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# Considering daily mobility for a more comprehensive understanding of contextual effects on social inequalities in health: A conceptual proposal

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## ABSTRACT

Despite growing interest in integrating people's daily mobility into contextual studies of social inequalities in health, the links between daily mobility and health inequalities remain inadequately conceptualised. This conceptual proposal anchors the relationship between daily mobility and contextual influences on social inequalities in health into the concept of mobility potential, which encompasses the opportunities and places individuals can choose (or are constrained) to access. Mobility potential is realized as actual mobility through agency. Being shaped by socially-patterned personal and geographic characteristics, mobility potential is unequally distributed across social groups. Social inequalities in realized mobility may thus result. We discuss pathways by which these may contribute to contextual influences on social inequalities in health. One pathway is reflected in disadvantaged groups encountering more fast-food outlets during their daily activities, which may relate to their higher risk of unhealthy eating. This proposal lays the bases for empirical research explicitly testing hypotheses regarding the contribution of daily mobility to social inequalities in health.

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## 1. Background

In recent years, there have been calls to consider individuals' agency in contextual studies of social inequalities in health (Entwisle, 2007), and to take into account the interplay between individuals and their environment (Frohlich et al., 2001; Cummins et al., 2007; Kwan, 2009). A suggested response has been to integrate people's daily mobility across space when defining context or the spatial area(s) within which health-relevant resources and features are measured (Cummins et al., 2007; Kwan, 2009; Chaix et al., 2009; Matthews, 2011). Inspired by Hägerstrand's work in space–time geography (Hägerstrand, 1970), these calls reflect an increasing challenge to residential neighbourhoods as the sole and most salient settings for understanding contextual influences on social inequalities in health. Echoes of this push to adopt a daily mobility perspective can be found in Cummins' relational approach to place (Cummins et al., 2007), in Kwan's people-based exposure measures (Kwan, 2009), in Chaix's proposal to overcome the residential trap (Chaix et al., 2009), and

in Matthews' coining of the term “spatial polygamy” to describe belonging to multiple settings (Matthews, 2011).

Concretely, place and health researchers are increasingly considering daily mobility by investigating “activity space” (Inagami et al., 2007; Basta et al., 2010; Kestens et al., 2010; Troped et al., 2010; Vallee et al., 2010; Christensen et al., 2011; Vallee et al., 2011; Zenk et al., 2011; Hurvitz and Moudon, 2012; Lebel et al., 2012), defined as “the subset of all locations with which an individual has direct contact as a result of his day-to-day activities” (Golledge and Stimson, 1997 p. 279). However, few studies have directly examined the relationship between daily mobility and social inequalities in health, rather than health more generally. This is so despite the fact that, as noted by several authors, daily mobility is a central driver of social stratification and inequality (Canzler et al., 2008; Manderscheid, 2009; Jiron, 2007; Kaufmann et al., 2004; Brighenti, 2011). Indeed, features and resources are unequally distributed across space (Golledge and Stimson, 1997), and the places where social groups conduct activities may be restricted due to elements of the social structure, including class and power relations (Gatrell, 2002; Hägerstrand, 1970). While inequalities in residential neighbourhood features and resources – defined as physical (e.g. green spaces, food stores, air pollution) and social (e.g. area-level disadvantage, crime rate)

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