


Neighbourhood Social Sustainability, Urban Renewal, and Health Inequalities: A Viewpoint

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ABSTRACT

Social sustainability has been less studied than its counterparts, economic and environmental sustainability. Furthermore, social sustainability has not been often discussed within the discipline of public health, and there has been very little discussion about the potential impact of neighbourhood social sustainability on health related outcomes as well as health inequities. This paper attempts to fill that gap by igniting a discussion on how neighbourhood social sustainability can affect health equity in the context of health promotion and sustainable development. Neighbourhood social sustainability through urban renewal can contribute to the reduction of inequalities in health only if the process takes into account the health and wellbeing of the most disadvantaged groups. In addition, it is important that public health researchers become part of the discussion on how neighbourhood social sustainability can contribute to population health equity.

KEYWORDS

Health Equity, Neighbourhood Social Sustainability, Social Sustainability, Urban Renewal

1. INTRODUCTION

Although social sustainability has dominated the research agenda among various scholars and policy avenues its definition is still a matter of ongoing debate. In this paper, social sustainability is understood, using the definition provided by Polese and Stren, as the “economic (development) and social (civil society, cultural diversity and social integration) dimensions of sustainability, highlighting the tensions and trade-offs between development and social disintegration intrinsic to the concept of sustainable development” (Polese & Stren, 2000). Furthermore, the definition also acknowledges the importance of the physical environment (e.g. housing, urban design and public spaces) within the urban sustainability debate (Polese & Stren, 2000). Important to this viewpoint paper is the definition given by Partridge, which sees a socially sustainable society as one that is “just, equitable, inclusive and democratic and [that] provides a decent quality of life for current and future generations” (Partridge, 2005). This would mean satisfaction of basic human needs, continuation of culture, improvement and maintenance of current and future wellbeing and improvement of quality of life by reducing social inequality (Partridge, 2005; Littig & Grießler, 2005; Chan & Lee, 2007).

Sustainable development (SUD) is critical for the development of urban policy and management decisions (Hassan and Lee, 2015; Yigitcanlar and Teriman, 2015, Purvis et al., 2019). The social

sustainability of cities needs to be seen within the framework of the three-pillars of sustainable development (SUD). For instance, it is suggested that SUD is the basis that allows for understanding the management of interactions between the economic, environmental and social development (Sachs, 2015). The economic development of cities comprises green growth, creation of decent work, employment production and distribution of renewable energy, technology and innovation. The environmental development includes forest and soil management, waste and recycling, energy efficiency, air quality and adaptation and mitigation of climate change. And the social development entails education and health, food and nutrition, green housing and buildings, water and sanitation, green public transportation, green energy access and recreation areas and community support (Sachs, 2015., Hegazy et al., 2017). Across several disciplines, social sustainability has not been studied as its two other counterparts, the economic and environmental sustainability (Mensah, 2019). The same pattern is true within the discipline of public health and, indeed, there has been very little discussion about the potential impact of neighbourhood social sustainability on health-related outcomes as well as health inequities. Instead, the relationship between place of residence and health outcomes is often studied through the lens of social determinants of health (e.g. area-level social and economic deprivation) (Pickett et al., 2001, Diez-Roux et al., 2010, Arcaya et al., 2016, Oshio et al., 2021). The social determinants of health are known as the conditions in which people are born, grow, live, work and age which are shaped by the distribution of money, power, and resources at global, national and local levels (WHO, 2015). However, although social determinants of health are an important approach, urban planning is also a critical enabler for health and wellbeing across cities and regions (Knudsen et al., 2020). Furthermore, some point to the need for healthy urbanism, which is known as the integration of intentionally designed elements that helps communities thrive and prosper (e.g. wellness-centred community design that can improve physical health, accessibility to medical care, healthy food, activity, and social interaction) (Pineo et al., 2020). At the centre of the newly “Towards Healthy Urbanism: Inclusive Equitable Sustainable (THRIVE) framework are landscapes that connect global to local environments with three main pillars that define a healthy place: inclusive (a process and outcome), equitable and sustainable. The expectation is that the framework will contribute for a better understanding (by other disciplines including public health) of the role played by urban design and planning in influencing health and wellbeing of city residents at different levels (local, national and global) (Pineo et al., 2020).

Drawing from urban planning, sociology and social epidemiology and public health literature, this viewpoint attempts to contribute to the discussion on how neighbourhood social sustainability can affect health outcomes (and health inequalities) in the context of health promotion, sustainable development, and achievement of Sustainable Development Goal (SDG) 3 (healthy lives and wellbeing for all at all ages). Firstly, the paper describes the connections between neighbourhood social sustainability and health inequalities. Secondly, the paper addresses the dimensions of neighbourhood social sustainability and how they might affect inequities in health outcomes. Thirdly, it discusses potential approaches to neighbourhood social sustainability and challenges through the public health and health equity lens.

2. SOCIAL SUSTAINABILITY AND URBAN HEALTH INEQUALITIES

According to Snyder and colleagues, “the process of urbanization entails social improvements with the consequential better quality-of-life for urban residents.” However, in many countries, urbanization conveys inequality and exclusion, creating cities and dwellings characterized by poverty, overcrowded conditions, poor housing, severe pollution, and absence of basic services such as water and sanitation. Slums in large cities often have an absence of schools, transportation, health centres, recreational facilities, and other amenities (Sampson, 2017; Krefis et al., 2018). Additionally, the persistence of certain conditions, such as poverty, ethnic heterogeneity, and high population turnover, contributes to a lowered ability of individuals and communities to control crime, vandalism, and violence (Sengupta

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