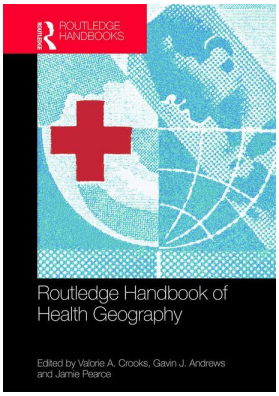

Routledge Handbook of Health Geography

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

Introducing Section 5

Publication details
https://www.routledgehandbooks.com/doi/10.4324/9781315104584-42
Gavin J. Andrews, Valorie A. Crooks, Jamie Pearce
Published online on: 11 Jun 2018

42
INTRODUCING SECTION 5
Practicing health geographies

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

An important part of what health geographers do, indeed of what any researchers do, is the particular ways in which they practice. In the context of academic disciplines, practice involves the research methods employed, the analytical approaches and techniques adopted, and the ways in which the knowledge produced through studies is disseminated and translated to audiences of various types. Practice, then, is often quite practical and applied, arising as sets of skills to be learned and deployed. Having said this, practice has consequences that go way beyond the processual aspects of research related to its very form and reputation. Indeed, on one level, being highly connected to theoretical orientations and lenses such as those discussed in Section 2 – making it possible to see through these lenses – practice informs and refines research questions. On another level, in terms of standards, *good* practice is absolutely critical in the answering of research questions; it enhances the quality (integrity and rigor), insightfulness, relevance and impact of the findings produced. Ultimately, then, practice not only can help determine the focus, strengths and successes of research, but also has implications for academic identity and the particular type of scholar one becomes and is known to be.

Practice has been a particular strength of health geography. Over the years, scholars have produced numerous journal articles – and a number of journal special editions and books – focused on the *how to* of the sub-discipline (Cromley and McLafferty, 2011; Elliott, 1999; Fenton and Baxter, 2016). Why practice is a particular disciplinary strength is difficult to ascertain, though it might be because health geography, rather than concerning itself with leading theoretical developments in human geography, has sought to make a tangible difference in the worlds of health and health care; realms where strong institutional structures (ranging from funding bodies with focused and applied agendas to broader sectorial movements such as public health and evidence-based practice) exist to improve research practice, with a view to making this difference. At the end of the day, health geographers have paid attention to bettering the ways in which they work because they realize they are dealing with matters of life, death and at the very least human comfort, well-being and happiness; things at the very core of human existence.

Practice is something that needs to be learned and improved at all levels; senior undergraduate, graduate and professional, as one can always know more and do better. Almost all the chapters in this handbook consider or showcase practice to some extent. Indeed, one cannot do health geography without practicing, so this is inevitable. However, the chapters in this section are focused explicitly on particular types of practice in health geography, providing an entry point into, and overview of, each, together providing some breadth and depth on the topic. Because practice is so varied in health geography, there are not really any themes that cross-cut all or most of the chapters in this section of the book. However, three groups of chapters are distinguishable for their particular interests and focuses.

The first two chapters in this section are focused on practices in qualitative health geography. First, Jamie Baxter considers the ascendance of qualitative methods since the 1990s, which are now a mainstream approach in the sub-discipline. He describes how they have been based on, and have articulated, far more expansive and socially aware versions of both health and place; how they have uncovered people's experiences, attachments and identities related to health and place; and how they have provided different kinds of evidence that speaks to the personal, everyday impacts of disease and the impacts or neglects of health services (Kearns, 1993). Indeed, in his chapter, Baxter defines some key terminologies, and some key approaches and debates, in qualitative health geography. Second, Candice Boyd and Michelle Duffy focus on arts-based approaches. These are increasingly popular across the social sciences (in human geography, often under the label *geohumanities*), and this is also the case in both health geography and health research more broadly, where art can be either an intervention or a form of knowledge translation. Specifically, Boyd and Duffy consider the influences of arts-related developments in social and cultural geography on health geography, the specific modalities of therapeutic art practices and music, and how these relate to the health of individuals and communities. Overall, although including only two chapters on qualitative approaches in this section might seem a little light, qualitative methods are in fact explored and conveyed throughout many other chapters in the book.

The next four chapters in this section are focused on practices in quantitative health geography. First, Daniel Lewis takes a general look at quantitative research and the qualitative revolution. Addressing fundamentals, he considers what data is and how scholars understand and use it. He focuses critically, not only on forms of data, but also on the institutions and infrastructures that provide data or give access to it. Second, Alec Davies and Mark Green introduce and describe big data, an overarching concept in social and health research that describes the compilation and use of large datasets. In particular, they review the application of big data in health geography for understanding health patterns. They argue, however, that despite the considerable promotional rhetoric on big data from political and service spheres, much needs to be done, and so they also focus on the challenges and opportunities for future scholarship. Third, continuing the focus on big data, Nina Morris considers ethical issues in the use of large datasets in health geography discussing issues related to consent and re-identification. Fourth and finally, Sara McLafferty and Sandy Wong consider trends, critiques and directions in spatial health modeling, a long-standing approach that is central to health geography's understandings of population health and health-services use. McLafferty and Wong take a historical approach to the subject, looking at innovations using geographic information systems (GIS), but they also look to the future – particularly to how spatial health modeling might be used in conjunction with, or flow to or from, qualitative methods in health geography. This cross-cutting debate nicely previews the final chapters in this section.

