Place in Health

Neil Terence Coffee

BA University of Wollongong
BA (Hons) University of Tasmania
MA University of Adelaide

Thesis submitted for the degree of Doctor of Philosophy

Discipline of Geography, Environment and Population

The University of Adelaide

September 2013

Table of Contents

Table of Contents	1
List of Figures	7
List of Tables	9
Conference Presentations	10
Abstract	11
Disclosure	13
Acknowledgements	14
List of Abbreviations	15
Chapter 1: Introduction	17
The <i>Place</i> -SES-Health Association	17
Property Value SES Measure	18
Health and Physical Activity	19
Built Environment and Walkability	20
Modifiable Areal Unit Problem	21
Place-Health Research	22
Conceptual Framework	22
Research Aims	26
Chapter 2: Literature Review	28
SES and Health	29
Measuring SES	37

Wealth as an SES Measure	40
Place, SES and Health	46
Residential Property as an SES Measure	51
Built Environment Walkability	56
Conclusion	76
Chapter 3: Data	78
Introduction	78
Study Area	80
PLACE Study	80
PLACE Data	82
Intersections	82
Dwelling Density	83
Land Use Mix	83
Retail Footprint	84
Walkability Index	85
Walkability Index Revisited 2012	85
North West Adelaide Health Study	85
Relative Location Factor	88
Scopus Sciverse Search	89
Conclusion	91
Chapter 4: Paper 1: The Property Wealth Metric As A Measure Of Socio-Economic	
Status	92
Statement of Authorship	93

Abstract:	94
Introduction:	95
Background	97
Study Area	102
Data:	103
Methodology:	104
Stage 1:	104
Stage 2:	105
Results:	107
Stage 1:	107
Stage 2:	109
Discussion:	112
Conclusion:	114
References:	116
Chapter 5: Paper 2: Relative Residential Property Value as a Socioeconomic	Status
Indicator for Health Research	121
Statement of Authorship	123
Abstract	125
Background	125
Methods	125
Results	126

Conclusions126
Keywords126
Background127
Residential Property as an SES Measure127
Health and Socioeconomic Status129
Methodology132
Study Area132
Participants
Relative Location Factor134
Measures135
Cardiometabolic Risk Factors and Score135
Covariates136
Statistical Analysis137
Results137
Sample Characteristics137
Discussion139
Conclusion142
List of abbreviations143
Competing Interests144
Authors' Contributions144
Acknowledgements144

Chapter 6: Paper 3: Is Walkability associated with a lower cardiometabolic risk?	150
Statement of Authorship	152
Abstract	154
Keywords	154
Introduction	155
Methods	157
Study Area	157
Study Cohort	158
Measures	159
Cardiometabolic Risk Score	159
Walkability Index	160
Data	160
Dwelling Density	161
Intersection Density	161
Land Use Mix	161
Net Retail Area	162
Walkability Index Score	162
Spatial Units	162
Covariates	165
Statistical Analysis	166
Results	166
Sample Characteristics	166

Walkability Index and Cardiometabolic Risk Score	167
Discussion	168
Limitations	171
Conclusion	172
Chapter 7: Discussion	181
Place-SES-Health Research	181
GIS in Health Research	184
The Contribution of RLF	186
RLF and Health Analysis	189
The Importance of Spatial Unit Choice	190
Chapter 8: Limitations and Future Research	194
Causality and Self-Selection	194
RLF Data	195
RLF Scale	197
RLF Dwelling Type	198
RLF GIS Interpolation	199
Walkability	200
Walkability Spatial Unit Choice	202
Conclusion	203
Chapter 9: Conclusion	204
Reference List	207

List of Figures

Figure 1.1: World Health Organisation Social Determinants of Health Conceptual
Framework24
Figure 1.2: Extended Health Conceptual Framework25
Figure 2.1: Booth's Poverty Map of London, 2002 GIS Version
Figure 2.2: Scopus Sciverse Health and Behaviour Search Results, 1961-201334
Figure 2.3: Scopus Sciverse <i>Place</i> and Health Search Results, 1965-201247
Figurere 2.4: Scopus Sciverse Physical Activity and Health Search Results, 1948-201257
Figure 2.5: Scopus Sciverse Built Environment, Walking, Health and Walkability Search
Results, 1970-201263
Figure 3.1: Study Area79
Figure 3.2: Scopus Sciverse Smoking Search Results, 1901-201290
Chapter 4: Paper One.
Figure 1: Study Area102
Figure 2: Relative Location Factor Surface
Figure 3: Difference between RLF Decile and ABS SEIFA Decile109
Figure 4: Spatial Distribution of RLF Decile and SEIFA Decile Difference111
Figure 5: Property Level RLF and CD level SEIFA113
Chapter 5: Paper Two.
Figure 1: Study Area133

