNATIVE A
An alternative to the case is to do a practical project for a client. The draft and final versions should conform closely to the requirements for the case above with any departures agreed upon in writing with Ann. One or more options will be presented at the start of class. This will allow you to receive project-based course credit for the MUP.

PROJECT ALTERNATIVE B
The final alternative is to develop a plan for how the new Healthy Places D-Lab could make a difference at Harvard. This would involve scoping out where an interdisciplinary unit at the GSD could add value across campus and a plan for how to fund and implement it. Some work is already being done to create a student group and the work could build on that base. This is quite real—it's a new unit looking for ideas. You would be advising Ann and Jennifer Molinsky who sponsor the lab.

Deadlines
- Week 4, Sept 22: Project/case proposal—a one-page outline of approach/idea due at the start of class.
- Week 8, Oct 20: Draft paper due for workshop in class. **Upload on the course site before class but ALSO bring 2 paper copies to class.**
- Week 12, Nov 17: Presentations in class. **Upload presentation to course site by the end of Nov 18.**
- December 8: Final case study papers/projects due at 5pm.

The final paper will receive the grade but if you have a late proposal, workshop paper, and/or informal presentation it will reduce the final grade up to 10%.
Late case study papers are docked marks on the following schedule (remember I do not accept late weekly assignments/response papers):
- 1 hour late -5%
- Up to 5 hours late -8%
- Up to 24 hours late -10%
- Up to 48 hours late -20%

- And 10% for every day or part of a day after that.

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. "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.

	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
Argu-ment	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.	Easy to read fonts. Graphics that are legible and convey information well.	Adequate font size or shape. Adequate graphics though there may be	Tiny and hard to read fonts; graphics that are either difficult to understand or do not

	Very good (High Pass)	Good (Pass)	OK (Low Pass)	Needs Work (Not passing)
	Layout that is striking and imaginative		weaknesses in content and/or execution	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.

This link is also helpful in providing a more global view of grading:
http://isites.harvard.edu/fs/html/icb.topic58474/GradingPapers.html

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 you cite a web site in a short paper, 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).

ACADEMIC HONESTY

Please be familiar with Harvard's web site on plagiarism:
http://isites.harvard.edu/icb/icb.do?keyword=k70847&pageid=icb.page342054. 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

In addition if you wish to use work that overlaps with another class you can do so only if you have **written** permission from me. This will reflect an **in-person discussion** where we figure out how your work can reflect an equivalent effort to other students doing the same assignment.

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.

7. ADDITIONAL READINGS: GENERAL AND BY WEEK

GENERAL

- APA Planning and Community Health Research Center: https://www.planning.org/nationalcenters/health/
- Devlin A.S., & Arneill A.B. 2003. Health care environments and patient outcomes: a review of the literature. *Environment and Behavior* 35: 665-694.
- University of Kansas. 2015. *Community Tool Box.* http://ctb.ku.edu/en
- Vlahov, D., Bouford, J.I., Pearson, C., Norris, L. eds. 2010. *Urban Health: Global Perspectives*. San Francisco: Jossey-Bass.

BY WEEK

1: Background: histories and priorities
- APA Planning and Community Health Research Center: https://www.planning.org/nationalcenters/health/
- Dannenberg AL et al. (eds.), Making Healthy Places: Designing and Building for Health, Well-being, and Sustainability. Washington DC: Island Press.
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- Sallis J.F., Floyd M.F., Rodriguez D.A., & Saelens B.E. 2012. Role of built environments in physical activity, obesity, and cardiovascular disease. *Circulation* 125: 729-737.

2: Concepts: populations and environments
- CDC. 2015. Healthy Community Design Topics. http://www.cdc.gov/healthyplaces/default.htm
- Dahlgren G. & Whitehead M. 1991. Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm.
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  - Lalonde, M. 1974 (pub 1981). A New Perspective on the Health of Canadians: A working Document. Ottawa: Minister of Supply and Services.

- Leyden, K.M., A. Goldberg and P. Michelbach. 2011. Understanding the pursuit of happiness in ten major cities. *Urban Affairs Review* 47, 6: 861–888.
- Mindell, J., J.P. Biddulph, A. Boaz, A. Boltong, S Curtis, M. Joffe, K. Lock, L. Taylor. 2006. *A Guide to Reviewing Evidence for use in Health Impact Assessment*. London: London Health Observatory. http://www.lho.org.uk/Download/Public/10846/1/Reviewing%20EvidenceFinal%20v6.4_230806.pdf.
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3/5: Place: Suburbia
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6/7: Population: Aging

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7A: Method: Health assessment 1/2

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- Community Planning. 2016. Methods. http://www.communityplanning.net/methods/methods_a-z.php
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- Draft Sustainable Sites criteria available at http://www.sustainablesites.org/report/Guidelines%20and%20Performance%20Benchmarks_2009.pdf with corrections at http://www.sustainablesites.org/report/Document%20Addenda_112310.pdf (this is very detailed-).
- 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.
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- 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**
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8/10: Process: collaborative projects
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11/12/13: Student choice readings, presentations, Thanksgiving

14: Possibilities for healthy places