Bridging Place-based Research and Action for Health

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ABSTRACT

This paper takes a population health planning and policy view of the issues in place and health raised by the research articles in this collection. The planning and policy issues are reducing health inequities and strengthening neighbourhoods. Regardless of the state of the art of place and health research, targeted social investments are being made to support neighbourhood infrastructure and community mobilization for place-based poverty reduction and community well-being in places across Canada. "Vibrant Communities", "Action for Neighbourhood Change" and other priority community initiatives provide an opportunity for intensive neighbourhood-based action research and future dialogue that will further advance theory and action on place and health.

MeSH terms: Inequalities; health planning; neighborhoods

RÉSUMÉ

Les enjeux liés au « lieu et à la santé » mentionnés dans les articles de recherche de ce numéro sont ici abordés selon une perspective de planification et de prise de décisions stratégiques en santé des populations. Deux aspects de la planification et des politiques gagneraient à s'appuyer sur la recherche sur le lieu et la santé : la réduction des inégalités en matière de santé et l'amélioration des quartiers. Mais peu importe l'état actuel de la recherche, on fait déjà, un peu partout au Canada, des investissements sociaux ciblés pour soutenir les infrastructures de proximité et la mobilisation communautaire dans certains lieux afin de réduire la pauvreté et de favoriser le bien-être communautaire. Des initiatives communautaires prioritaires comme « Collectivités dynamiques » ou « Quartiers en essor » pourraient être l'occasion de faire de la recherche-action intensive au niveau du quartier et d'amorcer un nouveau dialogue qui fera avancer la théorie et la pratique dans le domaine du lieu et de la santé.

Place and health research can make an important contribution to population health planning and policy decision-making. Two health planning and policy issues that can benefit from place and health research are reducing health inequities and strengthening neighbourhoods (targeted social investments to support neighbourhood infrastructure and community mobilization for community well-being). Examples of research-based and action-based approaches with the potential to support both of the above are described below.

Reducing health inequities

"Population health" in Canada currently refers to improving the health of the entire population and reducing health inequities among population groups.^{1,2} The development of health equity indicators is being explored.³⁻⁵ As data collection of vital statistics and health care utilization in Canada does not include social class (as in the United Kingdom) or ethnoracial group (as in the United States),^{6,7} geographic comparison is currently one of the best available ways to support a policy goal of identifying and reducing health disparities.

Geographic comparison exposes social inequalities in health that may be preventable or modifiable through public health strategies. The social determinants of health of populations include social institutions, surroundings and social relationships.⁸ All three are the subjects of both place and health research and strengthening neighbourhood initiatives.

Place-based comparisons can identify communities that are "beating the odds" and experiencing better health than other places with similar risk conditions. This can set the stage for intensive study of unique local characteristics, including community assets.

The papers in this collection widen the population health lens from the characteristics of people to the characteristics of places. This includes asking how the conditions and policies (that play out in places) may influence the distribution of health. Place-based analysis supports the development of public health strategies that are directed beyond individuals to achieve healthy places and healthy policies.

Research foundations and potential future directions

A number of theories have been proposed for how place influences health⁹ as well as conceptual models for reducing health disparities among communities.^{8,10} What do the research articles in this collection tell us about place as a determinant of health? What potential future research directions emerge from the foundation laid by this collection of seven papers?

1. Lagacé et al. compare areas in two different countries (Canada and Australia) and identify *composition* and *contextual* factors that may explain observed patterns in rural-urban differences. This approach is applicable to other comparisons between places.
2. Dunn et al. identify patterns in the relationship between income inequality and health (mortality) in different places in Canada and the US. They note that the unique characteristics of place are often absent from studies of income inequality and health. Two possible additional directions emerge from this example. One is to test the potential relationship between income inequality and health inequality using the neighbourhood income quintile methodology developed by Statistics Canada.¹¹ Do areas with greater income inequality also have greater health inequality? A second is to identify which health outcomes and health inequalities at what scale are most strongly related to income inequality.
3. Gauvin et al. suggest that “off-the-shelf” geographies and “off-the-shelf” indicators may not be adequate to developing an understanding of the pathways through which place affects health. This suggests the value of theory-based approaches to defining and selecting appropriate indicators and geographic levels.
4. Oliver and Hayes use an area-based deprivation index and hierarchical linear modeling to distinguish place effects from individual determinants of health. Two possible additional directions emerge from this example. One is that indices may need to be individualized to specific locations in order to capture the unique characteristics of population composition and context in different regions of Canada.

