Healthy Planning
How Community Planners Can Solve the Healthcare Crisis

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Introduction

"We seem to have surrendered *community excellence* and *community values* in the mere accumulation of material things…GNP – if we should judge America by that — counts air pollution and cigarette advertising and ambulances to clear our highways of carnage. It counts special locks for our doors and the jails for people who break them. …Yet the Gross National Product does not allow for the health of our children, the quality of their education, or the joy of their play… it measures everything, in short, except that which makes life worthwhile."

– Senator Robert F. Kennedy, 1968

What is this elusive thing called *community* and how might we better harness its mysterious powers? As Senator Robert F. Kennedy's famous words suggest, community is difficult to precisely measure, so we tend to overlook its value in favor of the more tangible. Robert Putnam has made perhaps the best attempt to address the mystery of community value, which he equates to "social capital," or the "social networks and the norms of reciprocity and trustworthiness that arise from [connections among people]" (Putnam, 2000). Though investment in social capital in local communities may offer the best solution to some of the nation's greatest challenges, it continues to be overlooked.

Overlooking the value of community capital can have severe implications. One explanation for the economic downturn in 2008 and 2009 was the breakdown of community relationships. For much of the 20th century, mortgage lending took place at community banks where face-to-face interactions between lenders and borrowers built trust and understanding. In the decade leading up to the financial crisis of 2008, faceless transactions proliferated where mortgage lending was instigated by brokers, packaged by Wall Street, and sold off across the world. The disunion of the banker and borrower at the community level led to bad loans and defaults, which eventually resulted in a credit crunch, financial meltdown, stock market crash, deep recession, and high unemployment. But, has society learned its lesson not to overlook the value of community capital?

The intent of this article is to warn that another danger – a healthcare crisis – is looming and explain why effective planning at the community level is the best and perhaps only effective solution. The healthcare crisis – the decreasing access Americans have to the type of healthcare on which they have come to depend – is a result of unsustainable costs and diminished financial resources. To effectively address the crisis, we must shift focus away from the traditional measurement of progress for just as GNP "counts special locks for our doors and the jails for people who break them" (Kennedy, 1968), it counts the expensive biotech drugs and invasive surgery needed to clean up our unhealthy living.

Yet, as David Goldhill recently pointed out in *The Atlantic,* "Medical care, of course, is merely one component of our overall health. Nutrition, exercise, education, emotional security, our natural environment, and public safety may now be more important…in producing further advances in longevity and quality of life" (2009). Because of society's obsession with measurement, we overproduce that which can be easily measured – pills and surgeries – and underproduce that which cannot – healthy communities.. Community planners can change this and prepare America for the day when pills, surgeries, and institutional care are no longer as accessible as they are today.

I. The Healthcare Crisis

"Planning is a systematic, creative approach to addressing *social, physical, and economic* problems…[Planners] study the *interconnections* between the *various forces* that shape places and quality of life in them, and develop policies around these interconnections…"

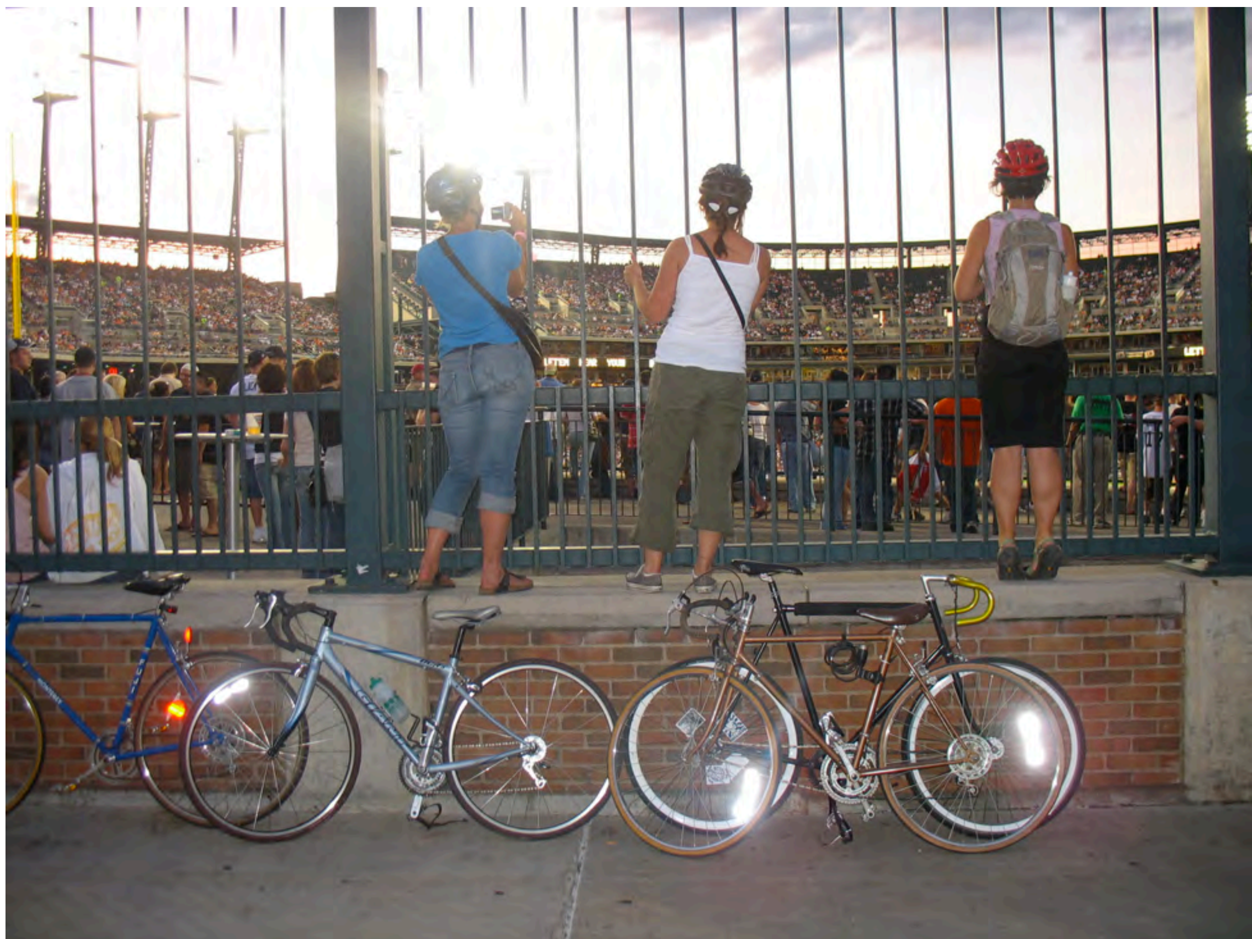
- Jonathan Levine, Chair of Urban & Regional Planning, University of Michigan, 2009

