



Right to a healthy city? Examining the relationship between urban space and health inequity by Aboriginal youth artist-activists in Winnipeg



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ABSTRACT

This paper explores the relationship between place and health inequity as experienced by Aboriginal youth living in Winnipeg, Canada. Between 2010 and 2011, a team of youth ($N = 8$) associated with a community-based Aboriginal youth arts program undertook a participatory community mapping process in order to link their personal health geographies to their right to the city. The results demonstrated several ways in which place, mobility, and boundaries affected their health experiences and, in turn, reflected their perceptions of health inequity. The study confirms that urban spaces can produce, and are produced by, highly racialized geographies that work to socially isolate, segregate, and immobilize Aboriginal youth while concomitantly increasing their exposure to higher risks to their health and well being.

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Introduction

In recent years, the notion of rights has become popularized in academic discussions of the sociospatial dynamics of urban politics, place identity, and social justice (Attoh, 2011; Harvey, 2008; Mitchell, 2003; Mitchell & Heynen, 2009; Smith, 2008). Among human geographers, interest in rights and space has been sustained through a long lineage of theoretical development around the meaning of the right to the city, drawing on Lefebvre (1996) to account for numerous facets of rights, including what sets of rights are relevant within the context of urban life (Attoh, 2011), how rights are imbricated in the production of cities (Mitchell, 2003), and how the right to the city might contribute to planning and policy prescriptions (Marcuse, 2009). In parallel with this literature, recent scholarship, largely outside of geography, has begun to take shape around conceptions of rights in relation to specific and often spatial forms and experiences of health inequity (Blas et al., 2008; Braveman, 2010; Chapman, 2010). This substantial literature has drawn on rights-based conceptions of health, owing largely to the

onset of the “new public health” in linking health inequities to social injustice (Ashton & Grey, 1986; CSDH, 2008; Frenk, 1993; Green & Raeburn, 1988; Hancock, 1986; Kickbusch, 1985; OCHP, 1986; WHO, 1978, 1981). However, linking the right to health and to the city has not yet been attempted in any explicit way, either conceptually or empirically. This omission is particularly striking in light of health geographers’ sustained interest in spatial manifestations of health inequity within urban contexts. The purpose of this paper is to examine these two discrete bodies of literature on rights and to use an empirical examination to reveal potential insights into the production of health inequity that may be possible by their integration. We draw on findings from a participatory community mapping project that applied the right to health and right to the city as a bundled conceptual framework to interpret the geography of health inequity faced by Aboriginal youth living in Winnipeg, Canada.

Background

Right to the city

The myriad of consequences of late neoliberalism in the early 21st century city has brought about a resurgence of interest in

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theoretical explorations of rights in relation to the production of urban space under capitalism (Lefebvre, 1968, 1973). For example, building on Lefebvre (1968, 1973, 1991, 1996), Purcell (2002) has invoked the right to the city to confront power relations that underlie the production of urban space. This work has revealed two key shortcomings of Lefebvre's original conceptualization. First, he argues that the city has been ambiguously defined within Lefebvre's original construct, and future research requires attention to the geographic dimensions of rights, including how boundaries and borders in urban space are socially constructed, as are the rights of city inhabitants. Second, he argues that Lefebvre's adherence to a strictly Marxist perspective of working class emancipation has limited utility in illuminating the more complex and fragmented sociospatial dynamics associated with the neoliberalization and globalization of urban space. Understanding politics, power, and rights has become increasingly difficult within evolving spatial formations, mobilities, and local–global linkages, all within an urban milieu of identity politics surrounding race, ethnicity, gender, age, sexual orientation, religious beliefs and cultural practices, and physical (dis) ability. It is therefore important to broaden the right to the city to encompass wider political and social processes, threats, and mechanisms.

Scholarship that has sought to contemporize the right to the city has moved beyond previously dominant neo-Marxian analyses, broadening its application within wider political and social processes, threats, and policy mechanisms that are intricately tied to place composition and identity under urban revanchism and social justice (Attoh, 2011; Harvey, 2008; Mitchell, 2003; Mitchell & Heynen, 2009; Purcell, 2002; Smith, 2008). The right to the city has also since diffused across literature in urban law (Fernandes, 2007), immigration (Varsanyi, 2008), gentrification (Newman & Wyly, 2006), homelessness (Mitchell & Heynen, 2009), community gardens (Staeheli, Mitchell, & Gibson, 2002), gender (Fenster, 2005), and citizenship (Lepofsky & Fraser, 2003).

