

Margins 2 Mainstream Submission Template

THE IMPACT OF PLACE-BASED STIGMA ON HEALTH

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ABSTRACT

Aims: The stigma of living in a disadvantaged area is a consistent theme in discussions with residents in Neighbourhood Renewal (NR) areas in Victoria, Australia. Despite this stigma is rarely explicitly examined in studies of neighbourhood disadvantage and health. The study will address three questions. 1) Who experiences area based stigma? 2) Is area-based stigma related to health? 3) Is area-based stigma related to health taking into account other social factors that may contribute to poorer health?

Design: Cross sectional community survey comparing people living in NR areas to people living in other areas of the same Local Government area. Recruitment was achieved using community interviewers.

Setting: Sites included were elected as part of Neighbourhood Renewal (NR) an intervention to improve outcomes for in disadvantaged communities. The 13 NR intervention sites were selected because of poor performance on social, health and economic indicators.

Participants: Survey responses from thirteen Neighbourhood Renewal sites (n=4029) and their surrounding LGAs (n=1857) were used in this analysis, with a total sample size of 5886 respondents.

Main outcome measures: An area based stigma variable based perceptions of neighbourhood reputation, self-reported health (fair/poor vs good/very good/ excellent) and satisfaction with life (unsatisfied/neither vs satisfied).

Results: About half of residents living in NR neighbourhoods compared to about 9.4% of residents living elsewhere in the same area felt that their neighbourhood did not have a

good reputation with the surrounding area. In NR areas, reported area-based stigma was higher among people being born in a non-English speaking country, reporting being disabled and receiving benefits or pensions and being educated above. Reported area-based stigma decreased with age. Stigma was associated with being in fair/poor health status (OR=1.33, 1.06-1.89) and life satisfaction (OR=0.66, 0.55-0.8).

Conclusions: Area-based stigma may be a useful addition to the portfolio of variables used to describe place and may contribute to the development of conceptualisation of place that takes in account its social meaning. The results highlight the need for sensitivity in talking about area-based disadvantage. Identifying disadvantage without identifying or promoting solution is likely to contribute to increase area-based stigma without benefiting residents. Developing approaches to work with communities in a way that moves their agenda forward is also a fertile area for further exploration.