

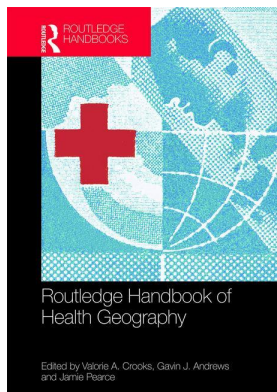
This article was downloaded by: 10.3.97.143

On: 01 Apr 2023

Access details: *subscription number*

Publisher: *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



Routledge Handbook of Health Geography

Valorie A. Crooks, Gavin J. Andrews, Jamie Pearce

Introducing Section 1

Publication details

<https://www.routledgehandbooks.com/doi/10.4324/9781315104584-2>

Jamie Pearce, Gavin J. Andrews, Valorie A. Crooks

Published online on: 11 Jun 2018

How to cite :- Jamie Pearce, Gavin J. Andrews, Valorie A. Crooks. 11 Jun 2018, *Introducing Section 1 from: Routledge Handbook of Health Geography* Routledge

Accessed on: 01 Apr 2023

<https://www.routledgehandbooks.com/doi/10.4324/9781315104584-2>

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: <https://www.routledgehandbooks.com/legal-notices/terms>

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

2

INTRODUCING SECTION 1

Perspectives and debates

Jamie Pearce, Gavin J. Andrews and Valorie A. Crooks

Geographers have a long history of enriching our understanding of many of the most pressing and complex issues of the day. In the health arena, geographers are not only providing insights to some of the key global public-health challenges such as obesity, tobacco use and the transmission of infectious diseases, but also identifying the implications for health and well-being of a much wider set of social, political and environmental concerns, including transnational migration, globalization, the financial crisis and climate change. The chapters in this section consider some key perspectives and debates that have occupied health geographers in recent years and examine the contribution that work in health geography has made to addressing these international challenges. Subsequent sections in the book will consider *how* health geographers have gone about answering some of these questions, *who* has been the subject of this work, and *which* places and spaces have been integral to answering these questions.

It is widely accepted that deep understandings of the processes underpinning most key global public-health challenges, and developing strategies to address or mitigate these concerns, requires a recognition that these outcomes emerge from highly complex systems. Health geographers have revealed this complexity through interdisciplinary thinking that recognizes that the drivers of health and disease are inherently multiscalar, historically embedded and simultaneously related to the social, physical, political and environmental milieus. In developing our understanding of the key debates and perspectives identified in this section of the book, it is clear that health geographers have drawn on an extraordinary range of theoretical perspectives, conceptual frameworks and methodological approaches to consider a multitude of global health challenges and therefore brought refreshing and novel insights to these issues. Further, health geographers have developed their understanding of these concerns in a broad range of empirical contexts, showing not only that many of the drivers of health have global reach and are interconnected, but also that more localized contingencies are often highly pertinent.

The nine chapters in this section are a collection of some of the key perspectives adopted by health geographers to make better sense of how place and space are implicated in a multitude of health-related concerns. In particular, this section is concerned with the ways in which health geographers understand health and the factors shaping it. Collectively, a number of significant and interrelated themes emerge, each pointing toward some of the most pressing drivers of health and well-being. Here we examine three of these cross-cutting themes.

First, inequalities and inequities are central themes in all the chapters in this section. Geographical work recording and revealing health inequalities extends back at least as far as the pioneering work of Edwin

Chadwick, Friedrich Engels and others in England during the mid-19th century (Pearce and Dorling, 2009). In recent years, health inequalities and inequity have begun to feature more prominently in the global health agenda. A notable contribution to these debates was the World Health Organization's Commission on Social Determinants of Health 2008 report entitled *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health* (CSDH, 2008). The report unequivocally emphasized the causal relationships between an array of social factors and various health outcomes. The Commission forcibly concluded that the "toxic combination of poor social policies and programmes, unfair economics, and bad politics is responsible for much of health inequity" (p. 35). The Commission also formulated a collection of ambitious policy priorities that provided an agenda for action.

Authors of the chapters in this section provide some vivid examples of the inequalities that exist at global, national and subnational levels. The chapter by Brown and the chapter by Bisung, Dixon and Luginaah both document the vast differences in mortality, morbidity and health experiences between countries in the Global North and those in the Global South. However, inequalities in health are also ubiquitous *within* most countries and, as Bamba's chapter shows using data collected in the United Kingdom, spatial inequalities in health continue to rise. Similar conclusions are drawn in Moon and Smith's chapter, which examines the socio-spatial patterning of health-related behaviors (focusing on drinking, smoking, eating and physical activity). The authors find unhealthy behaviors to be disproportionately and increasingly prevalent among lower socioeconomic groups and in more disadvantaged places.