The final four chapters in this section are focused on practice concerns that cross-cut both qualitative and quantitative approaches in health geography (i.e., some important considerations regardless of researchers' particular methodological orientations). First, Melissa Giesbrecht discusses the need to acknowledge diversity in the practice of health geography. She explores difference, sameness and forms of solidarity related to various social intersectionalities (such as gender), the ways in which they both are based in and make places, and the ways in which they affect health states and experiences. Second, Mylene Riva and Sarah Mah focus on population-health interventions for public health, describing population health as the science underpinning the practice of public health (which attempts to understand how health is generated and distributed in populations). Using examples, they explore health geography's contribution to the approach in terms of defining the full contexts of interventions. Third, Allison Williams reviews place-based intervention research, affirming that health geographers have long been involved in health interventions at all three key stages (needs assessment, implementation and evaluation), that they have provided place-based knowledge and expertise, and that, in doing so, they have spoken particularly to the impact of deprivation, poverty and caregiving circumstances and relationships. Fourth and finally, Elizabeth Peter and Joan Liaschenko explore

practitioner perspectives through the case of nursing. They describe how nurse researchers have undertaken health-geography research to better understand nursing practice – particularly, how the ethics and power of place play a role in this particular health profession. Thus, Peter and Liaschenko describe a form of health geography, practiced by practitioners (non-geographers) to improve their practice. Although this might seem an unusual situation, consider the sheer volume of nurse researchers involved in this endeavor (Andrews, 2016).

In terms of the future, certainly there is a need for health geographers to develop practice that recognizes and helps tackle pressing health issues head-on; the health consequences of aging populations, widening health inequalities, the health impacts of climate change and other global health phenomena all being very important considerations. Indeed, health geographers might consider the development of understandable, accessible, publicly involved – even activist – approaches that work directly to produce change, perhaps borrowing from human geography's idea and agenda of *public geographies* (Fuller, 2008). In addition, there are other challenges at a disciplinary level; a key question being whether health geography is adequately equipped to capture a *new world* of health. In health care, this new world involves services provided almost everywhere people are found – where they live, work, are educated, shop and spend leisure time (McKeever and Coyte, 2002). Moreover, it involves rapid technological developments and innovations in the areas of monitoring, assistance, communication, record-keeping, consultation, triage and even treatment, as well as changing relationships between human bodies and care (McKeever and Coyte, 2002). More generally, beyond health care, as Thrift (2008) argues, this new world involves life moving at an ever-faster pace and with increasing intensity, where public and private interests engineer the core textures and feelings of people's lives – adding multiple aesthetics, attractions and distractions that perform to multiple senses – and where people's technological devices/obsessions give them new forms of awareness and knowledge, adding multiple coexisting timescales and levels of consciousness to their existence. For Thrift (2011), this is an exaggerated humanity and, we argue, one with huge implications for the physical and mental health and well-being of people. Research practices in health geography need to in some way account for and show all this. Indeed, scholars need technologies and techniques to engage, capture and animate health in the fractured, moving, virtual multiplicity of modern life.

References

Andrews, G. J. (2016). Geographical thinking in nursing inquiry, part one: locations, contents, meanings. *Nursing Philosophy*, 17(4), pp. 262–281.

Cromley, E. K. and McLafferty, S. L. (2011). *GIS and public health*. 2nd ed. New York: Guilford Press.

Elliott, S. J. (1999). And the question shall determine the method. *The Professional Geographer*, 51(2), pp. 240–243.

Fenton, N. E. and Baxter, J. (eds.) (2016). *Practicing qualitative methods in health geographies*. Abingdon: Routledge.

Fuller, D. (2008). Public geographies: taking stock. *Progress in Human Geography*, 32(6), pp. 834–844.

Kearns, R. A. (1993). Place and health: towards a reformed medical geography. *The Professional Geographer*, 45(2), pp. 139–147.

McKeever, P. and Coyte, P. C. (2002). Here, there and everywhere. *University of Toronto Bulletin A*, 16–25.

Thrift, N. (2008). *Non-representational theory: space, politics, affect*. Abingdon: Routledge.

Thrift, N. (2011). Lifeworld Inc – and what to do about it. *Environment and Planning D: Society and Space*, 29(1), pp. 5–26.