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TITLE

Introduction to Antipodean Health Geographies

BRIEF TITLE

Antipodean Health Geographies

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Special section editorial: Introduction to Antipodean Health Geographies

Health geography is a sub-discipline of geography that combines geography's inherent interest in place with a focus on how place influences human health. Health geography draws on a long history of studies that have examined people, place, and health including early works such as the 1792 map of human diseases produced by Finke, the early nineteenth century work by Louis-Rene Villerme on mortality in Paris, the work of John Snow and the Cholera outbreak in London in 1858 and, Charles Booth's poverty maps of London (1886–1903).

While geographic perspectives on health were less prominent for much of the early-mid twentieth century, the importance of geography and of place has re-emerged as a major element of health research with an increasing presence since the early 1990s. Today health geographers apply a range of quantitative, qualitative, and mixed methods to investigate infectious disease, health service access, health inequalities, therapeutic landscapes, and the role of the physical, built and social environment on health behaviours and outcomes. The scale of these studies varies, ranging from large international comparisons to case study analysis of a single small setting such as a community centre. The results have the potential to make vital contributions to planning and policy decisions and improved health outcomes.

Researchers from multiple disciplines such as epidemiology, social science, medicine, land use planning, and transport planning are also increasingly working on questions about place and health, but do not necessarily identify such work as aligned with health geography and all it has to offer. In Australia, health geography has also suffered from a lack of visibility in the

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past decade. In response, the current incarnation of the Institute of Australian Geographers Health Geography Study Group formed in 2015 to provide a focal point for health geography research in Australia and New Zealand.

This special section on Antipodean Health Geographies arises from the Health Geography Study Group's recent activities and highlights current research from Australia and New Zealand. Kearns and Moon (2019) set the scene with a comprehensive review of Antipodean health geography, highlighting the differences between Australian and New Zealand health geographies, and suggesting that historically Australian research has tended towards quantitative geospatial analytics and New Zealand research to qualitative approaches. This difference is interesting given that New Zealand has had the GeoHealth Lab collaboration between the Ministry of Health and University of Canterbury since 2004, which makes data available for quantitative research. Australia does not yet have such a facility although the Australian Urban Research Infrastructure Network (AURIN) was established in 2010 as a cooperative national project to provide data to researchers and provides demographics and social indicators, economic activity and productivity, urban design and urban form, housing, infrastructure and transport, and health and liveability.

One of the strengths of health geography is the potential to integrate and combine both qualitative and quantitative methods to explore the links between place and health in detail. In the second paper in this special section Thompson *et al*. (2019) argue that research too often focuses on single relationships between place and health, neglecting the complex multiple causes and effects in different settings. They describe the composite methods approach they took to address this limitation in a study of four Sydney neighbourhoods and

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consider the role that place and health have in shaping residents health behaviours. This approach uncovered new insights that are likely missed by using a single approach.

Keeping with the theme of residential locations, a study by Baker *et al*. (2019) of the geography of unhealthy housing identified a range of inequities, with over 10 percent of adult Australians living in unhealthy housing, and the unhealthiest housing tending to be in urban areas. Furthermore, those more likely to be in unhealthy housing were among Australia's more vulnerable residents. To undertake this study Baker *et al*. developed and applied a new composite metric, the Australian Index of Unhealthy Housing.

From a geography of Australian housing, to the geography of worry, the paper by Prior *et al*. (2019) moves beyond assessing the physical effects of living near contaminated sites to evaluating levels of worry experienced by residents living near those sites. This study found greater levels of worry among those living near to contaminated sites and established that this worry had additional impacts on the residents' well-being.

A focus on methods has been a feature of Australasian health geography. Two papers in this issue are so focused. The first is a critical review of the measures of public open space in Australian health research by Lamb *et al*. (2019). They identified wide variation in methods used to measure public open space, as well as inconsistent reporting of these methods, limiting the ability to compare studies and establish an evidence base that informs urban planning. To help future studies report geospatial methods in sufficient detail they developed a public open space reporting checklist. The second methodologically focused paper is by Egli *et al*. (2019), who considered the use of Google Street View to examine outdoor food

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and beverage advertising near schools in Auckland, New Zealand. While they confirmed there were limitations arising from an inability to identify advertisements from some of the images, overall the method was promising and the study demonstrated that children from 19 primary and intermediate secondary schools were exposed to significantly greater numbers of unhealthy advertising compared to other types.

The final two special section papers use comprehensive geospatial analyses to analyse Australian health data. Daniel *et al*. (2019) calculated based measures on GIS data for individual residential neighbourhoods and used a longitudinal research design. Their findings showed that active public open space predicted lower cardiometabolic risk but did not find relationships between walkability and food environment and cardiometabolic risk development. Dasgupta *et al*. (2019) analysed data from local government areas and linked population-based administrative databases to identify Indigenous women on Pap Smear Registers. They quantified the spatial pattern of pap smears in Indigenous and non-Indigenous women in Queensland. They also identified inequities in a vulnerable population, establishing that Indigenous women have significantly lower pap smear rates and potentially a lower proportion of follow up after an abnormal screening.

Finally, it is worth stressing again that place—the common theme of this special section—uniquely positions these specifically *Antipodean* papers relative to other studies exploring determinants of health. We know that substantial time and effort is invested into health research, and yet in many studies only limited consideration is given to this crucial dimension—health, after all, is always, *already* spatial and based some*where.* Health

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geographers have expertise in this respect and are sure to play a vital role in the future of place and health research in Australia and New Zealand.

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