Urban Health: Discipline or Field—Does It Matter?

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Urban health does not need to be a discipline for the health of urban populations to be important. As the presentations at the Second International Conference on Urban Health amply demonstrated, the earth's population is increasingly concentrated in cities, urban environments create physical and social problems of enormous consequence for human health, and disparities in health must be addressed. Of equal importance was the celebration of the assets of the world's cities: excitement, energy, diversity, and complexity. Most of us would not want to live anywhere else.

The fundamental arguments for urban health as an academic discipline are as follows: First, other disciplines have failed to fully explore the role that the urban *context* itself played in health. Second, other disciplines do not share a common language or vocabulary about urban health. Finally, there has been no forum for discussing the unique features of urban health.¹

As demonstrated in any university catalog, most disciplines end in “ology” (e.g., sociology, psychology, biology, epidemiology, etc.). There are, of course, notable exceptions, including economics, chemistry, physics, mathematics, and the like. There is no “urbanology,” although the disciplinary case might be made for geography, urban studies, or urban planning. There are such departments in universities. Their common feature is that they grant degrees.

What seems to be at the heart of a discipline is a method of inquiry that is unique to its members and taught by its graduates. Epidemiologists go from one disease to another and from one population to another, but always use epidemiological methods to carry out their studies. The same can be said of demographers and engineers. In multidisciplinary fields, however, it is the topic, or in this case the population, that is central. Members of a “field” use whatever methods are needed to solve its intellectual problems.

Although the success of disciplinary research is clear, the fundamental problem with this approach is that it creates boundaries.² Once set in place, disciplinary practitioners defend their boundaries against incursion. Disciplinary philosophic perspectives and disciplinary heuristics often limit the ability to think critically in a transdisciplinary fashion. Thus, scholars from one discipline may not be able or may simply refuse to get involved with a second discipline. Furthermore, although researchers may separate their research conceptualizations and methodologies, in

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reality the social, biological, behavioral, and environmental processes that affect health are interdependent and inextricably linked.³

Probably no health issue highlights this reality better than that of health disparities. Within the United States, health disparities have been variably defined⁴ and most often investigated in the context of race and ethnicity. However, significant health disparities have been described in relation to many other characteristics, including socioeconomic status, gender, and geography (urban vs. rural).⁵⁻⁷ As such, health disparities have generally come to be defined as population-level differences in access to care, processes of care, or health outcomes. From our point of view, a disciplinary approach to the study of urban health disparities will be inadequate, creating boundaries that inhibit the kind of cross- and interdisciplinary work that will be essential to solving the complex health problems facing urban populations.

The value of defining urban health as a multidisciplinary field is that it invites all disciplines to make their contributions using their unique methods and perspectives. No one need feel excluded from the study of the health of urban populations. Further, we can all bring our disciplinary talents to several different multidisciplinary fields at the same time. Disciplinary boundaries can become barriers to scholarly work and publications, to faculty appointments and promotions, and to effective curriculum development and teaching. Research that integrates knowledge across disciplinary boundaries, however, offers the potential of accelerating advances in basic, clinical, and public health-oriented research.^{3,8}

If the relevant disciplines are not doing an adequate job of addressing urban health, let us invite them to do so. Other fields have organized consensus conferences to clarify definitions and develop common language for research. Let us invite the various disciplines to directly address the “contextual” issues of city life and urban health. At the conference, for example, Frumkin did a fantastic job of raising unique urban environmental issues.⁹ Demographers could address the population structure issues, urban growth, and urban migration. *The Journal of Urban Health* could promote and provoke such dialogue.

Urban health will gain valuable allies if it defines itself broadly. It will benefit the field of study as a whole when scholars, who might not be willing to accept the boundaries of a new discipline, offer their expertise in a quest to understand and solve the pressing health problems of urban populations. It even benefits the field when excellent papers on urban health appear in the very best journals of the discipline. This shows the leaders of those disciplines that their methods can be effectively applied to urban health issues and that their colleagues are involved. To argue otherwise would likely hinder the discovery of new knowledge about urban health problems and slow the development of efficacious interventions.

In our opinion, “If we build it (the ‘field’ of urban health), they will come!”

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