


Social Disparities in Health and Health Care
Series Editors: Ronald J. Angel · William R. Avison

Linda M. Burton · Susan P. Kemp
ManChui Leung · Stephen A. Matthews
David T. Takeuchi *Editors*

Communities, Neighborhoods, and Health

Expanding the Boundaries of Place

 Springer

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Foreword

The concept of “place” has growing significance in health research. Where you live contributes to risk and incidence of disease, morbidity, and mortality. Additionally, where you live determines in part the resources available to you, such as education, housing, transportation, and access to health care. Studies have shown the importance of “windows of susceptibility” as the environment “gets under your skin” to affect a person’s health. However, conceptualizing and measuring environment and place inconsistently have had incongruent implications for assessment, prevention, and treatment. Clearly, place matters.

Differences in the availability and access to resources affect overall population outcomes for health and disease. The cancer research literature, for example, points to how cancer screening and treatment is affected by where a person lives. Generally, people living in rural areas have poor access to health-care services, including limited access to new technologies and therapies. And, while the “urban health advantage” emphasizes the positive aspects of urban living, metropolitan areas are often characterized by substantial differences in income and health. The de facto segregation of neighborhoods illustrates the strong association of place and opportunity, whether it be educational, economic, or social. Thus, while urban and rural areas pose different sets of challenges, the concept of place provides a useful model to account for these respective rural–urban differences.

Over the last 20 years, scientific evidence has been growing regarding the health effects associated with the unfettered expansion of built environments, conceptualized largely as the physical environment. A high-quality built environment, such as one with access to parks and recreational facilities, and access to grocery stores and markets with fresh fruits and vegetables, can provide residents with the potential to eat well, exercise, and maintain healthier lifestyles. In contrast, the concentration of fast food restaurants, lack of healthful choices for food, crime, and density of liquor and cigarette outlets in disadvantaged neighborhoods may exacerbate the poor health of the residents. However, we also need to consider the environmental stressors, as well as the social and cultural determinants of health, and how they determine health outcomes. As crises increase around the world and people are displaced from their homes and lands, the concept and measurement of place is critical in understanding health outcomes and in developing responsive and effective interventions.

Past and current studies have been important in delineating factors related to place and its relation to health or disease risk. However, much of the research in this area has not been grounded in theory and has not used well-validated constructs. While we are moving toward an era of personalized medicine and tailoring interventions for different populations, we have yet to understand what it is about place, where people live and their geographic realities, that may influence the effective use of interventions for that individual, neighborhood, and community. The development and dissemination of both primary and secondary interventions have been limited by the fact that we have not been able to comprehensively incorporate contextual factors in health. We have yet to address the geographical differences that lie within our own borders while still considering the impacts of global movements and migrations of specific populations. Thus, we need to provide more sophisticated, in-depth, and nuanced conceptualizations of space and the various dimensions of place as we study its effects on health. We need to consider and address the methodological and statistical challenges in how we operationalize place and how we conduct spatial analyses.

The Division of Cancer Control and Population Sciences at the National Cancer Institute, is pleased to have helped support the meeting that led to this book. We believe that the authors have provided important conceptual and empirical contributions to the exploration of why and how place matters in health. Moreover, we believe that these contributions can lead to improved assessment, prevention, and treatment of disease, as the growing body of evidence about the importance of place is incorporated into primary and secondary interventions as well as health policy.

Shobha Srinivasan
Robert T. Croyle

Preface

Introduction

Communities, Neighborhoods, and Health: Expanding the Boundaries of Place

I like geography. I like to know where places are.
Tom Felton, actor (2002)

It's not down on any map; true places never are.
Herman Melville, author (1851, p. 99)