	Figure 2: Linking RLF to Respondent Location	135
Chapte	er 6: Paper Three.	
	Figure 1: Study Area	158
	Figure 2: Geographic Scale Variation Across the Study Spatial Units, NWAHS, 20	01
		164

List of Tables

Table 2.1: Socioeconomic Status Measures39
Table2.2: Comparison of Spatial Unit Choice68
Table2.3: <i>Place</i> Spatial Unit Summary70
Table 2.4: Research Agenda73
Chapter 4: Paper One.
Table 1: Ordinary Least Squares Model Input Data103
Table 2: Ordinary Least Squares Model Variables103
Chapter 5: Paper Two.
Table 1: Descriptive Characteristics of the Individual Survey Sample (n=3585)138
Table 2: Parameter Estimates for Associations Between RLF and Cardiometabolic
Risk Factors and Cardiometabolic Risk Score (n=3585)139
Chapter 6: Paper Three.
Table 1: Descriptive Statistics for Spatial Units, According to Buffer Area
or Unit165
Table 2: Descriptive Characteristics of the Sample (n=3593)167
Table 3: Parameter Estimates for Associations Between Cardiometabolic Risk
Score and Spatial Unit Walkability Score (n=3593)168

Conference Presentations

- Coffee N and Lockwood T, The Property Wealth Metric As A Measure Of Socio-Economic Status, 18th Annual Pacific Rim Real Estate Society Conference Adelaide, Australia, January 15-18, 2012.
- Coffee N and Lockwood T, Using Housing Values as a Socio-Economic Status Metric,
 6th Australasian Housing Researchers' Conference, Adelaide 8-10 February 2012.
- Coffee N, Howard N, Paquet C, Hugo G, Taylor A, Adams R and Daniel M, Is
 Walkability Associated with Clinical Markers of Cardio Metabolic Risk Scores?
 Annual Meeting of the International Society for Behavioural Nutrition and Physical Activity (ISBNPA), Austin, Texas, USA May 23-26 2012.
- Coffee N T, Lockwood T, Hugo G, Paquet C, Howard N, and Daniel M, Property Value
 Wealth as a Socio-Economic Status Measure: An Opportunity for Health Research?
 Population Health Congress 2012, Population Health in a Changing World, Adelaide,
 Australia, 10-12 September 2012.
- Coffee N T, Lockwood T, Paquet C, Howard N, and Daniel M, Relative Property
 Value as a Socio-Economic Status Indicator. International Medical Geography
 Symposium 2013, Michigan State University, East Lansing, United State of America,
 7-12 July 2013.

Abstract

This research contributes to expanding the awareness and importance of *place* in health research. As a thesis by publication it features three peer reviewed published papers which provide methodological developments for the application of spatial techniques to health research. These papers constitute a response to the critique by a number of researchers on how spatial techniques are applied in some health research.

Place has been implicated in health research for centuries. Among the place-health literature there are two research streams that are the focus of this thesis; 1) the relationship between place and socioeconomic status (SES); and 2) the impact of the built environment on physical activity and chronic disease.

Place has an association with SES and SES has an accepted relationship with health, and therefore place may impact on health through its relationship with SES. An emerging research area used property values to represent wealth as an alternative or complementary SES measure. Two recent studies have used property value as an SES measure and reported a strong association with obesity and reported that property value was more predictive of fair/poor health status than area-level SES measures. This emerging research area is the focus of the first two papers which developed a property value SES measure that reflected place and wealth. The first paper provided the methodology to develop a residential property value measure (RLF) and the second paper tested the association between RLF and six chronic health outcomes, central obesity, hypertriglyceridemia, reduced high density lipoprotein (HDL), hypertension, impaired fasting glucose, and high low density lipoprotein (LDL) plus cumulative score of these chronic health outcomes. A statistically significant

association with the cumulative CMR score and all but one of the risk factors (high LDL) was found, and in all cases except high LDL, participants in the most advantaged and intermediate group had a lower relative risk (RR) for cardio-metabolic diseases.

