



Exploring complex causal pathways between urban renewal, health and health inequality using a theory-driven realist approach



Roshanak Mehdipanah^{a, b, *}, Ana Manzano^c, Carme Borrell^{a, b, d}, Davide Malmusi^{a, b, d}, Maica Rodriguez-Sanz^{a, b, d}, Joanne Greenhalgh^c, Carles Muntaner^{e, f, g}, Ray Pawson^c

^a Agència de Salut Pública de Barcelona, Barcelona, Spain

^b Biomedical Research Institute Sant Pau (IIB Sant Pau), Barcelona, Spain

^c School of Sociology and Social Policy, University of Leeds, UK

^d Ciber de Epidemiología y Salud Pública (CIBERESP), Spain

^e Bloomberg Faculty of Nursing, University of Toronto, Canada

^f Dalla Lana School of Public Health, University of Toronto, Canada

^g Department of Psychiatry and Public Health Sciences, University of Toronto, Toronto, Canada

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ABSTRACT

Introduction: Urban populations are growing and to accommodate these numbers, cities are becoming more involved in urban renewal programs to improve the physical, social and economic conditions in different areas. This paper explores some of the complexities surrounding the link between urban renewal, health and health inequalities using a theory-driven approach. **Methods:** We focus on an urban renewal initiative implemented in Barcelona, the Neighbourhoods Law, targeting Barcelona's (Spain) most deprived neighbourhoods. We present evidence from two studies on the health evaluation of the Neighbourhoods Law, while drawing from recent urban renewal literature, to follow a four-step process to develop a program theory. We then use two specific urban renewal interventions, the construction of a large central plaza and the repair of streets and sidewalks, to further examine this link. **Discussion:** In order for urban renewal programs to affect health and health inequality, neighbours must use and adapt to the changes produced by the intervention. However, there exist barriers that can result in negative outcomes including factors such as accessibility, safety and security. **Conclusion:** This paper provides a different perspective to the field that is largely dominated by traditional quantitative studies that are not always able to address the complexities such interventions provide. Furthermore, the framework and discussions serve as a guide for future research, policy development and evaluation.

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1. Introduction

Urban renewal policies are large-scale interventions consisting of a combination of projects, and in recent years have expanded beyond physical changes to include actions aimed at social and economic improvements especially in deprived urban areas (Smith and Petticrew, 2010; Macgregor, 2010). Projects can range from the creation of green spaces, the repair of streets and sidewalks and the improvement of transportation, to the establishment of employment centers, the organization of community wide events and the formation of support groups for vulnerable populations. However,

urban renewal policies tend to exclude health considerations and have even been blamed in some cases for contributing to social exclusion or gentrification (Arbaci and Tapada-Bertelli 2012,) all associated with poor health conditions (Kearns et al., 2009). Therefore, while physical, economic and social issues continue to be a top priority in these policies, there continues to be few urban renewal projects that actively target health and promote health equity (Egan et al., 2010; Thomson et al., 2006). Furthermore, the complexity associated with these projects and their outcomes arise from the great variability in factors such as, the program planning, the implementation process, context, population composition and their interactions (Kearns et al., 2009; Thomson et al., 2006).

This complexity has resulted in limited evidence available on the effects of large-scale urban renewal on health and health inequalities. The existing research in this field has mostly focused on

* Corresponding author. Agència de Salut Pública de Barcelona, Plaza Lesseps, 1, 08023 Barcelona, Spain.

E-mail address: rmehdipa.work@gmail.com (R. Mehdipanah).

small-scale interventions such as improvements in housing and transportation and their potential effects on specific physical and mental health outcomes including, asthma, obesity, or depression (Cave and Curtis, 2001; Morrison et al., 2003). Until recent projects such as the GoWell study (Egan et al., 2010), evaluations have generally depended on quantitative analysis, including traditional cost-effectiveness methods, to measure changes in health of populations affected by urban renewal projects (Thomson et al., 2006). Finally, little information has been produced on their impacts on health inequalities. This is possibly due to the limited availability of data linking health and socio-economic indicators, and the lack of information needed to better design, plan and implement such interventions (Tannahill and Sridharan, 2013; Thomson, 2008).

In 2001, Cave and Curtis described the usage of a theory based approach, such as realist evaluations, for studying the health impact of urban regeneration schemes while emphasizing the importance of incorporating stakeholders' knowledge in the process (Cave and Curtis, 2001). Since then, qualitative approaches such as in-depth interviews or focus groups have been used to achieve a deeper understanding of the perceptions and experiences of urban renewal projects and their effects on wellbeing (Thomson, 2008). As mentioned, projects like GoWell in Scotland have recently taken on a mixed-methods approach. They have been successful in detailing the process and implementation of the program with prospects of short term and long term impacts on health once the program has been completed, all of which are needed to better explain the impacts on health and health inequalities (Egan et al., 2010).

