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## Jason Corburn

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### Key urban writings

Corburn, J. (2005) *Street Science: Community Knowledge and Environmental Health Justice*. Cambridge, MA: MIT Press.

Corburn, J. (2009a) *Toward the Healthy City: People, Places, and the Politics of Urban Planning*. Cambridge, MA: MIT Press.

Corburn, J. (2013) *Healthy City Planning: From Neighbourhood to National Health Equity*. London: Routledge.

Corburn, J., Curl, S., Arredondo, G. and Malagon, J. (2014) 'Health in all urban policy: City services through the prism of health', *Journal of Urban Health*, 91(4): 623–636.

### Introduction

The city has powerful effects on health. From the provision of spaces for exercise and the availability of fresh food, to the impacts of air pollution and communicable diseases, the layout and use of cities by residents, business and visitors are among the many complexities that shape the life in the metropolis. Characterized by triumphs in sanitation and urban health in Western Europe in the 19th and 20th centuries, the field of public health postulated a new kind of relationship between the body and evolving forms of city life and urban politics in which the associations between health and urban reform were crucial.

Jason Corburn is an academic deeply motivated by this tradition (Corburn, 2007a). He is a scholar who champions improved health equity in cities through engagements with activism, professional practice and research. His work has two central aims: first, to reunite the historical association of urban planning with social justice; and second, to encourage the integration of health equity into all decision-making in urban governance (Corburn and Cohen, 2012). Public health in the work of Corburn concerns physical, mental and emotional wellbeing. This covers issues such as access to safe, clean and affordable housing; clean air and low levels of noise pollution; employment opportunities; access to medical services, vaccinations and screening programmes; the availability of fresh food and green spaces; and transparent governance. Health in all

policies is an ambitious reconfiguring not only of what public health is, but what urban politics looks and feels like (Corburn et al., 2014).

Corburn is Professor of City and Regional Planning at the University of California, Berkeley, where he directs the Center for Global Healthy Cities and co-directs the Centre of Global Metropolitan Studies. His current post is split between the Faculty of Environmental Design and the School of Public Health. This cross-disciplinary position is indicative of the unique scope with which Corburn works, with field sites and research projects spanning the globe including in California, Nairobi and Rio de Janeiro.

## Academic biography and research focus

Corburn was born in New York City. In 1992 he left to study for a Bachelor of Arts in Politics at Brandeis University in Waltham, Massachusetts and then a Master's in City Planning (MCP) from the Massachusetts Institute of Technology (MIT) in 1996. His first position following his studies was back in New York City, working as a senior environmental planner with the Department of Environmental Protection from 1996 to 1998. He was also a mediator for the Consensus Building Institute and dealt with environmental and public health disputes. Corburn followed this by working as a community organizer in Seattle before going on to obtain a PhD in 2002 in Urban Environmental Planning from MIT. His PhD, later published as *Street Science* (2005), grew out of his research in Brooklyn from 1996 to 2002. This was followed by a postdoctoral research position in epidemiology – the statistical analysis of the distribution and determinants of health-related disease and illness across a population – at the Mailman School of Public Health at Columbia University.

Corburn's influences are varied. They include academic mentors from his studies at MIT and Harvard such as urban planning professors Lawrence Susskind and David Laws, and professor of public health Nick Freudenberg. Theoretically his influences range from urban scholar and activist **Jane Jacobs**, social epidemiologist Nancy Krieger to social theorists Bruno Latour and Pierre Bourdieu, and the American pragmatist John Dewey. In addition, Corburn is able to draw on a wealth of practical experience in the day-to-day machinations of urban planning and local government – a unique advantage for an academic in urban studies.

The focus of his research is on the relations between environmental health and social justice in cities, ideas of knowledge in science-based policy making, the role of local expertise in understanding environmental and public health problems, and techniques of promoting greater health equity in cities by reconnecting city planning and public health (Corburn, 2010). In practice this involves working with disadvantaged groups including low-income urban communities, residents of informal settlement residents and people from minority ethnic backgrounds. Such collaborations have produced integrated land-use plans and policies aimed at preventing displacement of informal settlement residents, securing land tenure and improving economic opportunities, infrastructure and environmental health. Corburn's work helps to establish partnerships between urban residents, scientists and policy makers in order to collaboratively produce strategy and planning solutions that develop the abilities of cities and the health of residents.

