Area reputation as an under-acknowledged determinant of health inequalities: evidence from a systems evaluation of a major community empowerment initiative in England

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Abstract

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Background Area reputation (AR) refers to the ways that geographical localities are portrayed (eg, in media coverage) either positively or negatively. AR is rarely recognised as a social determinant of health inequalities and is not adequately considered in public health interventions. Using residents' accounts from a study of a major community empowerment initiative in England (Big Local), we aimed to map the potential health consequences of AR and see how it can be challenged through resident-led action.

Methods In-depth longitudinal fieldwork included over 300 interviews in 15 areas covered by the Big Local initiative and a review of newspapers in two areas. Participants were aged over 18 years, resident or working locally, and active in Big Local. The fieldwork sites were geographically mixed (eg, wards, housing estates) and relatively deprived. AR was identified to be important for a third of areas, with data generation in these sites additionally investigating how AR was targeted for action. Qualitative data were coded in NVivo (version 11). Narrative memos were developed around particular themes and compared and contrasted across sites. COREQ criteria guided the reporting of findings.

Findings Residents reported that negative AR influenced community self-esteem and wellbeing and material investment into the area (eg, preventing people visiting). Negative media coverage perpetuated the poor reputation of areas. Residents also perceived that AR was shaped by public officials, local politicians, estate agents, and the public. Direct collective action taken through Big Local included publicity work to resist negative portrayals of areas in local newspapers. Indirect actions included festivals and neighbourhood improvements to increase the likelihood that visitors would view areas as safe and desirable places to visit. Findings also highlighted the civic roles of residents, challenging stereotyped images of communities living in disadvantaged areas.

Interpretation Poor AR can influence life chances and quality of life through material and psychosocial pathways. Little empirical evidence exists on how to improve AR, so our study contributes to addressing this gap. A limitation is that we did not investigate why AR was not a priority in other similarly deprived areas. Strategies for addressing area-based disadvantage should consider AR as a mechanism for health and incorporate resident-led action to shift negative perceptions.