Furthermore, there continues to be a lack of conceptual models or programme theories to explain the resources urban renewal interventions offer to recipients, their response, and in what circumstances these responses lead to their anticipated benefits. Such causal pathways can be thought of as theories. Using a theory based approach, social mechanisms can describe how the intervention causes change, which is useful for future policy decisions and program planning (Dunn et al., 2013; Pawson and Sridharan, 2010 pg.44). A program theory should describe the process through which the program is expected to result in change (O'Campo et al., 2009; Sridharan and Nakaima, 2011). To develop these programme theories, we can borrow from existing evidence on the urban setting (both physical and social environments) and health (Borrell et al., 2000; 2013; Northridge and Freeman, 2011). From these findings, improvements in any of these two environments through interventions like urban renewal may eventually result in improvements in health and health equity.

Thus, a solution to focusing and developing causal pathways between urban renewal and health is applying a theory-driven approach. The goal of theory-driven evaluations is to explain how such interventions can have an effect on the process and outcome objectives while considering the context in which it was carried out in (Chen, 2012).

Theory-driven evaluations can provide a full understanding of the program and its goals while having a constant consideration of the contextual settings in which they are implemented (Pawson and Sridharan, 2010; Donaldson and Gooler, 2003). They combine the collection of both quantitative and qualitative data helping order to better understand the different mechanisms underlying how and why interventions give rise to outcomes (Donaldson and Gooler, 2003; Van Belle et al., 2010). This deeper understanding would then serve to provide guidance for policy planning and implementation.

Theory-driven evaluations have only become more widely used in evaluation and public health since the late 80s (Coryn et al., 2011). They have been successful in explaining the relationship between interventions or policies and specific health outcomes.

However, more of these studies are needed to address health inequalities due to the complex systems of interactions occurring between the social determinants of health and the interventions studied (O'Campo et al., 2009; Thomson, 2008).

In theory-driven evaluations, complexity is captured by studying how the different theoretical elements that compose them are intertwined (Stame, 2004) and by reintegrating the context as a key element in the production of outcomes. The two main branches of this approach include Theories of Change and Realist Evaluations. Both approaches highlight the importance of understanding context, as it is imperative to attributing cause and criticize method-driven approaches (Blamey and Mackenzie, 2007). However, they also differ in their application where the Theories of Change approach focuses more on the accumulation of information and less on the refinement of the mechanisms (Weiss, 1997). On the other hand, the Realist approach builds on what is known to focus on refining existing theories by describing how, for whom and under what circumstances complex programs work (Pawson, 2006).

This paper explores some of the complexities surrounding the link between urban renewal and outcomes in health and health inequalities using a theory-driven approach. To do this, a Realist approach is more suitable as we aim to refine existing theories and to better understand how urban renewal programs affect health and health inequalities. We focus on an urban renewal initiative implemented in Barcelona, the Neighbourhoods Law. We use two previous studies on the Law and its effects on health and health inequality (Mehdipanah et al., 2013, 2014) along with the literature available to further discuss and develop some of the causal pathways between the initiative and the health outcomes found.

2. Methods

As explained, this paper uses a Realist approach to better understand the link between urban renewal programs and health outcomes. We present evidence from two studies on the health evaluation of the Neighbourhoods Law (Mehdipanah et al., 2013, 2014), while drawing from recent urban renewal literature, to follow a four-step process to develop a program theory and use two concrete examples to test this theory. In step 1, we introduce the program, the Neighbourhoods Law and provide some discussion on the context in which it was implemented. In step 2, we describe some of the evidence from two previous studies we have conducted looking at the effects of the Neighbourhoods Law on health and health inequalities. In Step 3 we then conceptualize the link between urban renewal, health and health inequalities based on this evidence and related literature and in step 4, we go on to describe one of the specific casual pathways linking intervention to health, the usage and adaptation of residents to the changes produced. Finally, using two examples of specific renewal interventions in the Neighbourhoods Law, we further develop this causal pathway and describe the variability in outcomes attained due to various factors including the context in which the intervention was implemented. The first describes both the positive and negative effects of public open spaces on health and health inequalities, while the second describes the effects of repaired streets and sidewalks on health and health inequalities.

2.1. Step 1: description of the program, the Neighbourhoods Law

Historically, under the Franco dictatorship (1939–1975), urban planning deteriorated in cities like Barcelona where urban slums grew rapidly, mainly due to internal Spanish migration, resulting in socio-economically deprived neighbourhoods (Garcia-Ramon et al., 2004). It was not until 1979 with the first democratic elections

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