This approach is evidenced by Corburn's work in Greenpoint/Williamsburg, New York. He encouraged community members and professionals to work together to understand the hazards from subsistence fishing from the polluted East River, local sources of air pollution, the asthma epidemic in the Latino community and lead poisoning in children and young people. These events draw attention to the achievements and the restrictions of participatory work and highlight how residents can establish their own credibility when working in partnership with scientists. Corburn argues that this approach does not degrade science. Rather, it enhances different types of information and opens up the research, analysis and decision-making processes.

Corburn is currently working on developing a strategy for integrating health equity into all decision-making in city governance, researching metrics and indicators for urban health equity, and establishing a plan to upgrade informal settlements. His work continues to push into new ground by researching urban climate justice – in particular how climate change policies and institutions can guarantee the most susceptible urban residents gain assistance from evolving mitigation decisions.

## Key ideas

In contemporary cities the rise in the prevalence of obesity and other non-communicable diseases is linked to living patterns that promote sedentariness, inactivity and unhealthy diets. Additionally, the continued reliance on motorized transportation that fosters the stationary human inside a moving vehicle leads to high levels of air pollution that cause respiratory conditions such as asthma. Further, mental health is adversely affected by the stresses of living in overcrowded conditions with unstable job prospects and uncertain living arrangements. It is attending to these sorts of issues that drives Corburn's work. His key ideas of reuniting urban planning with social justice, and integrating health equity into all decision-making in urban governance correspond with the founding tenets of his 19th-century predecessors (Corburn, 2004). However, Corburn wants to draw local residents into the evidence-gathering and decision-making process (Corburn, 2007b). This makes him an intriguing case for a book on key thinkers on cities, because while there is a lot of thinking going on in Corburn's work, his key ideas are about actively changing how things happen in cities, communities and everyday life.

Corburn sees health problems such as asthma, infant mortality and cardiovascular disease as indicative of the failure of urban policy and planning, rather than as individual mistakes, bad choices or endemic of city life. To understand how to make city life better for all residents Corburn calls for an examination of the relationship between economic, political and social developments that are disregarded by biomedical sciences. Corburn advocates that by bringing urban scholarship and public health into partnership with community-based organizations, foundations, international agencies and local and regional government, cases of ill health that occur in contemporary cities can be eradicated (Corburn, 2003).

The key question that drives Corburn's work is how can urban scholarship, planning and public health work with local knowledge to make cities fairer and healthier places? The first step Corburn advocates is making use of the knowledge and skills of local residents in the identification and remediation of uneven health effects, including

those connected to urban processes such as deindustrialization. In *Street Science: Community Knowledge and Environmental Health Justice* (2005), Corburn has attempted to challenge the status quo in urban planning by instigating what he calls 'street science'. This term defines the drawing together of community knowledge with professionals that aim to produce solutions for local environmental health issues. Corburn envisions 'democratically robust problem solving' proposing street science as 'a practice of knowledge production that embraces the co-production framework' that 'builds on a number of existing participatory models of knowing and doing' (Corburn, 2005: 8).

What does this mean? The aim is to provide local residents with help in working with city officials to change policy to meet their needs and concerns. It involves local participation in health studies as well as increasing provisions in services and facilities. This can be seen in Corburn's work in Richmond, California which 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 wellbeing element in all local planning applications, and subsequently won compensation and concessions in court. Corburn acted as co-leader of the Richmond Health Equity Partnership, integrating health equity into city government decision-making processes, as well as in county health and school district planning. Based on these efforts, in 2014, Richmond became the first city in California to legislate a Health in All Policies strategy.

Corburn's second book, *Toward the Healthy City* (2009a), attempts to expand the definition of health that is currently used in planning by incorporating social welfare, public safety and economic opportunity. This new definition includes more than simply mortality or disease, developing an understanding of health as a combination of the person and the social. In order for a more comprehensive notion to be actualized in urban policy, Corburn argues that urban planners must play a participatory role in the improvement of methods of analysis and evaluation. Methods should involve drawing the social determinants of health into the regulatory practices and decision-making. The aim is to change the dialogue between health and city functions, meaning that instead of simply treating people and sending them back to the conditions that played a part in their illness, the places of habitation and other factors should be investigated and transformed.

An example of healthy city planning can be found in a method developed by Corburn called the Healthy Development Measurement Tool (HDMT). The HDMT is a product of collaborative work with the San Francisco Department of Public Health (Corburn and Bhatia, 2011) aimed at tackling issues and inequalities in urban health. The HDMT is a method for the evaluation of land-use planning and urban development that recognizes the potential impacts on citizens' and community health. The HDMT offers a range of baseline data on community health metrics for San Francisco. It also developed targets to assess the degree to which urban development projects and policy can improve health. In providing 27 measurable indicators that documented how different parts of the city were performing, the HDMT enabled a health-focused rationale to be cultivated in urban development policies.