Complex attributes of the healthcare crisis make it a challenge that community planners are uniquely prepared to address. The U.S. healthcare system has depended on the free market and government, or *vertical forces*, for too much and for too long. The broad, centralized nature of vertical forces ineffectively addresses the complex and customized health needs of individuals and communities. Overlooked as a solution is the untapped value of community-based solutions, or *horizontal forces*. Planners not only have an intimate understanding of horizontal forces, but they also examine the *interconnections* between various forces that "shape places and quality of life" (Levine, 2009).

The American Planning Association (APA) places health problems related to the built environment into three categories: land use, automobile dependency, and social processes (Morris, 2006). The former two are *physical* problems, the latter is a *social* problem, and the aggregate has exacerbated the *economic* problem of the healthcare system. At the center of the healthcare crisis is a cost problem that limits access to products and services, compromises quality, and reduces overall healthcare value. Examining the healthcare crisis from a social, physical, and economic level helps demonstrate why this is a challenge particularly suited for planners willing to reshape how America thinks about health.

The Physical Crisis

The healthcare crisis is a physical planning problem since the position of our buildings and infrastructure governs our daily lives by influencing accessibility to where we live, work, and play. Thus, the "built environment" is the passive dictator responsible for directing our level of physical activity. According to the APA, automobile dependency creates health problems related to air pollution, asthma, car crashes, and pedestrian injuries, while land use problems include water quality, cardiovascular disease, asthma, and obesity (Morris, 2006). Furthermore, obesity is linked to numerous health problems such as diabetes (The Obesity Society). According to the Centers for Disease Control and Prevention (CDC), there are 24 million diabetics in America and 57 million characterized as pre-diabetic. In addition, a recent study from Rutgers University demonstrated the strong inverse correlation between auto-dependency and obesity across



Detroit, Michigan Photo: Spencer Olinek

15 countries. At the extremes were the U.S.–5% walk, bike, transit rate and 24% obesity rate– and Switzerland–53% walk, bike transit rate and 6% obesity rate (Pucher, 2009).

The Social Crisis

The healthcare crisis is a social problem since the built environment impacts our mental health (Morris, 2006). Different types of environments have shown varying correlations to mental health disorders. For instance, in *Urban Sprawl and Public Health,* authors Howard Frumkin, Lawrence Frank, and Richard Jackson suggest that sprawl undermines the social fabric of a community as it restricts opportunities for civic engagement, as well as informal social interactions (2004). This begets isolation and loneliness, which studies have linked to cardiovascular disease, strokes, injuries, and other health risks (Frumkin, Frank, Jackson, 2004). Science is not entirely conclusive on the matter, but careful attention is warranted: "as the built environment continues to evolve, and as mental disorders continue to loom large in absolute and relative terms in our nation's health profile, we need to remain alert to possible links between sprawl and mental health" (Frumkin, Frank, Jackson, 2004).

Social problems of the built environment are exacerbated by the vulnerability of certain populations. Women, children, minorities, the elderly, the poor, and people with disabilities are especially vulnerable owing to, among other things, economic and transportation barriers (Frumkin, Frank, Jackson, 2004). These groups face support and access challenges that are linked to mental and physical health problems (Frumkin, Frank, Jackson, 2004). A growing social challenge in the United States is the rapidly expanding elderly population. Looming questions related to the elderly include where to house them, how to care for them, and where to find the funding to pay for the government's promises to them. The number of seniors (aged 65+) is projected to double in the first thirty years of the 21st Century (CDC, 2003). Since all seniors qualify for Medicare, a government-funded safety net, this social issue is also perhaps the largest economic problem in the United States.

