

The role of urban municipal governments in reducing health inequities: A meta-narrative mapping analysis

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Abstract

"...The 1986 Ottawa Charter for Health Promotion coincided with a preponderance of research, worldwide, on the social determinants of health and health inequities. Despite the establishment of a 'health inequities knowledge base', the precise roles for municipal governments in reducing health inequities at the local level remain poorly defined. The objective of this study was to monitor thematic trends in this knowledge base over time, and to track scholarly prescriptions for municipal government intervention on local health inequities.

Methods:

Using meta-narrative mapping, four bodies of scholarly literature – 'health promotion', 'Healthy Cities', 'population health' and 'urban health' – that have made substantial contributions to the health inequities knowledge base were analyzed over the 1986-2006 timeframe. Article abstracts were retrieved from the four literature bodies using three electronic databases (*PubMed*, *Sociological Abstracts*, *Web of Science*), and coded for bibliographic characteristics, article themes and determinants of health profiles, and prescriptions for municipal government interventions on health inequities.

Results:

1004 journal abstracts pertaining to health inequities were analyzed. The overall quantity of abstracts increased considerably over the 20 year timeframe, and emerged primarily from the 'health promotion' and 'population health' literatures. 'Healthy lifestyles' and 'healthcare' were the most commonly emphasized themes in the abstracts. Only 17% of the abstracts articulated prescriptions for municipal government interventions on local health inequities. Such interventions included public health campaigns, partnering with other governments and nongovernmental organizations for health interventions, and delivering effectively on existing responsibilities to improve health outcomes and reduce inequities. Abstracts originating from Europe, and from the 'Healthy Cities' and 'urban health' literatures, were most vocal regarding potential avenues for municipal government involvement on health inequities.

Conclusions:

This study has demonstrated a pervasiveness of 'behavioural' and 'biomedical' perspectives, and a lack of consideration afforded to the roles and responsibilities of municipal governments, among the health inequities scholarly community. Thus, despite considerable research activity over the past two decades, the 'health inequities knowledge base' inadequately reflects the complex aetiology of, and solutions to, population health inequities...."

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