SERVIÇO PÚBLICO FEDERAL
**UNIVERSIDADE FEDERAL DE SANTA CATARINA**
**CENTRO DE DESPORTOS**
**PROGRAMA DE PÓS-GRADUAÇÃO EM EDUCAÇÃO FÍSICA**
CAMPUS REITOR JOÃO DAVID FERREIRA LIMA - TRINDADE - CEP 88040-970 - FLORIANÓPOLIS / SC
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# *TEACHING PLAN – 2020.3*

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Plano de ensino adaptado, em caráter excepcional e transitório, para substituição de aulas presenciais por aulas em meios digitais, enquanto durar a pandemia do novo Coronavírus – COVID-19, em atenção à Portaria MEC 344, de 16 de junho de 2020 e à Resolução 140/2020/CUn, de 24 de julho de 2020.

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## 1. IDENTIFICATION

**Course:** Advanced Research Methods in Physical Activity and Health – *Built Environment, Physical Activity and Public Health*
**Code:** DEF3124000
**Number of Credits:** 3 Theoretical Credits
**Workload:** 45 hours/class
**Level:** Master's and PhD in Physical Education
**Professor(s):** Cassiano Ricardo Rech (cassiano.rech@ufsc.br)
**Invited Professor:**
Prof. Rodrigo S. Reis, PhD (Brown School, Washington University in St. Louis, USA)

## 2. SYLLABUS

The built environment – or the human-made features of our communities, which includes land use, community design, and transportation systems – directly and indirectly impact health outcomes. From water and air pollution increasing the risk of infectious illness, to community design influencing longer-term risk of developing certain chronic diseases, built environment decisions can impact the health of individuals of varied ages, abilities, races, and ethnicities. Course participants will analyze the connections between the built environment and various health outcomes, explore the policy and decision- making processes that facilitate built environment changes, and examine the co-benefits of built environments that prioritize health. Students will work in groups to conduct a fast Health Impact Assessment in to present at the end of the course.

## 3. OBJECTIVES

The ability to develop and apply a transdisciplinary approach in identifying public health and built environment problems and solutions is increasingly critical to public health, urban design, and architecture disciplines. Upon graduation, students will be able to:

1. Understand public health problems from a transdisciplinary perspective.
2. Develop and apply transdisciplinary solutions to public health problems.
3. Identify sources and quality of evidence-based information related to public health planning, research, policy, and practice.

4. Understand how to translate and disseminate public health research to policymakers and other stakeholders.
5. Analyze determinants of health and disease using an ecological framework.
6. Demonstrate leadership skills for collaboration and partnership among communities and organizations focused on public health goals.
7. Develop public health programs and strategies that are responsive to the cultural values and traditions of diverse communities being served.

## 4. CONTENT

**4.1. UNIT I –** Health Impact Assessment (HIA) Overview
**4.2. UNIT II -** What Health Issues the Built Environment Impacts?
**4.3. UNIT III -** Built environment assessment training and report
**4.4. UNIT IV -** How to Change the Built Environment to Improve Health
**4.5. UNIT V -** Healthy built environments: looking globally – Physical activity

## 5. TEACHING STRATEGIES

The course employs varied mediums for learning. During class, students will be expected to actively listen to lectures from instructors and guest speakers, participate in group activities, contribute to class discussions. Students will work in groups to integrate transdisciplinary perspectives into a richer understanding of public health and the built environment and propose new solutions that draw upon the contributions of a range of appropriate disciplines necessary for assessing the topic. The teams will be responsible for identifying and recommending positions for "real world" issues and documenting their work in a HIA to be presented in seminar at the end of the course. Students are expected to meet and collaborate with their assigned group members outside of class time. The instructor and teaching assistant will prepare and deliver course material; be available to students, online, and by appointment for consultation; and provide timely and clearly explained feedback on student performance. The instructor expects students to: attend each class on time; complete all assignments in a timely manner; come to class prepared, having read all assignments; participate in class discussions; seek any necessary clarification regarding course expectations from the instructor; and provide the instructor with feedback about the effectiveness of the course. **Any problems with attendance, meeting deadlines, or completing assignments should be discussed promptly with the instructor**. E-mail is the best way.

## 6. ASSESSMENT

In-person attendance and (active) participation in classes activities (materials discussion) (10%)

Health Impact Assessment ignite presentation (20%)

Built environment assessment training and report (20%)

Health Impact Assessment (50%)

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## 7. CLASS SCHEDULE

| Period | Date (Tuesday) | Format | Content | Activities |
|---|---|---|---|---|
| Week 1 | 02.03 | **Synchronous (Tuesday 02.03, 10am-1am)** | Show to teaching Plan and class schedule | Link |
| | | Asynchronous (14h-18h) | Health Impact Assessment (HIA) Overview | Online course |
| Week 2 | 09.03 | **Synchronous (Tuesday 09.03, 10am-1pm)** | Course introduction & Health Impact Assessment (HIA) Overview | Required readings, lecturing and class discussion/exercise |
| | | Asynchronous (14h-18h) | What Health Issues the Built Environment Impacts? | Required readings, paper synthesis and reflection |
| Week 3 | 16.03 | Asynchronous (14h-18h) | Built environment assessment | Required readings, lecturing and class discussion/exercise |
| Week 4 | 23.03 | **Synchronous (Tuesday 23.03, 10am-1pm)** | What Health Issues the Built Environment Impacts & Built environment assessment | Online Lecturing Online Curse |
| | | Synchronous (Tuesday 23.03, 10am-1pm) | Built environment assessment report | Online Lecturing Online Curse |
| Week 5 | 30.03 | Asynchronous (14h-18h) | How to Change the Built Environment to Improve Health | Online Lecturing Articles' synthesis |
| Week 6 | 06.04 | **Synchronous (Tuesday 06.04, 10am-1pm)** | How to Change the Built Environment to Improve Health | Open discussions among participants |
| | | Asynchronous (14h-18h) | Healthy built environments: looking globally – Physical activity | Online Lecturing Articles' synthesis |
| Week 7 | 13.04 | Asynchronous (14h-18h) | Healthy built environments: looking globally – Physical activity | Open discussions among participants |
| | | Asynchronous (14h-18h) | Review Health Impact Assessment Project | Ignite presentations & discussion |
| Week 8 | 20.04 | **Synchronous (Tuesday 20.04, 10am-1pm)** | Health Impact Assessment - Final Project Seminar | Final Presentation |

