

# **Inclusivity and Inequality: Foreign Residents, Built Environment, and Public Health in Fukuoka City**

Denny Riezki Pratama 3GS24010G & Xiao Yangguang 3HE23008G

K2-SPRING Interdisciplinary Integrated Research Project Course

2026

# Introduction

- Japan's aging population and declining birth rate have created a structural dependence on immigrants to sustain its economy and fill labor shortages (ESRI, 2024; IPSS, 2024).
- Despite their essential contributions to the economy, immigrants face barriers to full inclusion (Higuchi et al., 2021; Mori et al., 2022)
- This includes administrative and structural barriers to care in the public health context (Ikeda et al., 2025).

# Introduction

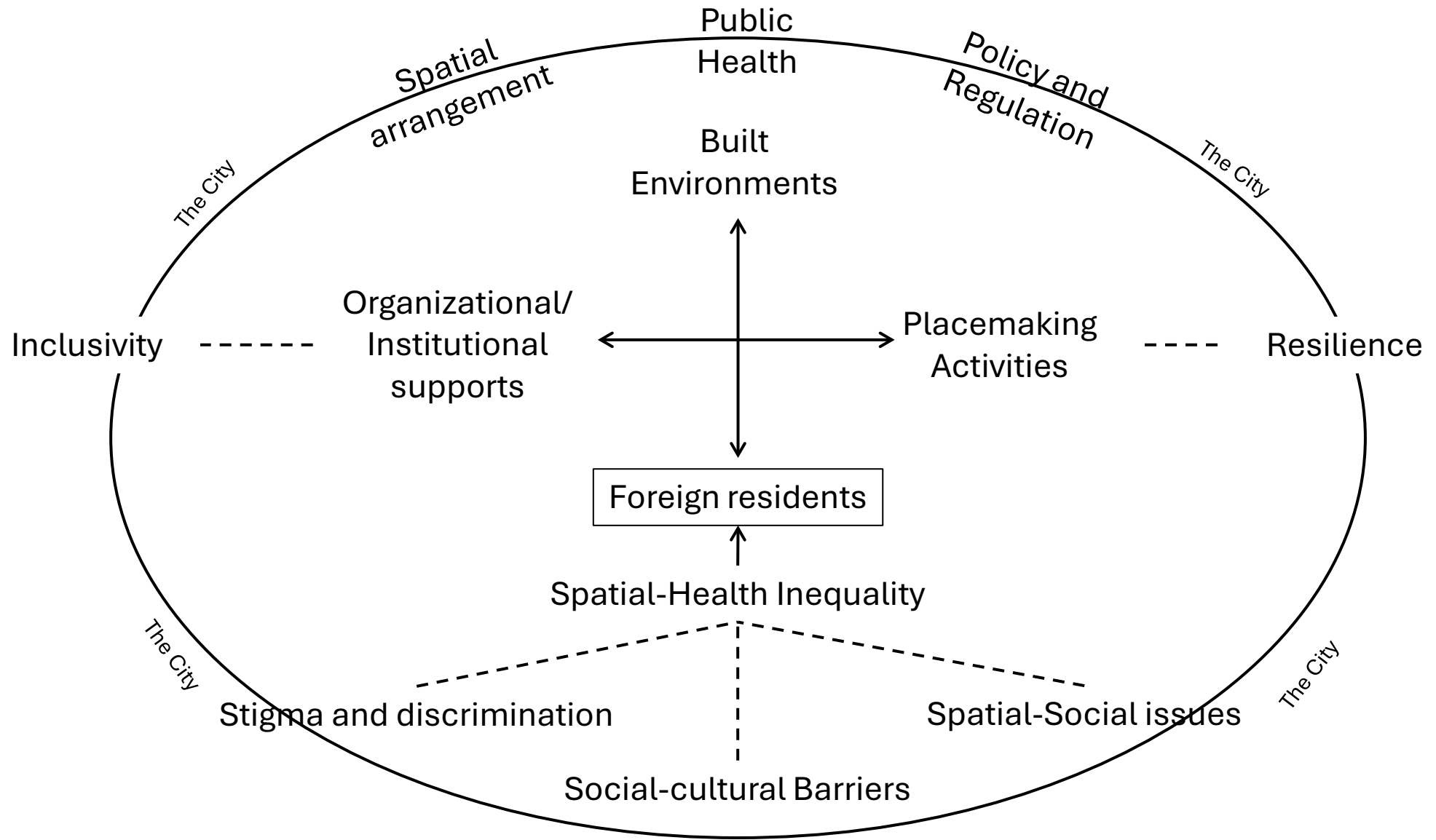
- This study explores foreign residents' interaction with and experiences in the built environment, and how it related to their issues of healthcare accessibility and inequalities in Fukuoka City.
- By mapping clinics, NPOs, and respondents' locations, we introduce “support blind zones”; areas with available resources but socially inaccessible due to barriers.
- These zones highlight persistent inequities in well-served areas and emphasize the need to view healthcare access as a spatial and social process linked to urban inclusivity and resilience.
- Research objective: to deepen understanding of the multidimensional relationships between foreign residents, the built environment, and public health in urban Japan

