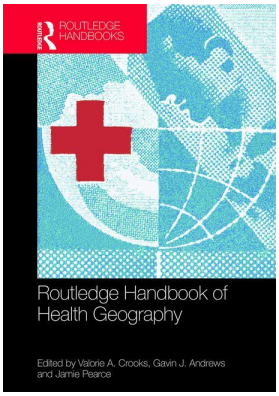

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Valorie A. Crooks, Gavin J. Andrews, Jamie Pearce

Introducing Section 3

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Jamie Pearce, Gavin J. Andrews, Valorie A. Crooks
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INTRODUCING SECTION 3
Groups and peoples

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

A recurrent theme in contemporary health geography has been to document and explain the stark social and spatial inequities in health outcomes, experiences and behaviors observed across the world. The gradients in health within and between nation states, regions and cities emerged as a key topic in Section 1 of this book. There is also an abundance of work concerned with inequalities in health between populations differentiated by their demographic characteristics, social identity or position in society (Aldridge et al., 2017; Smith, Bambra and Hill, 2016). Unsurprisingly, it is almost always the most disempowered, disenfranchised and disadvantaged groups that are habitually shown to have the poorest health outcomes and experiences across a range of indicators. This concern with social inequities is consistent with many of the fundamental concerns of other human geography sub-disciplines, and indeed across the social sciences. There is a long tradition in human geography of studying how marginalized, disempowered and potentially vulnerable groups are represented and how this depiction shapes their material circumstances and life chances. It is therefore unsurprising that health geographers have often focused their attention on particular groups of people who, by virtue of their position in society, have been materially disadvantaged in multiple ways, including related to their health and well-being. For decades now, researchers have sought to understand how people and groups identifying, or identified, in particular ways have distinct health-related experiences and outcomes (Curtis and Rees Jones, 1998; Smyth, 2008). Health geographers have lent their expertise to these deliberations through scrutinizing how space and place are implicated. The aim of this section is to systematically interrogate these issues by synthesizing the international research on, and with, various people and groups that have received the attention of health geographers in recent years.

As in other parts of the book, a number of cross-cutting themes emerged in this section (on groups and people), and three are highlighted here. First is the concern that recent social, economic and political changes at the global level have disproportionately affected the health of some of the most marginalized populations. Many of the chapters explore the profound health implications of major political and economic shifts observed in many countries for particular people and groups in recent decades. Geographical work has often considered how these health-related experiences are mediated, or even mitigated, by local particularities. Baker, for example, considers how the rollback of the welfare state and accompanying neoliberal agenda that was enthusiastically adopted in many high-income countries in recent decades has been instrumental in understanding attitudes and approaches to homelessness. These structural changes had profound implications for the types and levels of services available to homeless people, which has detrimentally affected this population's health and well-being. In discussing work in health geography on the role of informal caregivers,

Power's chapter also details the pernicious effects of neoliberalism that have diminished the formal support services available in many localities for people with long-term care needs. Often these populations have few alternatives other than to rely on the assistance and goodwill of family and friends, due to decreasing state support. As the author notes, these are concerns that have accelerated since the global financial crisis in 2007 and 2008 and the subsequent implementation of the politics and policies of austerity (Pearce, 2013). These concerns are highly relevant to other groups, and Chouinard's chapter emphasizes them in the context of people living with disability and chronic illness. Richmond and Big-Canoe stress the importance of paying more attention to the historical context of these concerns. In their chapter on health and well-being among Indigenous populations, Richmond and Big-Canoe emphasize how global processes operating over very long periods continue to be highly pertinent to contemporary health status. Using examples from Canada, the authors reveal how the legacy of colonialism – in particular, the reduction or elimination of access to land – continues to undermine the health of populations including First Nations and Inuit communities.

The second theme that is of central importance in many of the chapters in this section is a concern with the health repercussions of the multiple processes that ensure marginalized groups can be explicitly or implicitly excluded from mainstream society. This includes the way in which some groups are disregarded by virtue of their health as well as those who, because of their social position, are prevented from accessing the care and resources that they require. This concern is apparent in Chouinard's chapter, which shows the subtle but important ways in which people living with disabilities and chronic illnesses are routinely excluded (physically and socially) from public and private spaces – for example, changing rooms or the beach. Research in health geography has been particularly instructive in establishing how place and space are enabling or disabling for people living with impairments and chronic illnesses. Power considers the ways in which informal caregivers can be excluded, forgotten or taken for granted in developing health-care plans for those with long-term care needs. The author documents how this recognition and the burden placed on an informal caregiver can negatively affect his or her health and well-being as well as the levels of distress of the person being cared for. In their chapter on aging, Coleman and Wiles consider how the stigma of old age and the aging body reduces the agency of some older people, with implications for their health, well-being and care needs. Similar concerns about the lack of voice and representation is expressed in the context of children's health (see Yantzi's chapter) and homeless individuals (see Baker's chapter), two groups that are regularly excluded from discussions of health, well-being and health-care needs. It is also apparent from the chapter by Newbold that immigrants regularly face various forms of exclusion, not least from accessing health-care provision. As the author demonstrates, new immigrants are potentially confronted with a multitude of social, cultural and financial barriers to accessing medical treatment, which in turn generates additional health needs. Perhaps most vividly, the chapter by Lewis demonstrates how lesbian, gay, bisexual, transgender, and other queer (LGBTQ) individuals are often made invisible by virtue of the paucity of research into the health concerns of this group, and because they often go uncounted in data-collection regimes that adopt crude identity binaries (e.g., male/female). Further, the lives of LGBTQ people continue to be constructed as non-normative, with implications for social, spatial and institutional exclusion.