A second and related cross-cutting theme is a focus on work concerned with understanding the structural drivers of the substantial global and local differences in health. Bisung, Dixon and Luginaah, for example, examine the post-1945 development agenda to reduce inequalities and improve living conditions and its influence on global health concerns. They chart the evolution of this program from an initial focus on economic growth, to greater attention to human conditions and need, and then with increasing concern with environmental sustainability and equity. The authors draw on perspectives from the political economy of health literature to critique the development agenda and to emphasize the role played by economic and political determinants of global health and well-being. The political-economy perspective is central to the arguments furthered in Bamba's chapter, which steps through the various theoretical perspectives adopted in health geography and elsewhere to explain why inequalities in health persist even within the wealthiest countries. The chapter draws on the notion of *fundamental causes* to emphasize that good health is driven by social, political and economic structures outside of the control of the individual. This argument is extended in Crighton, Gordon, and Barakat-Haddad's chapter, which adopts the framework of environmental justice to explain how and why poor, disadvantaged and disenfranchised groups tend to be disproportionately exposed to environmental disamenities (e.g., poor air quality, toxic sites, low-quality infrastructure). Using striking case studies, the authors demonstrate that not only do these groups suffer the greatest burden of environmental toxins and major environmental disasters, but also it has a disproportionate effect on their health and well-being.

Similar conceptualizations have been adopted by health geographers with interests in infectious disease. Keeler and Emch's chapter discusses how ideas from the field of political ecology have been adopted to explicate how social and economic factors including race, gender and livelihood are implicated in risk and transmission of disease (e.g., HIV/AIDS). These conceptual issues are picked up in Curtis and Oven's chapter, which operationalizes the concepts of *risk* and resilience and highlights the diverse ways in which health geographers have identified aspects of place that are risky for health (e.g., highly polluted areas) and increasingly how places (e.g., communities with strong social networks) can help foster health resilience. Curtis and Oven also consider interesting new possibilities, including the notion of *equigenesis*, which emphasizes how places might not only be therapeutic but also support narrower inequities in health (Mitchell et al., 2015). An alternative, and often overlooked, explanation for the growing geographical differences in health between regions of a country is selective migration flows. This is the theme of the chapter by Darlington-Pollock and

colleagues, who evaluate the health consequences of migration events. They show that migration is often highly selective according to social, demographic and health characteristics, which may help explain the geographical concentration of (un)healthy people.

The final cross-cutting theme, and as noted above, is that many of the most important concerns in health geography emerge from complex, multilevel and often global systems, and health geographers have been prominent in investigating these complex arrangements (Curtis and Riva, 2010). As the chapter by Brown details, health geographers are increasingly contributing to scholarship that falls within the remit of *global health*, with more attention given to the global processes affecting health and inequalities. This complexity is apparent, for example, in the discussion in Bamba's chapter on the multiple and relational factors shaping health inequalities. It is clear that reducing health inequalities requires multisectoral action across a range of traditional domains including welfare, employment, education, health care and many other areas. As the chapters by Wakefield and by Moon and Smith demonstrate, other major global public-health challenges – including those related to human behaviors, such as the obesity epidemic, tobacco use and alcohol consumption – also benefit from the application of systems thinking. Wakefield, for example, highlights how elements of food production are driven by political and economic imperatives, with notable implications for the range of foods available, price structures and, ultimately, diet and consumption patterns. Similar arguments are noted in the chapter by Moon and Smith, particularly in relation to the pervasive and detrimental influence of large multinational companies in the tobacco and alcohol sectors. Collectively the chapters in this section emphasize that understanding and successfully responding to many contemporary public-health challenges requires health geographers to embrace new conceptual models and methods suited for examining complex systems.

Although this section covers a wide-ranging set of perspectives and debates in health geography, it is almost certain that another trio of editors would have selected a radically different set of chapters. Inevitably some important issues have been overlooked. In some cases, the reasons for omitting an important theme were prosaic, usually because we were unable to secure a health geographer with the appropriate research background who was available to contribute. For example, we intended to include a chapter that considered health geography's contribution to the field of health-services research, including work on the health implications of inequitable access to health care or people's experiences of health care in different geographical contexts. However, in other cases, themes of significant interest to health researchers and practitioners – for example, the role of urban planning in affecting community public health, or the significance of climate change as a global public-health threat – are domains where few geographers are currently engaging. Nonetheless, these and other important themes are considered at various junctures throughout the book. The writers of this section identify and conceptualize some of the key issues in contemporary health geography and offer a range of opportunities for improving global public health.

References

- CSDH. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of Commission on Social Determinants of Health. Geneva: World Health Organization.
- Curtis, S. and Riva, M. (2010). Health geographies I: complexity theory and human health. *Progress in Human Geography*, 34(2), pp. 215–223.
- Mitchell, R. J., Richardson, E. A., Shortt, N. K. and Pearce, J. R. (2015). Neighborhood environments and socioeconomic inequalities in mental well-being. *American Journal of Preventive Medicine*, 49, pp. 80–84.
- Pearce, J. and Dorling, D. (2009). Tackling global health inequalities: closing the health gap in a generation. *Environment and Planning A*, 41(1), pp. 1–6.