Place, as a context for framing analyses of social inequality and health, has seen a resurgence of interest over the past decade. One reason for this renewed focus on place is the recognition that improving the health of individuals through screening and treatment does little to reduce the prevalence of chronic diseases in communities. Similarly, some of the attention to place is, in some respects, linked to the development of analytic tools that allow for the assessment of multiple hierarchical forms of statistical associations. For the most part, studies supposedly about the effects of place have actually been based on the aggregated characteristics of individuals as measured in the census or other surveys (Gieryn 2000). Typically, the proportion of variance in health behaviors explained by these measures of place have been relatively small, prompting some to suggest that place has only a limited effect on individual behavior. Alternatively, Macintyre et al. (2002) and others suggest that weak place effects are more likely due to inadequate conceptualization, operationalization, and measurement. Based on different reviews of theoretical works and empirical analyses, there is a compelling need to move to multifaceted conceptions of place that encompass geographic location, material form, infrastructure as well as meaning (Cummings et al. 2007; Gieryn 2000; Macintyre et al. 2002).

Place is more than a spatial backdrop for social interaction or a proxy for neighborhood variables. Place is a socio-ecological force with detectable and independent effects on social life and individual well-being (Werlen 1993). Places reflect and reinforce social advantages and disadvantages by extending or denying life-chances to groups located in salutary or detrimental locales (Gieryn 2000). Social processes (e.g., segregation, marginalization, collective action) happen through the intervening mechanism of place (Habracken 1998) with important effects on health and well-being. The effects of place on health and health behaviors are far from uniform across population groups and health outcomes.

If place attachments can facilitate social engagement and a sense of security and well-being, then the loss of place can have devastating implications for psychological

well-being (Fullilove 1996). Understanding place – and the related constructs of displacement and emplacement – is critical for understanding societal inequalities. Displacement and detachment occurs when populations are forced to leave places of origin (e.g., immigrants, refugees), constrained by tightening bounds (e.g., prisoners, children in foster care), entrapped in places that become unhealthy over time (e.g., residents of some central cities), or simply, “without place” (e.g., homeless adults and children). Displacement or dislocation is one of the major sources of poor mental health globally (Mollica 2000). Indigenous populations were displaced from their homelands, other groups were brought in as slaves and indentured laborers, and still others migrated to the USA in order to create new lives and/or to escape genocide, wars, and political persecution. Our current understanding of the complex and multidimensional reciprocal dynamics between people and place is limited. We must further explore the mechanisms and processes of how people influence place and by which place “gets under the skin” (Cummins et al. 2007; Taylor et al. 1997).

We began this introduction with two quotes that capture some of the ways place is used in daily life. The quotes also raise some of the tension that exists in scholarship and research on place. Despite the general enthusiasm for the study of place and the potential it has for better understanding the distribution of health and illness in different communities, there is little consensus regarding how the construct should be conceptualized and measured. This book raises some of these issues and provides different disciplinary perspectives about how place can be investigated and used in studying health and illness. The chapters in this book examine the research on place and health, identify innovations in the study of place and health, and provide guidance for developing the future directions of research in this area. Some of the ideas for individual chapters were presented at a conference and specially convened working group held on May 7–8, 2009 in Seattle, Washington. Because discussions of place can be a personal issue, the authors have taken the opportunity to meld some of their personal biography and insights into their scholarship.

The book is organized into three parts. In Part I, *Place Foundations*, five chapters present some conceptual and methodological ideas that help frame the remaining chapters. In Chap. 1, “Place, History, Memory: Thinking Time Within Place,” Susan Kemp focuses on time, and particularly on history, drawing on the wealth of knowledge from different disciplines to examine issues of temporality in studies of human and place relationships. Kemp discusses the potential conceptual and methodological opportunities for bringing a historical perspective to bear on scholarship on place and health. She argues for better understanding of the histories sedimented in the places of the present, the economic, social, political, and cultural trajectories of these places, and the particular historical and temporal associations they evoke in people, individually and collectively.

Technology has enabled researchers to link a wide array of data to different units of geographic spaces. This complex, systematic, and formalized technology often is not matched with the conceptual development of the construct of place. Michael F. Goodchild in “Formalizing Place in Geographic Information Systems” confronts this tension in Chap. 2 by focusing on several perspectives which include the current methods of geographic representation in digital form, inherent ambiguities, the

case of the gazetteer, the role of volunteered geographic information, and place as an expression of context. Goodchild provides some examples for operationalizing place in research such as deriving definitions from people about geographic spaces, use of mathematical functions and searching the internet for usage patterns.