## 8. REFERENCES

*Making Healthy Places: Designing and Building for Health, Well-being, and Sustainability. Editors: Andrew Dannenberg, Howard Frumkin, and Richard Jackson. Island Press. 2011.*

Bauman A, Crane M, Drayton BA, Titze S. The unrealised potential of bike share schemes to influence population physical activity levels - A narrative review. Preventive Medicine. 2017; 103:S7-S14.

Brown et al. (2009) The relationship of built environment to perceived support and psychological distress in Hispanic elders: The role of "Eyes on the Street" with a focus on the United States and Germany. American Journal of Public Health. 2017; 107(2):281-287.

Buehler R, Pucher J. Trends in walking and cycling safety: recent evidence from high-income countries,

Corburn J. Reconnecting with our roots: American urban planning and public health in the twenty-first century. *Urban Affairs Review*. 2007; 42(5):688-713.

Friedman MS, Powell KE, Hutwagner L, Graham LM, Teague WG. Impact of changes in transportation and commuting behaviors during the 1996 summer Olympic Games in Atlanta on air quality and childhood asthma. JAMA. 2001; 285:897–905.

Giles-Corti et al. (2016) City planning and population health: a global challenge.

Hipp et al. (2013) Emerging technologies: Webcams and crowd sourcing to identify active transportation

Hino et al. (2011) The built environment and recreational physical activity among adults in Curitiba, Brazil

Rundle (2011) Using Google street view to audit neighborhood environments

Watson (2008) Investment in Safe Routes to School projects: Public health benefits for the larger community.

Younger et al. (2008) The built environment, climate change, and health: Opportunities for co-benefits.

Younger M, Morrow-Almeida HR, Vindigni SM, Dannenberg AL. The built environment, climate change, and health: opportunities for co-benefits. American Journal of Preventive Medicine. 2008; 35:517–526.

WHO (2016) Health as the pulse of the new urban agenda

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## Resources for Health Impact Assessments

CDC's Health Impact Assessment website (http://www.cdc.gov/healthyplaces/hia.htm)
HIA clearinghouse website (http://www.hiaguide.org/hias)
PEW Charitable Trust: HIAs in the US (http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map)
Bhatia R. Health impact assessment: a guide for practice. Human Impact Partners, 2011. http://www.humanimpact.org/component/jdownloads/finish/11/139/0
Health Scotland. Health impact assessment: a guide for local authorities. 2006. www.healthscotland.com/documents/1283.aspx
Human Impact Partners. A health impact assessment toolkit: a handbook to conducting HIA. 2010. www.humanimpact.org/component/jdownloads/finish/11/8
Institute of Public Health in Ireland. Health impact assessment guidance. 2009. www.publichealth.ie/publications/healthimpactsassessmentguidance2009
International Finance Corporation. Introduction to health impact assessment.2009. www.ifc.org/ifcext/sustainability.nsf/AttachmentsByTitle/p_HealthImpactAssessment/$FILE/HealthImpact.pdf

International Health Impact Assessment Consortium, Liverpool, UK. The Merseyside guidelines for health impact assessment. 2001. www.liv.ac.uk/ihia/IMPACT%20Reports/2001_merseyside_guidelines_31.pdf

International Health Impact Assessment Consortium, Liverpool, UK. European policy health impact assessment: a guide. 2004. www.liv.ac.uk/ihia/IMPACT%20Reports/EPHIA_A_Guide.pdf

North American HIA Practice Standards Working Group. Minimum elements and practice standards for health impact assessment. 2010. http://www.humanimpact.org/doc-lib/finish/11/9

Quigley R, den Broeder L, Furu P, Bond A, Cave B, Bos R. Health Impact Assessment International Best Practice Principles. Fargo, ND: International Association for Impact Assessment; 2006:1. Special Publication Series 5. http://www.iaia.org/publicdocuments/special-publications/SP5.pdf

University of Birmingham, Department of Public Health and Epidemiology. A training manual for health impact assessment. 2003. www.apho.org.uk/resource/item.aspx?RID=44927

University of Minnesota, Design for Health. Rapid health impact assessment toolkit. 2008. www.designforhealth.net/pdfs/HIA/BCBS_Rapidassessment_011608.pdf
Additional Built Environment & Health Resources:

WHO, UN Habitat (2010) Hidden cities: Unmasking and overcoming health inequities in urban settings
Urban Land Institute (2015) Building Healthy Places Toolkit
Change Lab Solutions: Planning Perspectives on Health
Change Lab Solutions: Health Perspectives on Planning.