The Economic Crisis

The healthcare crisis is an economic problem because it impacts every taxpayer and puts the nation's finances at great risk. The Peter G. Peterson Foundation estimated that at the end of 2008, U.S. government liabilities were $56.4 trillion, or $184,000 per American. The Medicare portion of this was $36.3 trillion, or $118,000 per person and $311,000 per household. In 2009, national healthcare expenditures were $2.5 trillion, or 17.3% of the U.S. GDP, according to U.S. Department of Health and Human Services (HHS). A Kaiser Family Foundation (KFF) survey in 2009 found that medical-related bankruptcy had stung 2% of respondents and 7% had been unable to pay for necessities like food, heat, or housing in the preceding 12 months as a result of healthcare bills. These problems and others are behind a July 2009 KFF poll that showed 56% of Americans believe "health reform is more important than ever."

A demographic analysis shows how the healthcare financial crisis related to Medicare and seniors may permeate to the entire economy. *The Economist* magazine warned readers to "stop thinking for a moment about deep recession, trillion-dollar rescue packages and mounting job losses. Instead, contemplate the prospect of slow growth and low productivity, rising public spending and labor shortages. These are the problems of ageing populations" (6/25/09).

The magnitude of the economic burden indicates that the government and seniors are on an unsustainable fiscal path and fresh solutions are desperately needed. The inevitable result is a combination of cuts from the government, increases in the portion of individual out-of-pocket spending, and a reduction in traditional healthcare consumption. Establishing natural healthcare supports within the built environment of communities may soften the blow of these economic realities.

II. Failed Healthcare Strategies

"Neither managed care, nor wage and price controls, nor regulation, nor voluntary action, nor market competition has had a lasting impact on our nation's health care costs. Reformers should not overpromise."

– Drew Altman, President of the Kaiser Family Foundation (Pear, 2009)

Both the free market ("managed care" and "market competition") and government intervention ("wage and price controls" and "regulation") are failing to restrain the costs of traditional medical care – drugs, surgeries, institutional care, etc. Efforts should continue on re-thinking and improving the delivery of traditional medical care through healthcare markets and government policy, but Altman's discouraging statement suggests the system, as we know it, is destined for collapse. While there are numerous specific reasons to explain the failure, the consistent, long-term systematic failures suggest we should look for an explanation on a macro level.

Human behavioral tendencies can explain some of the failure. Free markets operate effectively with transparent, easy-to-measure products and services, but our decision-making is limited when it comes to *complex* interconnections that affect our health. Furthermore, the government cannot be relied upon to set effective centralized policies since policymakers consistently fall victim to human behavior that leads to inefficient healthcare delivery and unsustainable costs.

Why the Free Market is Not the Answer

The free market alone is incapable of solving the healthcare cost problem. In theory, the free market allows scientific thinking and reason to govern the distribution of resources, which tends to lead to greater efficiencies through an individual's rational decision-making.

However, the rational mind is limited in its ability to handle complex data that are difficult to quantify. Citing several neurological studies, Lehrer notes "the conscious brain can only handle about seven pieces of data at one moment" (2009). One experiment by psychologist Ap Dijksterhuis showed that when choosing a car, consumers make the objectively correct choice when considering four characteristics. However, rational thought led consumers astray when twelve categories were rated (Lehrer 2009). Those forced to make an emotional decision were more likely to choose the best vehicle than those using rational thinking. Lehrer notes that "consumers aren't always driven by careful considerations of price and expected utility…Instead, you outsource much of this calculation to your emotional brain and then rely on relative amounts of pleasure versus pain to tell you what to purchase" (2009).

Thus, there is a "measurement problem" in the more complex decisions because the rational brain can neither identify all relevant metrics nor apply accurate values to the identified ones. In a perfect world, all information would be included in every decision we make; this would allow us to rely on the rational and a pure free market could not be improved upon. In the real world, this is not possible. Lehrer writes "it is the easy problems – the mundane math problems of daily life-that are best suited to the conscious brain. Complex problems, on the other hand, require the processing powers of the emotional brain, the supercomputer of the mind" (2009). If we cannot appropriately account for all costs, we should be hesitant to assume the rational mind in a free market setting is the way to maximize productivity and appropriate allocation of resources.

"Because of society's obsession with measurement, we overproduce that which can be easily measured – pills and surgeries – and underproduce that which cannot – healthy communities."

Healthcare is one of the most challenging parts of the economy to measure and therefore plug in to the free market system. In fact, Bill Gates, the chairman of Microsoft, directs much of his foundation's grants towards healthcare since where "measurement is hard, capitalism, at least so far, hasn't worked that well" (Harvard Business School, 2008).