But, however useful the right to the city has been under such diverse scope of analyses, Attoh (2011) has argued for a more specifically articulated conception of rights in relation to how urban life is actually lived. He suggests that the current right to the city paradigm remains ambiguous in just what constitutes a right for people (Attoh, 2011), and consequently lacks a substantial framework to help people to mobilize these rights (Attoh, 2011) in terms of reconciling the contradictions and inequities that are inherent in the neoliberal city.

The right to health

One promising, but under-scrutinized, focus in the right to the city might be found in investigations of urban inequality and health, especially with an increasing interest in the associated impacts of neoliberal practices in shaping urban life worldwide (Pearce, Barnett, & Moon, 2012; Wilkinson & Pickett, 2009). While the notion of health as a fundamental human right originates in the founding constitution of the World Health Organization (WHO, 1946), it was the onset of neoliberalism in the 1970s that led to a political turn in global health discourse and the onset of rights-oriented health promotion and primary health care. But only much more recently have scholars begun to more firmly ensconce the right to health within research and political actions on increasingly severe and widespread inequities in human living conditions (Gostin, 2001; Huber et al., 2011; Shilton, Sparks, McQueen, Lamarre, & Jackson, 2011). Here, the argument goes that the existence of health inequities is more than a mere instrumental problem for policymakers, but reflects a deeply rooted abrogation of governmental and societal responsibility to protect the well being of their citizens.

Since the inception of the socioecological approach to health in the Ottawa Charter (Kickbusch, 1989; A.M. Williams, 2009), the relationship between health, place, and rights has been reinforced in numerous national and international initiatives. For example, in the past two decades, Healthy Cities (PAHO, 2005) have attempted to scale up health related analysis and intervention beyond that of individuals to the level of municipal policy and community action (Leung & Takeuchi, 2011; see also Hancock & Duhl, 1986). Most recently, the WHO Commission on the Social Determinants of Health (CSDH, 2008) gave specific attention to the relationship between health, equity, and place, devoting an entire chapter of its final report to discussions about the consequences of global urbanization to health inequity (Brown & Moon, 2012; CSDH, 2008; Marmot, 2008). Taking note of, for example, the rise in urban sprawl in cities around the world, the Commission called for the need to examine uneven geographic distributions of health determinants and/or outcomes as one step in addressing sociospatial injustice and towards achieving health equity. Notably, geographical research on global health has been gaining more attention particularly in response to the Commission report, and since its release, action to achieve health equity has been at the forefront of the global public health agenda (Brown & Moon, 2012; Curtis & Owen, 2011; Koplan et al., 2009).

Right to a healthy city

The shortcomings of the right to the city as a lens to examine spatial manifestations of health inequity as violations of human right are reminiscent of similar debates in health geography on the relationship between place and health. A well-documented literature on place-effects has attempted to elucidate such connections, much of which has utilized GIS and multivariate quantitative approaches to untangle 'compositional' (i.e. identity based) and 'contextual' (i.e. place based) determinants of health inequality. However, a more theoretically driven approach initiated by Macintyre, Ellaway, and Cummins (2002) has begun to unravel the specific social and political dynamics that underpin the myriad multi-scalar processes that produce specific manifestations of health inequality. For instance, a more relational research approach (Cummins, Curtis, Diez-Roux, & Macintyre, 2007) has revealed how the processes and interactions occurring between people and places operate simultaneously at multiple spatial scales. Following this approach, Pearce et al. (2012) have called for more specific attention to the effects of scale on the liveability and social composition of neighbourhoods. Drawing attention to the relationship between liveability and health inequity thus goes to the heart of health geographers' longstanding interest in "sense of place" (Muharjarine, Labonte, Williams, & Randall, 2008; Williams & Kitchen, 2012).

In the last decade, health geographers have been encouraged to move beyond the concern of spatial patterns of health inequality to focus on health inequity as a matter of social justice (Kearns & Collins, 2010). But a specifically spatially articulated theory of the right to health has thus far only been advanced outside of health geography (Connolly Carmalt, 2007; Connolly Carmalt & Faubion, 2010; White, 2002, 2010). Connolly Carmalt and Faubion (2010) have suggested that the gap between social science and rights-based frameworks (i.e. right to the city; right to health) need to be bridged, suggesting that the existence of health inequality is simply "morally wrong" (p. 294). Health geographers should be drawn to such frameworks in order to generate and support explanations for how spatial manifestations of health inequity represent infringements on the right to a healthy city, and in so doing providing guidance for more specific legal and moral action on urban space (Connolly Carmalt & Faubion, 2010). However, to strategically direct government and policy action in cities to

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