Stephen A. Matthews, in Chap. 3, expands the discussion of place by introducing the concept of spatial polygamy. In “Spatial Polygamy and the Heterogeneity of Place: Studying People and Place via Egocentric Methods,” Matthews argues that we belong to multiple nested and nonnested places and challenges us to think about the appropriateness of conventional measures of space, such as census tracts, that are based on assumptions of bounded, static, and isolated geographic units. The chapter provides two examples using different types of empirical research to better understand the relationships between people and places. First, in an ethnographic study, Matthews shows how people use multiple places to balance individual and families roles and responsibilities, and second, in a secondary analysis of US Census data to investigate the spatial relationships between places.

One of the pressing questions confronting social scientists who study health is: How do social inequities actually influence an individual’s health? More specifically, and keeping with the theme of this book, how does place get under the skin? In Chap. 4, “Placing Biology in Breast Cancer Disparities Research,” Sarah Gehlert, Charles Mininger and Toni Cipriano-Steffans consider this issue by providing empirical evidence about place effects on breast cancer. The authors use data from research studies conducted under the auspices of the Center for Interdisciplinary Health Disparities Research. Four studies, two on animals and two on humans, provide examples about how place effects are embodied. While the data are aimed at addressing disparities in breast cancer, they provide compelling lessons for other types of health issues.

Race and place are often linked in American society. The historical record documents how some racial groups have been excluded from certain geographic locations, displaced from their homelands, forced to resettle in certain geographic areas, and, in some cases, relocated and interned in geographic areas far from their homes. These events show that racial and socioeconomic stratification are created, reinforced and maintained by place dynamics. Chapter 5, “Race, Place, and Health,” considers how place-based social, psychological, geographic, and physical processes are racialized, which reinforce discrimination and social disadvantage. ManChui Leung and David T. Takeuchi show how residential segregation and displacement shape places and people with important effects on health and well-being across and between racial and ethnic groups.

Part II, *Missing Place, Invisible Places* examines settings, populations, and issues often missing, ignored and overlooked in the empirical literature on place and health. One of these areas is research on rural communities since most of the focus on place and health has been on the largest urban centers. Linda Burton, Raymond Garrett-Peters and John Eason address this limitation in Chap. 6, “Morality, Identity, and Mental Health in Rural Ghettos” by investigating mental health issues in rural ghettos. Rural ghettos are residentially segregated places that have high concentrations of disadvantage and contextual stigma and exist within

small, geographically isolated towns and their adjacent pastoral communities. This chapter investigates the power of place on mental health by examining the role of rural ghettos in shaping the well-being of their residents and those who live in close proximity. Two dimensions of place are examined – location as morality and as identity. The challenges in these emerging ghettoized sections of rural communities present challenges to residents’ perceptions, beliefs, and practices regarding their “rural moral codes” and their “rural place identities.”

Thousands of visitors come to Aspen, Colorado, many of whom are wealthy. They come to see the beauty of Aspen and enjoy the luxury of a resort area. But how do service workers, composed mainly of immigrants, view the same place? Lisa Sun-Hee Park and David Naguib Pellow consider this intriguing question in Chap. 7, “The Case of the Missing Mountain: Migration and the Power of Place.” They provide a window into the strategies immigrants use to become emplaced within Aspen, an area where their contributions to the local economy and culture are ignored. With rich quotes from their interviews with immigrants, they find that emplacement strategies tend to fall into three categories: public emplacement, everyday emplacement, and questioning environmental privilege. Their chapter provides insights about how people in a common place create and recreate boundaries that define and redefine their position in that space.

In Chap. 8, Karen Albright, Grace Chung, Allison De Marco, and Joan Yoo add the dimension of time to their discussion of immigration and health in “Moving Beyond Geography: Health Practices and Outcomes Across Time and Place.” They examine three distinct immigrant communities and show how the culture, identities, and experiences affect health behaviors and outcomes. In the first example, they consider Chinese immigrants in England and the importance of Chinese identity and its effects on health. A small town Roseto, Pennsylvania provides the second example, where Italian immigrants and subsequent generations who settled in the town have low mortality rates compared to other geographic areas in Pennsylvania. The authors consider the epidemiological paradox in their final example and the facts that may contribute to this phenomenon.