Overvaluing the ability of reason to lead us to better health outcomes in a free market framework can lead to overtreatment that is both harmful and expensive. When it comes to medical practitioner behavior, "people make theories out of coincidences. They latch on to medical explanations even when the explanations don't make very much sense" (Lehrer, 2009). Too much information can be harmful because plugging it into a theory can lead to overconfidence in the treatment. Lehrer cites a specific report from the *American College of Physicians* that "strongly recommended…not to obtain imaging or other diagnostic tests in patients with nonspecific low back pain" because tests usually show imperfections of the spine and people make incorrect conclusions that lead to needless surgeries (2009). People need "to find a reason for the pain so that the suffering could be given a clear anatomical cause" (Lehrer 2009). Human behavioral tendencies suggest how a free market framework can easily be overcome by irrational decision-making that results in higher costs and potentially worse health outcomes.

Why the Government is Not the Answer

Though government intervention can complement free markets to enhance healthcare value, behavioral risks compromise government's ability to establish cost-effective policy. In some cases, the government can apply policies that help capture the free market's externalities. For instance, improving an incentive structure (as in rewarding patients for preventative care) or simply informing the public of externalities (as in FDA warnings) can result in net gains to society unavailable in a pure free market. However, human behavioral tendencies show how the government tends to gravitate towards inefficiency and an unsustainable financial state. As President Calvin Coolidge noted, "nothing is easier than spending the public money. It does not appear to belong to anybody. The temptation is overwhelming to bestow it on somebody" (Coolidge, 8/5/30).

Perhaps the biggest danger to government intervention is the "ratchet effect." A policy may be initially effective, but over time it is bound to become stale. History shows that the ratchet does not move backwards. *The Economist* magazine noted, "Crises usually bring about clamor for more government. It sometimes shrinks afterwards, but never back to its original size" (5/28/09). Thomas Jefferson warned of this danger by saying, "the natural progress of things is for liberty to yield and for government to gain ground" (Petrie, 2010). Government intervention tends to lead us down an unsustainable financial path even if policy is initially effective.

Since people tend to have an irrational and varying sense of fairness (Akerlof, Shiller, 2009), government intervention to create more "fair" policies can easily lead to a downward spiral of value destruction. Of course we are easily duped into sympathizing with special interests. Even well intentioned legislators are tricked into creating counterproductive policy. As Jonah Lehrer wrote, "The mind often surrenders to the temptation of shoddy top-down thinking" (2009). The more centralized an organizing structure is, the more vulnerable it is to biased, 'unscientific' thinking as decision makers are removed from the individual 'facts' on the local level.

It is admirable that policymakers want to deliver what the free market fails to deliver in healthcare. Yet, as David Goldhill notes, "Because healthcare is so complex and because each individual has a unique health profile, no system can be perfect." Yet, behavioral tendencies continue to blind policymakers to this reality and the impossible task of meeting everyone's healthcare needs through central government intervention is leading to financial disaster. In 1960, the government's share of national health expenditures was 24.7%, according to HHS. The public portion jumped to 38% in 1970, to 42% in 1980, to 44% in 2000, to 46% in 2008. This runaway train shows no indication of slowing down.

"Changes in the economy, modern infrastructure, and current research suggest that now is the time for proponents of denser community designs to play the health card."

The Decision Crisis

David Goldhill asks, "By what mechanism does society determine that an extra, say, $100 billion for healthcare will make us healthier than even $10 billion for cleaner air or water, or $25 billion for better nutrition, or $5 billion for parks, or $10 billion for recreation, or $50 billion in additional vacation time" (2009)? While the perfect balance of resources will remain forever elusive, it is time to recognize that the free market and government have not and likely will not ask these difficult questions and deliver a comprehensive response. Yet, the status quo means that "healthcare simply keeps gobbling up national resources, seemingly without regard for societal needs; it's treated as an island that doesn't touch or affect the rest of the economy" (Goldhill, 2009). It is time to look elsewhere for answers.

III. Community Building and Smart Growth

"Smart Growth is like a medicine that treats a multitude of diseases-protecting respiratory health, improving cardiovascular health, preventing cancer, avoiding traumatic injuries and fatalities, controlling depression and anxiety, improving well being. In the medical world, such an intervention would be miraculous. In the worlds of land use and transportation, it is a thrilling, and attainable possibility."

- *Urban Sprawl and Public Health* (Frumkin, Frank, Jackson, 2004)

The financial reality of the healthcare crisis is that reductions in consumption of traditional medical care are inevitable. As *Urban Sprawl and Public Health* suggest, the opportunity for community planning to fill this void "is a thrilling, and attainable possibility." Smart Growth, which is generally undifferentiated from a number of related concepts such as "livable communities" and "New Urbanism," is characterized by a neighborhood design that encourages physical activity and social interactions through its mixed-use development, automobile-independence, and relatively dense building. A growing body of research shows the health benefits of strong social capital created through horizontal trust in a community.

Though we lack "a full understanding of the mechanisms," numerous studies tie stronger networks to lower mortality rates and better mental health (Frumkin, Frank, Jackson, 2004). These studies, among other factors, have resulted in a fresh look at urbanity and Smart Growth as healthy residential options for the mainstream. It is time we recognize the important role of healthy communities can play in solving the healthcare crisis, since half of the deaths in the America, including those from "heart disease, diabetes, lung cancer, homicide, suicide, and accidents… are arguably influenced as much by lifestyle choices and living environment as by healthcare" (Goldhill, 2009).

