



Spatial approach's limits to discuss reality of social vulnerabilities seen in health inequality term



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Since a few years, there have been plenty of studies about social groups's health and inequalities in those groups from a geographical approach, also frequently called environmental approach.

The question of the neighborhood, environment and context involves concepts and methods based on assumptions that can explain the process by which individual factors and neighborhood or environmental factors impact on health.

Important issues are related to the definition of neighborhood and environment and of corresponding geographical areas: hence the need to specify its characteristics.

Let's first see what are the reasons for this enthusiasm for an eco-spatial or geographic approach in health inequalities.



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Interest in health inequalities and geographical approach

Very old interest, since Villermé's surveys

Spatial approach use is closely linked to social health inequalities, sometimes to address the lack of data (Germany, Spain, Italy, former communist countries of Eastern .)

This approach was criticized by the proponents of a determinants approach based on people's characteristics.

In France, interest in social health inequalities has been developed in connection with an incentive international context, including from local public institutions (diagnosis).



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**Why a geographical approach of social health inequalities?
Does the geographical approach bring specific knowledge?
There is need for a theoretical debate on this issue**

-What is at stake, is the question of nature and genesis of health inequalities: the part of context and the part of individual factors with variations depending on the content of each component

-What is troublesome is that a reality is called context or environment when it actually covers the conditions and lifestyles of those who are there today, but also yesterday; a social reality in a given geographical area, built during a history made of all the stories of those who live there.

The differences between spatial units should be thought as having their source in what differentiate the same groups located in these spaces.

- In Nord-Pas de Calais, for instance, which is region with the highest mortality out of the 22 metropolitan areas of France: the difference is mainly due to the strong social inequality in this region.





Discussion / conclusion

- Isn't there a lack of deepening in theoretical concepts used in the geographic approach?
- Social composition and context / environment are frequently presented as separate concepts presenting no particular problem (the underlying explanatory models remain implicit).
- The context is considered as a black box in which plays an adverse effect on health.
- The diversity and nature of explanatory factors for possible spatial differences in health depend on the selected units, especially the size
- The notion of collective dimension given by Sally Macintyre enlarge the context one in my mind