Improving urban health equity is a place-based issue

Angela Mendes Freitas
University of Coimbra
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Background

Nelson Mandela once stated that "*As long as poverty, injustice and gross inequality persist in our world, none of us can truly rest*" [1].

Inequity has a spatial footprint: where you live and how that place is governed can determine when and if you get sick, receive medical treatment and die prematurely [2]. Population living in areas with low levels of education and income, bad housing conditions, pollution, social disorders and with low access to various health-related resources and services are more likely to have worse health outcomes than those living in the least deprived neighborhoods.

As the UN-Habitat and World Health Organization (WHO) stated in the report *Hidden Cities: Unmasking and Overcoming Health Inequities in Urban Settings*: "*Health inequities are the result of the circumstances in which people grow, live, work and age, and the health systems they can access, which in turn are shaped by broader political, social and economic forces. They are not distributed randomly, but rather show a consistent pattern across the population, often by socioeconomic status or geographical location. No city—large or small, rich or poor, east or west, north or south—has been shown to be immune to the problem of health inequity*" [3].

Spatial equity is one of the central concerns of geographers. The paper *Is there a place for geography in the analysis of health inequality?* by Sarah Curtis and Ian Rees Jones (1998) concluded that while individual characteristics are of unequivocal importance to analyze health inequalities between population groups, their geographical setting plays a critical role, namely in mediating the effects on health of compositional and contextual factors [4]. In *Seeking Spatial Justice*, Edward W. Soja (2010) argues that justice has a geography and that the equitable distribution of resources, services, and access is a basic human right [5].

Inequities in health, stemming from a locational or 'place-based' disadvantage, sparked my interest since I started to work as a health geographer.

My recent experience as a research assistant in the European project EURO-HEALTHY, which aimed to advance knowledge and evidence on policies with potential to promote health across European regions and metropolitan areas, raised my understanding on how multiple dimensions interact on producing health inequities and how this interaction is shaped by places and policies [6,7]. Furthermore, there is a growing momentum around the role that place-based approaches can have on improving health equity.

What is a place-based approach to health?

The term 'place-based' is currently used to describe a range of approaches in a specific geographic area. In most cases, it is more than just a term to describe the target location of funding; it also describes a philosophy of approach which seeks to achieve 'joined-up' systems change [8].

Various terms have been offered to characterize and define place-based interventions for addressing health disparities and improving population health, as they intersect with a wide range of fields. These include community health development, sustainable community initiatives, collective impact programs, and neighborhood revitalization initiatives. In place-based approaches, city managers, community and local stakeholders are engaged in a collaborative and participatory process to address contextual factors influencing health inequities within a defined geographic location [9].

In these approaches health inequities are viewed through a lens that incorporates local conditions as upstream factors (social, physical and built environment). This is the reason that they are so relevant to urban policy development, namely for urban planning. Urban planning can influence health equity by supporting or stymieing opportunities for employment, housing security, political, participation, education, protection from environmental risks, access to primary health care, and a host of other social and physical determinants of well-being [10].

Investigating innovative urban health initiatives

My PhD research examines the relationship between place, policies and population health from the lens of urban health equity. I particularly emphasize the roles that city government and place-based approaches play in promoting more equitable and healthy cities. The primary goal is to apply the knowledge and evidence in this topic to the city of Lisbon, Portugal. In my country, the precise roles for city governments in promoting health remain poorly defined and the health equity dimension is not being fully integrated into urban policies.

With my SRA award, I had the opportunity to investigate innovative urban health initiatives focusing on health equity in the Bay Area of San Francisco, California, with mentoring and support from my SRA host, Professor Jason Corburn, who is director of the Institute of Urban and Regional Development (IURD) at UC Berkeley. I was a visiting researcher at IURD for three months during my SRA award. While at IURD, I was able to attend many conferences and seminars, become acquainted with urban health projects in different geographic locations (e.g. Richmond, USA; Medellin, Colombia; Nairobi, Kenya) and meet researchers and practitioners from around the world with similar interests to my own.

In addition to understanding better how place-based factors (social, economic and environmental) interact to shape population health in different geographic contexts, and

how this knowledge is being translated into urban policies, most of my SRA was spent in studying examples of innovative initiatives to improve urban health. I was especially interested in the potential that the adoption of a Health in All Policies (HiAP) Strategy and the formation of local partnerships, aimed to promote community development, represent for reducing place-based health inequities. The HiAP is an approach recognizing that most public policies have the potential to influence health and health equity, either positively or negatively [11]. Its implementation systematically considers the health implications of policy decisions, being an important practice for governments for address the multiple dimensions of spatial inequities in an effective way and through intersectoral action.

Many cities across the globe are adopting HiAP strategies to solve local health issues, in line with the WHO guidelines and recommendations to build healthy and equitable cities. My SRA at UC Berkeley enabled me to understand better its implementation and monitoring in the City of Richmond, California, one of the first in the USA to adopt a HiAP strategy and ordinance with the objective of integrating health equity into all city services and policymaking. Overall, it is seen as an example for other cities not only across the state of California but also across the country.

The city is known for being struggling for decades with dramatic social and environmental health issues, associated with racial/ethnic disparities, gun violence, pollution and a lack of economic opportunities, all of which contributing to poor health outcomes and drastic health inequities [12]. In a response, the city, together with community based-organizations, is making several efforts addressing the social determinants of health by directing development resources toward vulnerable communities and implementing or supporting specific projects focused on improving the social, physical and built environment.

Along with HiAP, an innovative coalition with the goal of boosting cross-sector collaboration to advance equity was formed: the Richmond Health Equity Partnership (RHEP) which joins local government institutions (City, County and School District) and key stakeholders from academia (UC Berkeley), healthcare and community-based organizations. One of the goals of this local partnership is to guarantee that all local policies operate with a focus on health equity. An example is the formation of a multidisciplinary team committed to measuring and tracking the implementation of the Community Health and Wellness Element, which is part of the Richmond General Plan 2030. This Health Element on the General Plan is another innovative urban initiative under course in Richmond that flashed my interest: although a health element is not a state-mandated legal requirement, the integration of this specific element on the general plan is very innovative and shows a strong policy framework that makes health equity a top priority. It confirms that the city is systemically weaving considerations of health and health equity into urban planning and on the budget decisions for the future.

These initiatives made Richmond an extremely interesting case in my study of innovative place-based approaches to health equity. My SRA enabled me to meet with practitioners, community leaders and city managers working in some of these projects. The participation

in local meetings and workshops was a great way to get hands-on experience and learn *in loco* how the systematic social and place-based inequities have a profound impact on the community's ability to lead a healthy life. I also had the privilege to meet the leaders of two place-based projects where residents could see immediate results in their neighbourhoods: the community-based organization named *Pogo Park* and the City of Richmond's Office of Neighborhood Safety (ONS). More information on these projects can be found on the following websites:

- Official website of *Pogo Park – Building Healthy Neighborhoods for Children to Play, Grow and Thrive*: https://pogopark.org/
- Documentary on VICE on HBO, Raised in The System (Clip): "*How One California Town Stopped The Cycle Of Gun Violence*", reporting the work of the City of Richmond's Office of Neighborhood Safety (ONS): https://www.youtube.com/watch?v=XfK1q_gPZc4

The SRA experience was extremely enriching for me as I continue with my PhD. It not only provided me the resources to undertake the period of research but also connected me with a whole new network of international scholars who work in similar research projects.

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