Renewed Faith in Urbanity

Owing to diseases common to dense areas, health conditions tarnished the reputation of American cities for centuries, but there is no better time to turn that reputation around. Now, perhaps for the first time in American history, health is on the city's side as a result of sanitary conditions and new research suggesting the indirect benefits of density.

Still, planners are faced with overcoming biases against denser communities that have been institutionalized since the founding of the country. Thomas Jefferson believed that cities were "pestilential to the morals, the health, and the liberties of man" (Frumkin, Frank, Jackson, 2004). Indeed, diseases like yellow fever ravaged American cities during Jefferson's time. Furthermore, inadequate sewage, clean water, and garbage removal made American cities a breeding ground for disease. As noted

in *Urban Sprawl and Public Health*, "A ribbon of anti-urban bias has stretched throughout American history. Cities have been viewed as unwholesome, morally degrading, and unhealthy. From a public health point of view, cities have indeed been hazardous" (Frumkin, Frank, Jackson, 2004). Though the inertia of the anti-urban bias remains today through misperceptions and archaic zoning laws that are remnants of a bygone era, there is hope.

Changes in the economy, modern infrastructure, and current research suggest that now is the time for proponents of denser community designs to play the health card. A shift from an industrial and manufacturing economy to a service economy has reduced pollution in American cities. Furthermore, modern technology and infrastructure allow for garbage removal, sewage treatment and disposal, clean water, and fresh air in densely populated areas. With these issues under control, disease and infection are now far less of a concern for urban areas.

Without this headline risk, planners can focus on the sometimes subtle, yet often-powerful positive health benefits of urban living. Smart Growth and similar institutions are promoting health-conscious urban principles –mixed land use, compact design, open natural space, and walkable neighborhoods. While community planners may be familiar with the logical connection between health and design, numerous studies are now emerging to make the claim more scientific (Frumkin, Frank, Jackson, 2004).

Smart Growth and Health

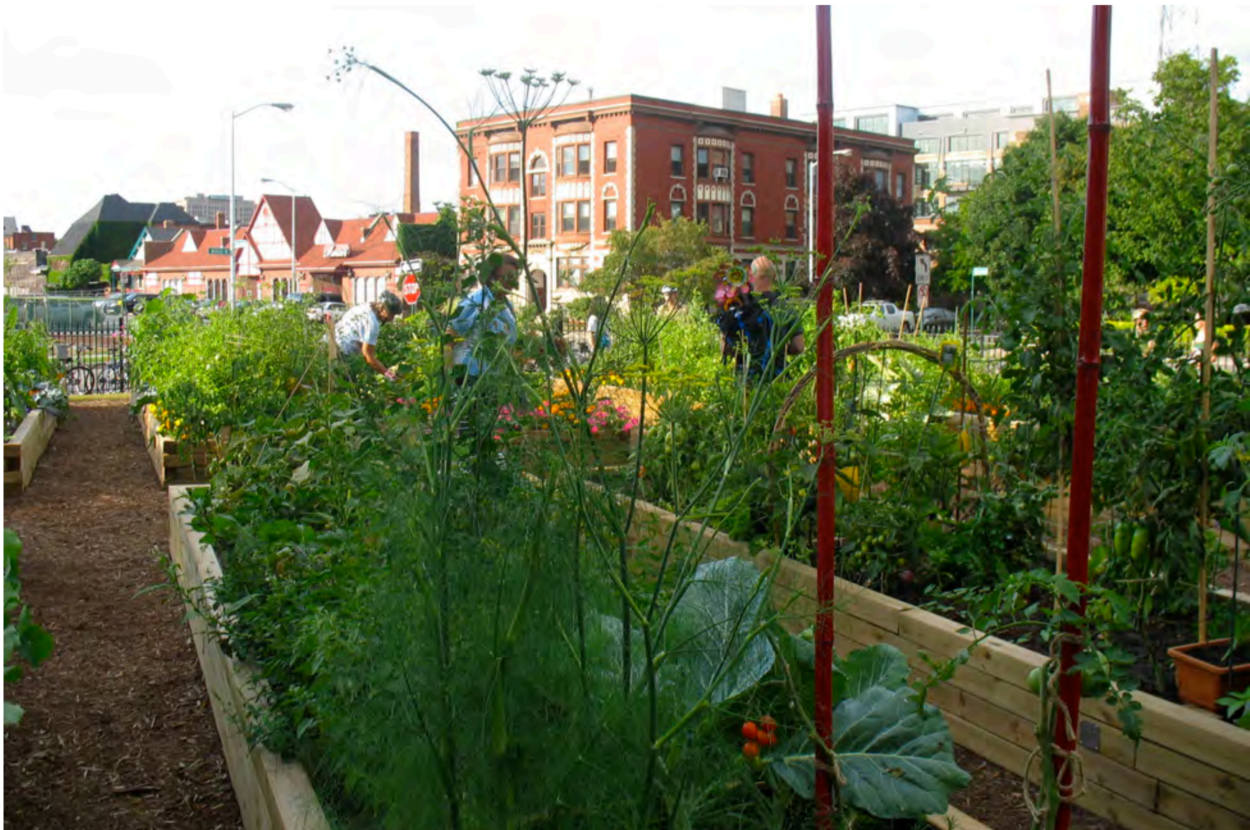
While Smart Growth offers health benefits for the population in general, there is a particularly strong case to be made for seniors and individuals with disabilities. Demographics suggest a "quiet crisis" is brewing with a shortage of housing for seniors. Between 2010 and 2030, the CDC reports that the number of seniors in the U.S. is expected to increase from 40 million, or 13.0% of the population, to 71 million, or 19.6% of the population (CDC, 2003). This is alarming from a financial standpoint given the higher expense of the individuals who are elderly and disabled. For instance, these groups account for roughly 25% of Medicaid beneficiaries, but make up more than 60% of expenditures (National Association of State Budget Offices, 2009). This cost problem is related to the delivery of long-term care, which is where housing and healthcare services intersect and exactly where community planners and Smart Growth can help.