Religion and spirituality are often seen as potentially important factors in health and illness. Frequently studied as individual variables that may help people cope, enhance stability and meaning to lives, and provide social networks resources that lend support, guidance, and information during difficult times. Jennifer Abe, in Chap. 9, “Sacred Place: An Interdisciplinary Approach for the Social Sciences” argues that current views of religiosity and spirituality are almost exclusively decontextualized individual behaviors and attitudes. She directs our attention to an examination of sacred places and how they contribute to an understanding of the ways in which places, when experienced as sacred, may mediate well-being. She also examines the role of specific “place-making” activities in these places, activities that sustain their sacred meaning to persons and communities over time but may also contribute to health and well-being.

In Chap. 10, “Dis-placement and Dis-ease: Land, Place, and Health among American Indians and Alaskan Natives,” Karina Walters, Ramona Beltran, David Huh, and Teresa Evans-Campbell stimulate the scholarship on place by highlighting

how historical trauma losses and disruptions tied to place or land effect the health of American Indians and Alaska Natives. They share empirical findings related to land loss and place on the physical and mental health among a national sample of gay, lesbian, bisexual, and transgender American Indians and Alaska Natives.

Part III, *Justice in Places*, is comprised of two chapters how place can be used for meaningful social change. In Chap. 11, Devon Peña combines passion and scholarship to address how places and people in these places are denied access to opportunities and how they take action against inequities in their communities. In “Structural Violence, Historical Trauma and Public Health: The Environmental Justice Critique of Contemporary Risk Science and Practice,” Peña focuses on the issues of environmental justice and provides a critique of efforts to include communities in the decision making process. He highlights how environmental racism affects people of color and low-income communities who suffer disproportionate exposure to health risks from pollution in residential areas and workplace hazards. Peña argues that to resolve problems created by environmental racism requires more than individuals acting by themselves, but communities and collectives uniting behind a common cause.

Michael S. Spencer, Amanda Garratt, Elaine Hockman and Bunyan Bryant in Chap. 12, also address environmental justice issues but with a unique twist. They focuses on communities that have Head Start programs in Detroit, Michigan. “Environmental Justice and the Well-Being of Poor Children of Color” highlights a study which uses a community-based participatory research approach to increase awareness of environmental hazards confronting these communities. Spencer and colleagues describe how features of places can be used to enact meaningful social change in a community. By using Photovoice, a participatory action methodology, they are able to blend photography and social action, and use it as a tool to provide empirical data and allow communities to address environmental problems in their communities.

We end this edited volume with a special epilogue “Attachment and Dislocation: African-American Journeys in the USA.” Carol Stack, in her ground-breaking works, *All Our Kin* and *Call to Home*, used ethnography as a method of critical inquiry to call attention to people living in poverty in urban America. She deftly describes how the social conditions of the times, especially those driven by public policies, affect the daily lives of women and their children. In Chap. 13, Stack reflects on her studies and provides additional insights about people and their places. She describes four methodological uncertainties that resulted from her ethnographic studies: The Historian’s question; the Demographer’s question; the Superintendent’s dilemma; and Clyde’s dilemma. Disentangling these uncertainties allowed her to decipher the complexities of the return migration movement and place ethnographic and demographic data across generations of families. Stack concludes her chapter with some lessons for researchers.

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Stephen A. Matthews
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Consistent with the complexity and multidimensionality of place, this book has dynamic ties to many places. The editors and participants in this project came together for 48 hours at one locale, the University of Washington in Seattle. While Seattle was the physical meeting place and central node for over 2 years, the spatial network of voice and digital conversations extended across the USA and beyond via fixed desktops and landlines, and mobile laptops and cell phones. This book was not the product of one place, one time, or one person. It is a product of multiple places, multiple times, and multiple people.

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