The third paper focused upon the built environment and walkability and the methodology used to spatially represent walkability. Whilst this paper used the Australian adaptation of the walkability index used for the IPEN project (www.ipenproject.org), the outcome was not walking behaviour but the cumulative cardiometabolic risk score used in paper two. The third paper used predetermined administrative spatial units and road network buffers. This approach was chosen to provide further evidence that the choice of spatial unit matters in health research and that selecting an inappropriate spatial unit could mask or hide an association. There was no statistically significant association between walkability and the predetermined spatial units, but there was a modest statistically significant association between the road network buffers and lower RR of cardiometabolic risk.

Taken individually, the first two papers provide a spatially based measure for SES-health research which was statistically associated with chronic health outcomes and the third added to the literature on health associations with walkability and highlighted the need for appropriate spatial unit selection. Cumulatively, these papers add to the growing literature and demonstrated a more informed application of spatial methods to health research.

Disclosure

I certify that this work contains no material which has been accepted for the award of any

other degree or diploma in any university or other tertiary institution and, to the best of my

knowledge and belief, contains no material previously published or written by another

person, except where due reference has been made in the text. In addition, I certify that no

part of this work will, in the future, be used in a submission for any other degree or diploma

in any university or other tertiary institution without the prior approval of the University of

Adelaide and where applicable, any partner institution responsible for the joint-award of

this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made

available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

The author acknowledges that copyright of published works contained within this thesis

resides with the copyright holder(s) of those works. I also give permission for the digital

version of my thesis to be made available on the web, via the University's digital research

repository, the Library catalogue and also through web search engines, unless permission

has been granted by the University to restrict access for a period of time.

Date: 19/12/2013

13

Acknowledgements

My primary supervisor Professor Graeme Hugo has been of invaluable assistance throughout the process, and despite the difficulty of my being his first thesis by publication, we navigated through to a successful completed thesis. Thanks also to my other supervisor, Professor Mark Daniel for providing insightful contributions, encouragement, letting me disagree, and the occasional prodding to complete the thesis plus the team environment with likeminded and questioning individuals to debate spatial issues. Thanks to the Social Epidemiology and Evaluation Research Group, especially Dr Catherine Paquet and Dr Natasha Howard for their assistance along the journey and the rest of the team for listening to my constant questions "but what about the spatial considerations?". Thanks to Dr Tony Lockwood for continuing our collaboration and providing some much needed property input and for assisting with a few "cunning plans".

To my family, my wife Jane and my sons Gareth and Owen, for continuing to encourage me and take an interest and for the special PhD aids for keeping focused and at work at the desk! My wife Jane contributed greatly to the finished thesis with encouragement along the way, support all the time and assistance with proof reading and final production of what has been many years in the making.

List of Abbreviations

ASD Adelaide Statistical Division

ABS Australian Bureau of Statistics

ASGC Australian Standard Geographic Classification

CD census collection district

CMR cardiometabolic risk

CTVB Council Tax Valuation Bands

DCDB digital cadastre database

GEE Generalised Estimating Equations

GDP gross domestic product

GIS geographic information system

HDL high density lipoprotein

IPEN the International Physical Activity and Environment Network

IDW inverse distance weighted

LGA local government areas

LOTS land ownership and tenure system

LDL low density lipoprotein

MAUP modifiable area unit problem

NHMRC National Health and Medical Research Council

NDVI normalised difference vegetation index

NQLS Neighbourhood Quality of Life Study

NWAHS North West Adelaide Health Study

PC personal computer

PLACE Physical activity in localities and community environments

RLF Relative Location Factor

RR relative risk

RDB Retail Database

SEIFA Socio-Economic Index for Areas

SLA statistical local areas

SA South Australia

SSC state derived suburb

SD statistical divisions

SSD statistical sub-division

SES socio-economic status

UK United Kingdom

USA United States of America

WI walkability index

W1 wave one NWAHS data

WHO World Health Organisation