The goal of long-term care is "to allow an individual to attain and maintain an optimal level of functioning…[It] encompasses a wide array of medical, social, personal, and supportive and specialized housing services needed by individuals who have lost some capacity for self-care" (Special Committee on Aging, 2000). Not including the more informal costs and some community-based services, a conservative estimate for the LTC costs in 2006 was roughly $178 billion, or just under 10% of national healthcare expenditures (Rowland, 2009).

Community based long-term care can reduce costs and improve quality of life relative to institutional long-term care. The Journal of Health and Social Policy reported that nursing home eligible people that were given Home and Community Care Services (HCBS) waivers saved the system an average of $44,000 per person per year because they avoided more expensive institutional care (Kitchener, 2006). Furthermore, advocacy groups work to promote community living through missions similar to that of the Administration of Aging, which works to help "elderly individuals maintain their health and independence in their homes and communities."

Despite the cost and quality benefits of community-based long-term care, market forces and government programs have failed to create the housing necessary to extract these synergies. The government continues its attempts to spur development of community-based housing that will help lower costs, but results have been humbling. The Medicaid Money Follows the Person (MFP) demonstration, which was created by the Federal Deficit Reduction Act, is spending $1.44 billion in grant money to transition 38,000 elderly and disabled persons from institutions to community-based settings. However, the demonstration is significantly behind schedule owing to the challenge of "identifying safe, affordable, and accessible community housing for MFP participants" (Watts, 2009). Furthermore, 331,000 people were on waiting lists for home and community-based services at the end of 2007 in part due to a shortage of housing that could complement the needs of this population (Watts, 2009).

There are a number of reasons why Smart Growth could add to the value of long-term care in a community-based setting. Seniors and individuals with disabilities are more dependent on walkable communities and public transportation than the general population (Morris, 2006). Thus, the density and walkability that Smart Growth engenders would decrease transportation costs for health care services and increase social interactions and physical activity (Frumkin, Frank, Jackson, 2004). Furthermore, the American College of Sports Medicine argued in a recent paper that regular physical activity reduces the age-related progression of chronic degenerative diseases (2009). Further studies are needed to strengthen evidence of the link between Smart Growth and physical activity, but the potential for alleviating financial stress on the healthcare system is tremendous considering chronic diseases may account for as much as 95% of Medicare expenditures (Wolff, 2002). Given HHS projects Medicare expenditures



Detroit, Michigan Photo: Clair Leighton

in 2010 to be $515 billion, or 3.5% of the entire U.S. economy, the impact of Smart Growth could be a powerful force in reshaping the U.S. healthcare system.

Intangibles of Local Community Support

Behavioral tendencies show that horizontal trust unlocks valuable social capital in tighter local communities. The value of local connectedness is explained in *Bowling Alone* - "as economists have recently discovered, trusting communities, other things being equal, have a measurable economic advantage and…life expectancy itself is enhanced in more trustful communities. A society that relies on generalized reciprocity is more efficient than a distrustful society… Honesty and trust lubricate the inevitable frictions of social life" (Putnam, 2000).

Though the value of community trust and support cannot be properly measured on the state or federal level, natural behavioral tendencies demonstrate that people recognize it on the local level. This is crucial since knowing we can make a measurable difference is a key behavioral motivator to action. Jonah Lehrer noted, "We donate thousands of dollars to help a single African war orphan featured on the cover of a magazine, but ignore widespread genocides in Rwanda and Darfur. As Mother Teresa put it, 'If I look at the mass, I will never act. If I look at the one, I will'" (Lehrer, 2009). Supportive behavior, whether conscious or subconscious, is inspired by the specific and definable because in some ways, it connects us with visible results. Acting locally gives us the certainty that we crave even if benefits are difficult to precisely measure. Regarding healthcare, this means we tend to act on the micro level and do not bother with the long-term system-wide issues. This is the primary reason comprehensive healthcare reform has been such a challenge.

Behavioral tendencies also suggest why face-to-face interactions are crucial to social capital creation. Lehrer writes, "Once people become socially isolated, they stop simulating the feelings of other people" (Lehrer, 2009). If we know we can have an impact, we are exceedingly generous. Creating communities with strong connections among people can go a long way in enhancing the horizontal trust portion of social capital.