Finally, in *Healthy City Planning* (2013) Corburn builds on his earlier work in *Street Science* to outline a framework of adaptive urban health justice. The intention is to address questions of how to improve the lives of urban dwellers that have been too

often marked by inequalities and discrimination, and when city planning has a limited influence on guiding policies and programmes that address them. These harms are particularly profound for people from disadvantaged groups. Corburn suggests that because urban planning has not been attuned to health outcomes, it has contributed to exacerbating health inequalities in cities. Adaptive urban health justice is his remedy, and is based upon three distinct concepts: eco-social epidemiology, science and technology studies of the city, and adaptive ecosystem management. Together they combine thinking that is sensitive to embodiment, a relational view of urban places, and democratic process. This aim is to be sensitive to the intricacies of cities, to the movement of bodies, things and feelings – but also aware of the potential for difference, experience and participation that is evident in urban space (cf. **Harvey Molotch, Natalie Jeremijenko**).

Adaptive urban health justice is a framework underpinned by pragmatic thinking – particularly the American pragmatism of John Dewey that seeks to explain the contents of hypotheses by sketching their ‘practical consequences’. Corburn seeks to use these ideas in developing new understandings of the city and its conditions, and how they can be made and remade for better urban health. This can be seen implemented in Corburn’s work with the Centre for Health Promotion at the State University of Rio de Janeiro, Brazil (CEDAPS). CEDAPS has evaluated how a multidimensional approach to urban planning can promote greater health equity and improve favela health in Rio de Janeiro. 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, immunization, breast-feeding and under-nutrition have all improved markedly.

## Contributions to urban studies

Jason Corburn isn’t a theorist. He does not produce urban theory in the same way other scholars featured in *Key Thinkers on Cities* do. Rather, Corburn is attempting, through his analysis and collaborative projects, to advocate for new ways of *doing* urban research and planning through his ideas of street science and a new decision-making framework he defines as healthy city planning. Therefore, his unique contribution to urban studies is twofold. First is his specific focus on health as an urban issue. In prioritizing health as the main outcome of inequality Corburn is pre-figuring health in the debates of unequal urban societies. Second is his aspiration to encourage closer links between urban planning and public health. Here, he is attempting to bring urban planning back to its founding principles to establish health equity and social justice (cf. **Enrique Peñalosa**).

Healthy city planning is a practical engagement with urban space and the local drivers of health inequality: an attitude that moves away from removal of hazards and people towards prevention and precaution, away from overreliance on scientific rationality towards co-production of scientific knowledge, and away from moral environmentalism and physical determinism towards a more comprehensive relational view of places. Jason Corburn’s work aims to bring about change in the daily lives of urban residents, particularly the most disadvantaged, by encouraging cooperation

between residents, academics and politicians as a method of collaborative policy and planning solutions. It is an approach that is attentive to the many and varied stories that comprise urban space as well as the processes and experiences that are essential to urban health and life in cities.

## Secondary sources and references

- Corburn, J. (2003) 'Bringing local knowledge into environmental decision-making: Improving urban planning for communities at risk', *Journal of Planning Education and Research*, 22(4): 420–433.
- Corburn, J. (2004) 'Confronting the challenges in reconnecting urban planning and public health', *American Journal of Public Health*, 94(4): 541–546.
- Corburn, J. (2007a) 'Reconnecting with our roots: American urban planning and public health in the 21st century', *Urban Affairs Review*, 42(5): 688–713.
- Corburn, J. (2007b) 'Community knowledge in environmental health science: Co-producing policy expertise', *Environmental Science and Policy*, 10(2): 150–161.
- Corburn, J. (2009b) 'Cities, climate change and urban heat island mitigation: Localizing global environmental science', *Urban Studies*, 47(2): 413–427.
- Corburn, J. (2010) 'Rebuilding the foundations of health: Planning for healthier and more equitable places', *Planning Theory and Practice*, 11(3): 435–441.
- Corburn, J. and Bhatia, R. (2011) 'Lessons from San Francisco: Health impact assessments have advanced political conditions for improving population health', *Health Affairs*, 30(12): 2410–2418.
- Corburn, J. and Cohen, A.K. (2012) 'Why we need urban health equity indicators: Integrating science, policy, and community', *PLoS Medicine*, 9(8): e1001285.