

## Reading Tips and Study Questions CLASS 23—HEALTHY COMMUNITIES

### Required reading

1. **L.E. Geronimus and J. Phillip Thompson**, "To denigrate, ignore or disrupt: Racial inequality in health and the impact of a policy-induced breakdown of African-American communities," *DuBois Review* (2004).
2. Chapters 1 and 7 in **Jason Corburn**, *Toward the Healthy City: People, Places and the Politics of Urban Planning* (New York: Russell Sage, 2011).
3. **Mariana Arcaya and Xavier de Souza Briggs**, "Despite obstacles, considerable potential exists for more robust federal policy on community development and health." *Health Affairs* 30(11):2064-2071 (2011), pp.2064-2068 only.
4. **Short video clips** (local work on community health), see links in the Readings section.

### 5. California Communities Health Screening Tool

### Recommended reading

6. Corburn, Chapter 2 ("Retracing the roots of city planning and health").
7. Mindy Fullilove, *Root Shock: How Tearing Up City Neighborhoods Hurts America, and What We Can Do About It* (New York: One World/Ballantine, 2005).
8. Northridge et al. "Reinventing health and sustainable communities: Reconnecting public health and urban planning." In *Social Inequality and Public Health*, edited by Salvatore J. Babones (Bristol: Policy Press, 2009).

### Session overview

In this session, we will survey the rapidly evolving work on healthy cities, which reflects both social and political interests in better health and a purposeful "reunion," of sorts, between the city planning and public health fields. As several of the readings emphasize, today's planners should recognize how complicit planning has been in generating serious health problems and inequities, not just envision a rosy future of planning-supported solutions.

We want to understand (a) the core premises of focusing on health drivers, including structural and social determinants of health, beyond the dominant *biomedical* model and the more recent *behavioral* model (emphasizing the importance of diet and exercise); (b) the lesson-rich parallel evolution of public health and city planning, initially in close dialogue and later quite apart from each other; and (c) specific pathways for improving equity-focused practice and

outcomes and securing funding and other critical supports for them.

One example is the **Health Screening Tool** developed by the state of California to identify which communities should be prioritized for public health assistance. The tool existing environmental, health, demographic and socioeconomic data to create a screening score for communities across the state; this scoring is now being used to determine which communities should receive benefits from the cap-and-trade carbon program that funds community development programs. On the other hand, **Jason Corburn**, a DUSP Ph.D. graduate and now professor of city planning at UC Berkeley, points out that a number of the major challenges ahead are less technical—in the conventional medical or epidemiological sense— than political and institutional.

The brief **video clips** illustrate some of the concepts in practice, for example in efforts to attack the problem of “food deserts” with “healthy food financing”—a *supply*-side strategy to address the scarcity of healthy food choices in some places—and linked efforts to stimulate *demand* for healthier food. In plainer terms: creating the *opportunity* to eat healthier—socially just and important as that is— doesn’t guarantee that people will actually choose to do so. We can discuss a number of extensions to these and other efforts, for example the Obama Administration’s [Healthy Food Financing Initiative](#).

### Discussion questions

1. **Geronimus and Thompson** argue that African American health outcomes are shaped by prevailing racial ideologies, political and economic structures that follow those ideologies, personal and social coping mechanisms, and the physiological effects of coping efforts. What are their arguments for the role of each of these mechanisms? Geronimus and Thompson also critique three prevailing ideologies in U.S. health policy debates: developmentalism, economism, and the American Creed. What policy implications stem from their arguments about mechanisms and ideologies? Finally, the authors suggest that race in the U.S. is more like a failing marriage than labor-employer conflict or other “us vs. them” conflicts. What are the implications of thinking of race in this way?
2. What does **Corburn** mean by “a relational view of place,” and why is it important? How does attention to population health and the role of place in the U.S. compare, so far, to developments worldwide? And what are some key challenges he highlights for the U.S., given our status quo approaches? What are the most important unresolved issues or challenges, and what are the major lessons, in your view, of Corburn’s health impact assessment case?
3. Read **Arcaya and Briggs** for a discussion of key federal policy developments—most importantly the Affordable Care Act but also “Obama’s urban policy”—and

how community development might be positioned as part of a transformational next phase of health reform.

In the recommended reading, psychiatrist **Mindy Fullilove** examines the long-run effects of federal urban renewal policies, particularly on displaced African-American families. Drawing on a gardening metaphor, she writes, "People who have been displaced experience 'root shock' ... the traumatic stress reaction to the loss of some or all of one's emotional ecosystem." Note: Next year will mark the 50<sup>th</sup> anniversary of the publication of the first-ever empirical study of health impacts of displacement and forced relocation, "Grieving for a lost home" (1963), by Boston College psychology professor Marc Fried. It examined the effects of urban renewal in Boston's historic West End neighborhood, which had been labeled a "slum" by redevelopment planners and then demolished and rebuilt as high-end housing. We will be organizing an international symposium, to be held April 26, 2014 at MIT, to commemorate that path breaking work and to explore progress and remaining challenges in policy and practice.

Finally, **Corburn** examines the assumptions, professional agendas and biases that drove the marginalization of public health and other social concerns in the increasingly design-dominated city planning field early in the 20<sup>th</sup> century. He also examines the legacy effects of those developments and how the rise of land use regulation tools, most importantly zoning standards and institutions, helped shape racial and other disparities in health. Recall our earlier discussions of these structural forces, using *The Geography of Opportunity* book, for example the chapter by Pendall et al. on racial and social inequities in land use policy and planning.

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