Improving the healthcare system is therefore a local community challenge. Effectively, the social capital phenomenon enables communities to tap the support of their neighbors, which means less is being demanded on the near-bankrupt, crisis-level vertical trust. Given the economic challenges of the vertical institutions, local community development can be a holistic strategy to not only improve health, but also alleviate the financial healthcare crisis.

IV. The Planner Revolution

"[Physician Stewart] Wolf and [sociologist John] Bruhn had to convince the medical establishment to think about health and heart attacks in an entirely new way: they wouldn't understand why someone was healthy if all they did was think about an individual's personal choices or actions in isolation. They had to look beyond the individual. They had to understand the culture he or she was a part of, and who their friends and families were… They had to appreciate the idea that the values of the world we inhabit and the people we surround ourselves with have a profound effect on who we are."

– Malcolm Gladwell, Outliers (Gladwell, 2009)

The excerpt above, taken from the introduction to Malcolm Gladwell's New York Times Bestseller, *Outliers,* references the findings of Dr. Stewart Wolf and John Bruhn. The two found that residents of a tiny, self-sufficient eastern Pennsylvania town had vastly superior health to all comparable populations. After years of interviews, medical tests, and in-depth studies, the pair concluded that the only explanation for being a health outlier was the strength in the community, their horizontal trust (Gladwell, 2009). The challenge of Wolf and Bruhn is the new challenge of community planners–explaining the vast but difficult to measure health benefits of horizontal forces.

"The planner challenge is for community leaders to overcome embedded institutions and behavioral biases toward market and government solutions, and take a leading role in solving the nation's healthcare crisis."

To understand the task at hand, community planners should understand the behavioral bias toward vertical solutions. New research in the field of behavioral neuroscience helps explain why people are biased towards vertical forces. Simply put, peddlers of both free market theory and government intervention feed confidence and certainty to the masses in the form of simplified solutions to vexing problems; and certainty feels good. As Susan Jacoby writes, political and intellectual life has been infected "by a culture in which disproportionate influence is exercised by the loud and relentless voices of single-minded men and women of one persuasion or another" (Jacoby, 2008). History shows that the healthcare crisis will not be solved by government regulations or more innovative technologies from the free market. Community planners face a great challenge, but they may be the best hope.

Vertical Out

We tend to have too much vertical trust because the free market and government are established institutions that feed us the certainty we crave. As Jonah Lehrer wrote, "It feels good to be certain. Confidence is comforting" (2009). It is no coincidence that our corporate and political leaders tend to exude confidence. They are not necessarily more intelligent than others, but we elevate the status of those who give us certainty. Just as religious stories fill the void where facts are scarce, confident leaders give us stories in certain terms allowing us to establish hypotheses and simple deduction. Certainty and shoddy theories become religion.

Our "thought leaders" are particularly susceptible to the seduction and make a living by selling us certainty. CEOs and lobbyists simplify issues to advance corporate interests; politicians sell slogans to get elected, while independent thinkers are cast out for "flip-flopping." Influential cable news opinion shows paint a black and white picture on issues with lots of gray. We crave certainty like a drug, and drug trafficking pays.

Political parties may be the ultimate traffickers of certainty given membership loyalty means working to strengthen an ideology, not pursuing a scientific search for better policy. This is not necessarily conscious laziness, evil, or irrational, for "once you identify with a political party, the world is edited to fit with your ideology. At such moments, rationality actually becomes a liability, since it allows us to justify practically any belief" (Lehrer, 2009). Party officials are especially vulnerable. It may not be a coincidence that a disproportionate number of elected officials are lawyers who trained to be rational, articulate, convincing, and, of course, certain.

Ideology is adopted using the emotional part of the brain. But supporting data is cherry-picked, even subconsciously, using the rational part. According to Jonah Lehrer, "when it comes to making ethical decisions, human rationality isn't a scientist, it's a lawyer" (2009). We tend not to investigate, but advocate. Where facts are obscure we employ simple deduction, or "advocate" a hypothesis. Over time, the mind gravitates to greater, though misplaced conviction because it continuously adds emotionally charged, unscientifically acquired data to support its beliefs.

Community Planners In

Community planners can and should become the architects drawing the blueprints to construct a better healthcare system. Since community planners are investigators, act on a local level, and have a humble respect for the benefits and dangers of market and government forces, they are ideal candidates to lead the effort of promoting less biased and flexible nudges to society.

Community planners understand the behavioral tendencies on a macro scale that prevent Smart Growth. In *The Option of Urbanism,* Chris Leinberger points out that the reason "every place looks like every place else" is because of the "commodification of the built environment" (2008). The obsession of plugging real estate development into free market forces led to the creation of nineteen standard real estate product types (Leinberger,2008). This standardization makes the opportunity cost of creating Smart Growth much higher since the value is less measurable and the stakeholders more dispersed.

