Area reputation as an under-acknowledged determinant of health inequalities

Evidence from a systems evaluation of a major community empowerment initiative in England

Ruth Ponsford, Emma Halliday, Michelle Collins, Matthew Egan, Courtney Scott, Jennie Popay* London School of Hygiene & Tropical Medicine, London, UK (R Ponsford, M Egan, C Scott); and Faculty of Health and Medicine, Division of Health Research, Lancaster University, Lancaster, UK (E Halliday, M Collins, Prof J Popay)
Presenting author: Ruth Ponsford: Ruth.Ponsford@lshtm.ac.uk Corresponding author: e.halliday@lancaster.ac.uk
*Jennie Popay, Communities in Control study principal investigator, Lancaster University

"Taken on its own the stigma may not seem like a massive burden on health and wellbeing but as part of a broader pattern of disadvantage and difference it emerges as significant in terms of being a way in which social exclusion is reinforced" (Palmer et al, 2004)

Why this is a public health issue?

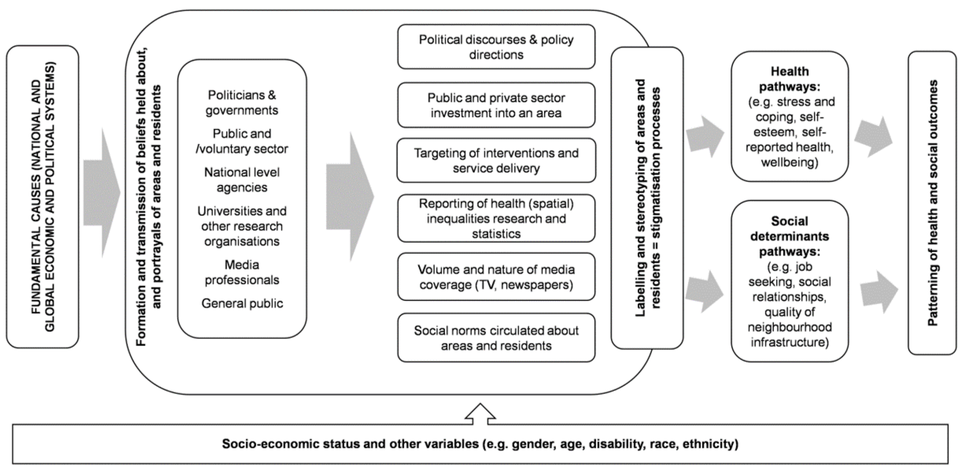
Area reputation refers to the ways that geographical localities are portrayed (eg, in media coverage) either positively or negatively (Macintyre et al, 2002). Negative area reputation is experienced almost exclusively by residents living in socio-economically disadvantaged areas. Related terms include spatial and territorial (place based) stigma (eg, Wacquant, 2007).

Studies have now demonstrated a link between stigma/reputation and poorer health/mental health (eg, Keene and Padilla, 2014; Tabuchi et al. 2012) with evidence also accumulating from qualitative research (eg, Thomas 2016). As well as psychosocial effects, place-based stigma may create barriers to service use if residents feel looked down on, or employer discrimination when job seeking. Public or private investment into an area may reduce where the neighbourhood has a poor external image.

Residents' accounts in qualitative studies often highlight place-based stigma as a major concern. Such accounts have also shown that residents often have more positive perceptions of their place of residence than people externally. This has led some residents to challenge their area's negative reputation, as well as take collective action to improve the portrayals of their neighbourhoods (eg, Palmer et al, 2004).

Despite the growing evidence for public health, this issue is rarely recognised as a social determinant of health, nor adequately considered in strategies to tackle spatial inequalities in health.

Figure 1: Area reputation, stigma and health inequalities



Key findings

During interviews conducted as part of the Communities in Control study, residents suggested that their area's negative reputation was shaped by a range of actors: public officials, local politicians, estate agents, and the wider public. A review of media coverage in two areas found newspaper coverage also perpetuated poor area reputation through negative and sensationalised reporting.

Negative area reputation was reported to impact on areas and residents in a range of ways. External perceptions were perceived to influence the community's own perceptions of themselves as well as diminish pride in the area. More generally, it was felt that an area's negative image also put people off from visiting or moving to the area with consequences for inward economic resources.

Direct collective action being taken through Big Local included publicity work to resist negative portrayals of areas in the media. Indirect actions included festivals and neighbourhood improvements to increase the likelihood that visitors would view areas as safe and desirable places to visit. Findings also highlighted the civic roles of residents, challenging stereotyped images of communities living in socio-economically disadvantaged areas.

References

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The Communities in Control study

The research reports on findings from Phases 1 and 2 of the NIHR School for Public Health Research (SPHR) evaluation of the Lottery's Big Local programme. Big Local is a place based initiative taking place in 150 areas across England over at least ten years. The overall study is assessing the health inequalities impacts for residents directly engaged with the programme and for local populations. Phase 3 commenced in 2018 funded by the NIHR Public Health Research programme

In-depth longitudinal fieldwork included over 300 interviews in 15 Big Local areas. Participants were resident or working locally, and active in Big Local (eg, volunteer members of resident led partnerships). The fieldwork sites were geographically mixed (eg, wards, housing estates) and relatively deprived. Negative area reputation was identified to be important for a third of these areas, with data generation in these sites additionally investigating how area reputation was being targeted for action. Qualitative data were coded in NVivo (version 11). Narrative memos were developed around particular themes and compared and contrasted across sites.

Quotes from resident interviews

"It tends to be outsiders that just view this area in very, very negative terms. And I think more so outsiders than residents in the area."

"I work quite far afield and when I tell people that I live in Town-1 it's like "whoa really?" And it is that perception that it's really bad and yes there are problems but there are problems everywhere."

"We don't have kids, but people whose kids go to the primary schools here are embarrassed or ashamed to have been from the [area] and we want to change that; that's not fair on those kids."

"Everything we do, *everything we do* [italics added] is for that reason to improve the impact and reputation of the area and make it a better place to live in."

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Implications for policy and practice

Poor area reputation can influence life chances and quality of life through material and psychosocial pathways. Little empirical evidence exists on how to improve reputation. It has often been assumed that reputation will improve as material conditions of neighbourhoods improve (eg through regeneration), however, existing evidence identifies that stigma is tenacious (Hastings et al, 2003). Strategies for addressing area-based disadvantage should consider area reputation as a mechanism for health and incorporate resident (lay) knowledge as part of efforts to challenge negative perceptions. Where initiatives incorporate lay perspectives, this contributes to empowerment but also enables people to challenge the negative representations of areas and residents that permeate the mainstream. This should not, however, be considered a solution for tackling reputational issues nor should residents have to take responsibility for countering stigma, given that that its source stems from structural causes of inequalities, shaped in turn, by institutional and policy processes.

Future research should pay attention to the causal drivers of stigma as well as ways of preventing and mitigating its negative effects. In the current climate, austerity and welfare policies also need to be monitored for their contribution to potential stigmatisation of areas and residents. A limitation of this research is that we were not able to investigate why area reputation was *not* a priority in other similarly deprived areas.

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