A second is the potential for including place-based indicators more distinct from the characteristics of their residents in regression analysis and multi-level modeling.

5. Roos and Wald compare matched pairs of sibling children with similar neighbours to identify family versus neighbourhood effects on health care utilization. The authors identify social contexts such as peer groups and family settings as a fruitful area of research.
6. Caron et al. consider the effect of individually experienced personal and social environments on levels of distress. They find more stressful individuals in the social networks of groups with high distress compared with those in groups with less distress. The authors show that the quality of day-to-day social interactions are important for understanding differences in health. This points to the importance of including subjective experiences along with demographic and place-based characteristics (housing, services, resources, opportunities) in population health research.
7. De Koninck and Pampalon contrast one downtown Quebec community with two others (one suburban and one rural). They use a combination of information-gathering and analysis methods, and explore composition, contextual and collective characteristics. This research suggests that in-depth, intensive analysis requires a long-term commitment of researchers and active engagement of residents and others to tell their story of the place and the aspects about living there that might explain differences in health.

Limitations

The papers in this collection describe a diversity of approaches, identify methodological and practical constraints, and generate many questions that can be taken up by the emerging field of place and health research. Other major gaps noted in place and health research are the lack of clear identification of the reasons for the selection of specific indicators¹² and the limited study of community assets, such as community-level social capital, cohesion, social interaction, democratic empower-

ment and fostering of community engagement.⁹ Places often have porous boundaries, varying turnover rates and less impact on population groups that spend less time in them. A snapshot does not capture the patterns of exposure or health across the life course, the enduring protective effects of high social position or the health-damaging effects of persistent marginalization. Geographic information system (GIS) technology allows more variables with a physical dimension to become accessible. The challenge will be to ensure that theory and conceptualization advance along with growing information, and that knowledge development includes methods that capture social assets and community complexity that cannot be found by mining databases.

Strengthening communities

How can Canadian research on place and health inform policies about cities, communities and neighbourhoods? The spatial concentration of risk conditions for neighbourhood decline is a policy concern. There is multigovernment interest in strengthening neighbourhoods in Canada using a “neighbourhood lens” for urban renewal, preventing urban decline and examining the impact of social and economic policies.^{13,14} It is recognized that the complexity of social problems requires solutions that are locally determined, holistic, multisectoral and able to cross silos and jurisdictions.¹⁵

Evidence linking neighbourhood investment with resident outcomes is limited. There are many examples of place-based investment in the social determinants of health across Canada in municipalities,¹⁶ in rural areas¹⁷ and in Aboriginal communities^{18,19} that could be supported by place and health research. Regardless of the state of the art of place and health research, targeted social investments are being made to support neighbourhood infrastructure and community mobilization for place-based community well-being. Commenting on the role of research evidence in supporting the need to take actions that are responsible and effective, Gorman²⁰ articulates an approach to making decisions based on best available assumptions, as follows: “*These ideas are true in our experience to date and are supported by research regarding the experience of others*”.

