The workshop explores the roles planner might pursue in support promoting healthy places – neighborhoods, cities and regions. The implementation of Obamacare (The Affordable Care Act) provides an opportunity to add health to the list of domains that can be leveraged to advance urban life. For the first time, the entire population will have healthcares as an accessible resource.

The implementation of the act provides an opportunity for planners to apply the tools of planning to this important sector and to link health planning to other domains in which the planning profession is active. The sheer size of the health sector is compelling as are such features as its connection to individual and family well-being, equity, its role in regional economies, and its critical links to other sectors such as housing and employment. The implementation of Obamacare also provides new opportunities for the application of data and analysis, for partnering with various sectors, and for institutional capacity building to enhance health outcomes.

The workshop has several goals. The workshop will explore the relationship between health and urban development with a focus on healthy neighborhoods and healthy regions. The workshop will explore neighborhood impacts on health and well being. The workshop will generate questions that will guide our inquiry and engagement on planning practice and our collaboration with public health, design and other professionals. We will want to learn from recent developments what is current best practice and how practice can be improved.

The workshop will include students, local colleagues and professionals, visitors. Students who enroll for credit will prepare a paper due on May 14, 2013. Prior approval of the paper topic is required.

The principal readings are:

Books:


Other Readings:

To be provided

Workshop Topics

1. A Scan of the Health and Planning Landscape -- This workshop session will explore the various threads of the opportunities afforded, and the challenges presented, by the implementation of the Affordable Care Act.

2. Assessing Community Needs- Efforts to achieve a healthy city require that we have an assessment of community health needs and resources. We will consider past experience with such assessments, current efforts, and then assess whether these efforts are sufficient to meet our expectations for the Affordable Care Act. What new models of assessment are needed?

3. Workforce Development- Providing health services to 40 million additional citizens require a significant increase in the health-related workforce. What are the expected dimensions of this workforce enhancement? How will we meet the need?

4. The Community-based Sector- a large fraction of the newly insured citizens will live in poor communities in urban and rural communities served by nonprofit agencies and organizations. What are the capacity-building requirements to support the effective articulation of community based organizations with clinical services in the delivery of community health?

5. Case One: The California Experience- While the community sector is important it is also critical that we look at a larger geographic area as the planning and service domain. The California experience in recent years provides an opportunity to look at that state’s experience of advancing health for a region.

6. Case Two: The Boston Experience- The implementation of the health care reform in Massachusetts 5 years ago provides an opportunity to learn about the challenges associated with bringing the underserved into the health care system. What are the lessons? What are the new questions?

7. Big Data and Digital Technology - Advancements in digital technology and the flood of health and community data coming from all sectors provide an opportunity to make technology a critical tool for advancing the healthy city. How do we make technology be a part of the community health solution? What are the risks and limitations?

8. Housing and Health- Urban neighborhoods have significant stocks of public and nonprofit housing, including housing for the elderly. In many of our
major cities, these units comprise 10% or more of the housing stock. Many of the residents of this housing are among those who would be newly insured. The concentration is larger in particular communities. How do we conceptualize what services improve community health outcomes in places that are managed by the public or by the community? As seniors in assisted housing age, the principal choice now for those with declining independence is a very expensive nursing home bed. As one housing thread, we will explore efforts to combine health and housing resources to create additional models that promote cost savings and more attractive options for seniors.