The final cross-cutting theme, evident in all the chapters in this section, is the recent and important shift in research practice across studies of disempowered groups to ensure the subjects of the studies are active participants in the research. Many of the chapters emphasize the crucial contribution of health geographers in describing and explaining the health disadvantages often experienced among disempowered and minority groups (see, for example, the chapter by Richmond and Big-Canoe on Indigenous populations and the chapter by Newbold on immigrant health). Nonetheless, there is a general consensus across the chapters that enabling these groups to participate in the research process has been a welcome and revealing evolution in health geography. As the chapter by Coleman and Wiles and the chapter by Chouinard astutely note, this sub-disciplinary transition is related to the broad shift in health geography from an almost exclusive

biomedical focus toward an agenda that incorporates broader socioecological accounts and a greater use of critical social theory. For example, in their overview of health geography's contributions to mental-health research, Twigg and Duncan draw a distinction between studies that have *examined people* with diagnosed mental-health issues from research actively seeking to involve people, often using participatory methods, to understand the *lived experience* of mental health. Their chapter considers how this latter approach has helped reveal how places are implicated in understanding new forms of mental-health care and the lived experience of mental health. Baker's chapter discusses how work by health geographers is being used to critique attitudes toward, and services for, homeless people. The central tenet of this chapter is that homelessness tends to be treated as a medical concern, with homeless people being objectified as being unhealthy and requiring clinical intervention. Baker calls for more engagement by health geographers with the concerns of homeless populations, including greater involvement of homeless people, and their advocates, in the research process. Similarly, Yantzi notes in the context of work on children's health the welcome shift in academic practice from research that is *about* children, which treats the child as a passive subject, to an agenda that is researching *with* children and including them as meaningful research participants. As these examples demonstrate, the evolution in health geography toward greater participant involvement in the research is more than a methodological drift. Rather, it reflects a recognition that people are active subjects with insights that are vital to understanding the ways in which space and place actively shape the health of people living in a diverse set of circumstances.

In summary, this section of the book identifies some key populations that have been the focus of attention in health-geography research. It is clear that health geographers have been at the vanguard of international research seeking to identify the barriers to, and facilitators of, positive health experiences among some of the most marginalized groups in society. As with the other sections in this book, a different set of editors would almost certainly have identified an alternative configuration of chapters. There are some themes that we deliberately excluded because they cut across so many other chapters in the book. For example, we do not have a chapter that focused exclusively on gender. This was because work on gender, and feminist perspectives on health geography, are relevant to just about all the chapters in the book. Throughout the book, gender is examined by the chapter authors in a variety of social, geographical and health contexts. We decided that gender was better discussed using the multiple theoretical and thematic prisms adopted by our authors. Similarly, this edited collection does not include a chapter on socioeconomic status, social class or other axes of social status. But, of course, these concerns are central to many of the chapters – for instance, they are embedded in the discussion of health inequalities, homelessness and immigrant health. On the other hand, other potential chapters were not included because they have not to date received a significant amount of attention from scholars in health geography. Perhaps most notably, we do not have a chapter on race and ethnicity. Race and ethnicity and their intersections with health and well-being are surprisingly under-researched themes in health geography. This is despite long-standing international recognition of substantial inequalities in health outcomes between groups differentiated by race and ethnicity (Nazroo, 1998) –in particular, how experiences of racism and discrimination (e.g., in housing, education, employment, income, criminal justice and health care) influence the distribution of resources and, in turn, the health of minority groups (Bailey et al., 2017). Further, issues relating to race and ethnicity have received a great deal of attention by geographers in other sub-disciplines, including social and cultural geography. Other marginalized groups that were not the focus of a chapter due to the lack of attention in health geography include prisoners, sex workers, itinerant groups, and people with substance-use disorders. A more general omission from most of this section is attention to the role of place and space in understanding health-related concerns among different populations in the Global South. Health geography has predominantly focused on the populations of high-income countries. These omissions from the international literature represent fertile areas for future scholarship in health geography.

References

Aldridge, R. W., Story, A., Hwang, S. W., Nordentoft, M., Luchenski, S. A., Hartwell, G., Tweed, E. J., Lewer, D., Vittal Katikireddi, S. and Hayward, A. C. (2017). Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *The Lancet*, 391(10117), pp. 241–250.

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N. and Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, 389(10077), pp. 1453–1463.

Curtis, S. and Rees Jones, I. (1998). Is there a place for geography in the analysis of health inequality? *Sociology of Health & Illness*, 20(5), pp. 645–672.

Nazroo, J. Y. (1998). Genetic, cultural or socio-economic vulnerability? Explaining ethnic inequalities in health. *Sociology of Health & Illness*, 20(5), pp. 710–730.

Pearce, J. (2013). Financial crisis, austerity policies, and geographical inequalities in health. *Environment and Planning A*, 45(9), pp. 2030–2045.

Smith, K. E., Bambra, C. and Hill, S. E. (2016). *Health inequalities: critical perspectives*. Oxford: Oxford University Press.

Smyth, F. (2008). Medical geography: understanding health inequalities. *Progress in Human Geography*, 32(1), pp. 119–127.