Chapter I

Race, Class and Place: Directions for the Future of Public Health

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In this chapter we discuss the importance of community in public health science and practice. Community is—first and foremost—place. The science of place and its implication for health has made major strides over the past decade. The first and second international conferences on health geographics marked an achievement in that development. The argument in this chapter draws out the implication of place and community for public health science and practice.

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We begin with a review of the well-known facts about racial disparities in health. These disparities have dominated much of public health policy in recent times. Health disparities between social classes help illuminate our understanding of race differences. To understand the ways that race and class determine health, however, we must adopt a more general model—a model for the social determination of health. Review of the literature on the social determinants of health make it clear that future efforts to improve the health of populations must concentrate on modifying the more proximal determinants of health. The study of these proximal determinants requires a shift of focus away from the behavior of individuals onto communities and the processes by which communities take shape. These processes can in turn be represented in graphical and geographical ways, enabling one to examine interconnections between determinants of disparities.

This shift towards the study of ‘community’ and ‘place’ also causes us to think differently about our models of public health practice. Current public health practice has been influenced by two distinct traditions, both with historical roots in the 19th century. The dominant model for public health practice—conceptualized as surveillance, targeting and intervention—has its roots in 19th century paramilitary public health institutions. The implications of the military metaphors used in the dominant model are explored in this chapter. Another model for public health, also with antecedents in the 19th century, is the community coalition model. This model, exemplified by the Settlement House movement, gave rise to local public health and social service agencies in American cities that grew up during the last century. Recently, this model has been re-invented or reinvigorated by community responses to the HIV/AIDS epidemic. Communities have resisted surveillance, shunned being targeted, and defied intervention. The future of public health should embrace collaboration with community instead of viewing communities as the object of study and modification (Mays, Miller & Halverson, 2000). Major challenges for public health in the 21st century—behavior change of populations and mobilization of local resources—will require a community-centered approach. The future of public health requires a model that emphasizes sharing of information, collaboratively identifying priorities and finding solutions with partners. A community-based model for public health gives clear direction to future developments of geographic information systems.

**RACE, CLASS AND HEALTH IN AMERICA**

While the health of the nation as a whole has improved over the past decades, racial and ethnic groups have continued to experience disparities in the burden of illness and death. Our current knowledge of biologic and genetic characteristics
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