

**Healthy City Planning: From Neighbourhood to National Health Equity**, Jason Corburn, Routledge, 2013, 192 pages, ISBN 978-0-415-61302-6, £32.99 (paperback)

“If City planners were doctors, they would need to respond to claims of medical malpractice from today’s urban poor residents”, so begins *Healthy City Planning* (2013: vii) by Jason Corburn. This book presents somewhat of a progression for the author. His previous work has focused upon planning and public health, and how to reconnect planning with issues of social justice and health policy in America (Corburn, 2005; 2009). *Healthy City Planning* offers a global perspective on the conditions and issues facing urban planning from the standpoint of public health. The book covers in-depth health and planning issues in Rio de Janeiro, Brazil; Nairobi, Kenya; and Richmond, America. The sensitive treatment of the role of place and the way local processes are as important as top-down instruction is welcome in debates of urban health equity and policy (Herrick, 2011; Sampson, 2012). Equally welcome is the focus upon the ‘messy’ issues of access to care provisions and neighbourhood health infrastructure (Rosenberg, 2013). The connection between health and planning has been recognised for some time. Modern urban planning was instigated in response to the life-threatening and unhealthy living conditions that arose in the 19th century (Hall, 2002). *Healthy City Planning* therefore is a book that should be read as part exploration of the academic landscape, and part guidebook for interested parties.

The opening chapter outlines the author’s framework of adaptive urban health justice. This has as its base eco-social epidemiology, which is outlined in detail to provide context for the subsequent historical and case study chapters. Adaptive urban health justice and eco-social epidemiology are the two key frameworks that Corburn uses throughout the text to delineate how to put into practice his idea of healthy city planning and urban health equity. First developed by Nancy Krieger (2011) eco-social epidemiology is an approach that poses a series of interconnected questions. Asking plainly, who and what are behind contemporary and developing patterns of social health inequalities? The aim is to uncover and explain the distribution of ill health and morbidity over time and place. Using this idea, Corburn proposes that adaptive urban health justice must include all citizens and the full power of local governance. Adaptive urban health justice includes five key elements. First, democratic participation – this is the inclusion of multiple stakeholders, professional, and citizens in the management process. Second, integrated decision-making – this emphasises a ‘ready-aim-fire’ approach to decision making. Third, multi-dimensional monitoring – this will enable effective tracking and monitoring of decisions at all stages. Fourth, social learning – as

the assessment of strengths and weaknesses of alternative ideas and concepts. Fifth, adjustment and innovation – this is the ability to learn and change with the emergence of new information.

The following two chapters re-cover some ground laid out in the authors previous book (Corburn 2009); explaining historical changes in how urban planning and public health have become separated, and how a changing approach to the city from field site and laboratory to a combination of the two provides an opening to tackle public health issues with a broader social context in mind. However, Corburn and the book are at their strongest when presenting the fieldwork case studies that comprise the heart of *Healthy City Planning*. The case studies emphasise the characteristics of Corburn's approach to urban health and planning. This is comprised by three elements which emerge in each of the case studies; the collaborative participation of the urban poor/local population in each location, the development of local techniques to combat specific problems facing the health of local communities, and the use and support of state government frameworks and mechanisms.

The combination of these three aspects is particularly evident in the case study on favela health in Rio de Janeiro, Brazil. Here, local community health agents implement a decentralised national government policy in city-wide health programmes, including innovative cash-transfer programmes that provide financial support for healthy food and health provisions with conditions attached. As a result, immunisation, breast-feeding, and under-nutrition have all improved markedly. Similar success is evident in the informal settlement of Mathare in Nairobi, Kenya. Here, collaborative planning has brought about the instillation of community water kiosks which provide fresh water without the interference of local gangs. And in Richmond, California, environmental justice activism has brought about changes to local planning laws in response to air pollution from a local Chevron plant. The Richmond Health Equity Initiative instigated the health and well-being element in all local planning applications, and subsequently won compensation and concessions in court.

*Healthy City Planning* is ultimately a book that is about three things; policy, practice, and implementation of urban health planning. It is undoubtedly an interesting read, and should be read in conjunction with the authors previous works on planning a healthy city. Urban geographers will be interested by the treatment of and focus on the relativity of the local. The treatment of how practices and the connection with different objects also provide interesting openings for examining how good urban health gets accomplished. However, despite the brevity of *Healthy City Planning*, the text draws sustained attention towards a criminally neglected aspect of the rise of cities, the reasons behind the appalling health conditions in which the urban poor live. As Angus Deaton (2013) points out in his recent book *The Great Escape: health, wealth, and the origins of inequality* a lot of health-related problems, especially in the poorer parts of the world, can be solved for very little money. Jason Corburn's book reminds us that it is not just doctors that should respond to claims of medical malpractice.

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