Community planners understand the behavioral tendencies on a micro scale that prevent Smart Growth. Jonah Lehrer analyzed studies that showed homeowners being misled by their own rationalizations. Misguided reason led people to "prefer" a "McMansion" in the suburbs to a smaller place in the city that had a much shorter commute. Because "it's easier to consider quantifiable facts than future emotions such as how you'll feel when you're stuck in a rush-hour traffic jam…prospective homeowners assumed a bigger house would make them happy, even if it meant spending an extra hour in the car every day" (Lehrer, 2009). They were wrong about their happiness according to a study by Ap Dijksterhuis that revealed people's behavioral tendency to make the "weighting mistake." As Dijksterhuis pointed out, extra square footage or an additional guest room and bathroom are often "superfluous" assets for all but a few days a year when guests are staying over, "whereas a long commute does become a burden after a while" (Lehrer, 2009).

The Planner Method

Jonathan Levine noted that planners "study the interconnections between the various forces that shape places and quality of life in them, and develop policies around these interconnections"(Levine, 2009). Embedded in this statement is the *respect* the planner method has for the various forces and the *practical application* of their interconnections.

Planners have a natural *respect* for various forces thus are called on to take a scientific approach to studying the value of each, whether the vertical forces of the free market and government or the horizontal forces created in local communities. Planners understand the costs and benefits of working with government entities (City Hall), private market forces (development companies), quasi-public/quasi-private institutions (business improvement districts), and individuals, including those who fight for development "not in my backyard" (NIMBYs).

Planners know how to harness these forces and construct *practical applications* to "shape places and quality of life" (Levine, 2009). Planning is based at the local level, which means applications are less vulnerable to the dangers of top-down, central government policy. Therefore, planning healthcare on the local level can enable the necessary customizable approach to an individual's health.

Most importantly, however, planners recognize the limitation of the forces. Zoning codes can be economically damaging, environmentally harmful, and insensitive to social equity. Solutions to these three problems can be reinforcing in some instances, and mutually exclusive in others. There is no perfect balance because science, an individual's needs, and individual opinions are always evolving. The key is not to design the mythical utopia, but to constantly adjust and improve. To maximize value in a system with an unpredictably evolving path, the adoption of a method that values humility and flexibility is crucial. The planning method recognizes there are benefits, costs, and trade-offs. It seeks to constantly analyze and improve, but humbly respect both the power of the various forces and their limitations.

Chicago, Illinois Photo: Saritha Sudhakaran

The Movement Has Begun

"The most striking characteristic of seniors' housing and health care in this country is the disconnection between the two fields. With few exceptions, seniors obtain their housing from one source and their health care and supportive services from a completely different source."

- Congressional Commission on Affordable Housing and Health Facility Needs for Seniors, 2002

Community planners have an opportunity to assert themselves like never before and play *the* central role in addressing one of the nation's greatest challenges - the healthcare crisis. The healthcare challenge has infiltrated physical, social, and economic realms. Free market forces and government intervention have proven no match for the complex problems of the healthcare system. However, renewed faith in urbanity, an expanded body of empirical evidence from the Smart Growth movement, and a greater understanding of social capital suggest great strides can be made at the community level. The planner challenge is for community leaders to overcome embedded institutions and behavioral biases toward market and government solutions, and take a leading role in solving the nation's healthcare crisis. Thankfully, the stars are beginning to align for just this.

The most momentum in connecting healthcare with a smarter community design appears to be with populations that may benefit the most – seniors and individuals with disabilities. As the excerpt from the Congressional Commission above suggests, the "disconnection" between the housing and healthcare fields is gaining acceptance as a core challenge of the healthcare system. The Commissioners noted that the "policy disconnects have long histories and may not be easily reconciled" (2002). This is further evidence that government and market forces have structural challenges preventing them from offering solutions. The Commissioners also asserted "poor communication, differing vocabulary, and few opportunities to share experience separate professionals, policymakers, academics, and even media in the two fields" (2002). Community planners may have the best answer for this communication breakdown since they "study the interconnections between the various forces that shape places and quality of life" (Levine, 2009). The Commissioners have no specific design to connect healthcare and housing for seniors, yet planners have the opportunity to help define healthy communities and proliferate Smart Growth development, which is also consistent with well-established environmental and social strategies.

Planners are beginning to rally to this cause as the February 2010 publication of the American Planning Association demonstrated. In *Planning,* the article "Healthy Planning in Action" highlighted places where the disciplines of public health and planning are "forging together." In an acknowledgement of the value that Smart Growth offers to healthy communities, the article argued that "it is much more cost-effective to create higher density, compact development along corridors than it is to operate senior buses and other mobility programs" and that seniors express "a strong interest in being able to walk to meet their daily needs, with safe and convenient access to restaurants, services, and entertainment."

Creating healthier communities by merging the housing and healthcare worlds is in the early stages, but it is a great challenge that needs to be taken. As *Urban Planning and Public Health* notes:

"Architects, planners, designers, and transportation engineers need to understand that they are public health professionals–that land use and transportation are profoundly important "upstream" determinants of health. Similarly those directly responsible for protecting and promoting public health–members of boards of health, public health officials, doctors and nurses–need to understand that their concerns extend to the built environment. And the two worlds need to come together" (Frumkin, Frank, Jackson, 2004).

Community planners are in the unique position to unite the worlds of healthcare and the built environment. Only time will tell if they are willing to accept the challenge and address the healthcare crisis by tapping the elusive and powerful resource that is "community."

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