The examples below of two pan-Canadian initiatives illustrate place-based action strategies that address the social determinants of health. Vibrant Communities was established in 2002 as a pan-Canadian initiative of 15 communities sharing ideas, resources and strategies related to poverty reduction.²¹ Six Trail Builders communities developed multi-year poverty reduction initiatives that engaged business, government, non-profit organizations and low-income residents. The Caledon Institute for Social Policy, the Tamarack Institute and local partners engaged in monthly policy dialogue with 10 federal government departments. A Government Learning Circle series was launched in spring 2007 so that the learning from Vibrant Communities initiatives can inform future collaboration.²² Examples of policy changes include teen parenting/child care support initiatives in Saint John, New Brunswick; reduced fare, low-income transit passes in Calgary; a campaign to increase the number of people receiving tax benefits (e.g., child health benefit, child tax credit) that they were eligible for in Edmonton; and multiple initiatives (living wage campaigns, affordable housing initiatives, reducing barriers to employment) in several more places (Saint-Michel in Montreal, B.C.'s Capital Region, Niagara Region and Waterloo in Ontario). Many policy successes were a decade in the making, requiring extensive mobilizing of evidence, as well as broad public support for the social investments or policy changes. Several Vibrant Community sites have taken steps towards sustainability (becoming incorporated as non-profit organizations, diversifying funding and membership, setting targets to 2010, publishing newsletters and establishing Web sites and portals).^{23,24} The poverty reduction tools emerging from the Vibrant Communities initiative have contributed to the development and implementation of theory-informed comprehensive strategies.^{25,26}

Action for Neighbourhood Change (ANC) began as a pan-Canadian project involving four national and five local partners in an effort to revitalize and improve the quality of life in five selected neighbourhoods.²⁰ The four national partners were the United Way of Canada-Centraide Canada, the Tamarack Institute, the National Film Board of Canada and the

Caledon Institute of Social Policy. The five local partners were United Way in Halifax, Thunder Bay, Toronto, Regina and Surrey. ANC's five government sponsors were the National Secretariat on Homelessness, Office for Learning Technologies, National Literacy Secretariat, Canada's Drug Strategy and the National Crime Prevention Strategy. The ANC policy dialogue also includes participants from Statistics Canada, Social Development Canada and the Cities and Communities Secretariat. While seeking federal funding past March 2007, many ANC initiatives are continuing or expanding under local United Way funding, and the learnings from these projects will be applied to complementary initiatives in other identified high-priority communities.^{27,28}

While many of these initiatives did not start with a health focus, many address health determinants. Also, it is interesting to note that the Ontario Ministry of Health and Long-Term Care has announced that when its current program of expansion of community health centres (CHCs) is complete there will be a CHC or CHC satellite in each of the "priority communities" jointly identified by the City of Toronto and the United Way of Greater Toronto.²⁹ This brings provincial, municipal, United Way, CHC and other neighbourhood organizations together in further community health engagement, planning (and potentially research) collaborations.

ANC developed a neighbourhood theory of change and began field testing a Neighbourhood Well-being Index in 2006 for publication in 2007.^{20,30} The four domains are inclusion and engagement, housing accessibility and services, health and safety, and economy. ANC is drawing on the Effectiveness of Community Interventions Project sponsored by Health Canada and the Public Health Agency of Canada. In the neighbourhood theory of change assets are independent variables and well-being is the dependent variable. Changes are made to processes, time, mindset and resources (independent variables) to determine their impact on assets (now a dependent variable).

CONCLUSION

Asset-based neighbourhood initiatives under way across Canada may provide an

opportunity for "intensive" action research that will also advance theory on place and health. Participating neighbourhoods are dynamic, interactive, interdependent, complex systems. Continuing dialogue among researchers, policy makers and community actors may help to develop a multi-level conceptualization of population health that includes the reality of different times and scales – individuals, families, workplaces, neighbourhoods, cities, etc. Many opportunities exist in communities across Canada for expanding networks and furthering action-based research collaborations to advance theory, planning and policy towards reducing health disparities among neighbourhoods.

A neighbourhood lens generates useful debate that can deepen understanding about the causes and pathways that explain patterns in the distribution of health and disease. A neighbourhood lens provides a meaningful way to involve communities in research and analysis because the characteristics of places and policies (that play out in places) are part of the everyday knowledge and experience of people who live within them.

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