# Literature review

- Health inequalities are increasingly understood as outcomes of broader processes of spatial inclusion and exclusion, rather than solely individual or medical factors (Kjellstrom and Mercado, 2008; Friel et al., 2011; Koh et al., 2011; Cushing et al., 2015; Jennings et al., 2016).
- Three interrelated dimensions are central to understanding health inequalities among migrants:
  1. Housing: a foundation for settlement and integration, yet residential constraints often limit access to employment, education, and healthcare (OECD, 2024).
  2. Healthcare: an indicator of inclusion. Language difficulties, limited health literacy, and administrative rigidity are the significant barriers (Bollini and Siem, 1995; Deri, 2005; Pandey et al., 2022; Arai and Higuchi, 2025).
  3. The built environment: mobility, service accessibility, resilience, and social connectedness (Hu and Roberts, 2020; Keenan, 2020; Du and Zhao, 2022; Yuan et al., 2022; Shen, 2022).

# Literature review

- The urban physical environment is significant to public health and well-being. Public urban spaces function as “spaces for restoration” and “therapeutic landscapes” (Bell et al., 2018; Magan and Padgett, 2021; van Liempt and Staring, 2021; Yashadhana et al., 2023).
- Spaces and places produce and negotiate through movement, interactions, and everyday social practices (Massey, 2005; Cresswell, 2011; Karasz, 2022; Gubrium and Colomer, 2025). Placemaking practices define space, renegotiate places, and generate a sense of belonging (Friedmann, 2010; Palmberger, 2022).
- Placemaking is not only a cultural or social process, but also a political one that shapes who feels entitled to occupy and use urban space. Placemaking is becoming key to infrastructural and urban planning (Clark, 2025; Courage et al., 2020; Friedmann, 2010).
- Integrated conceptual framework: city as built environments, spaces, and public places, institutional arrangements, and social interaction that leads to resilience and inclusivity (**Fig.1**).



**Fig. 1.** Conceptual framework.

# Literature review

- The gaps:
  - Much of the existing literature focuses on linguistic, cultural, and institutional barriers and often uses cross-sectional data (Deri, 2005; Wu et al., 2005; Wang, 2007).
  - Few studies have visualized spatial disparities in access and how the built environment interacts with social conditions to shape healthcare experiences.
  - Qualitative work tends to privilege the perspectives of service providers rather than the migrants themselves (Steele et al., 2002; O'Mahony and Donnelly, 2007).
- Recent scholarship advocates integrated socio-spatial approaches to enhance the understanding of inequities in healthcare access (Pemberton et al., 2019; Favarão Leão et al., 2025).
- Limited empirical studies that explicitly link healthcare access to the politics of spatial inclusion in everyday urban contexts.

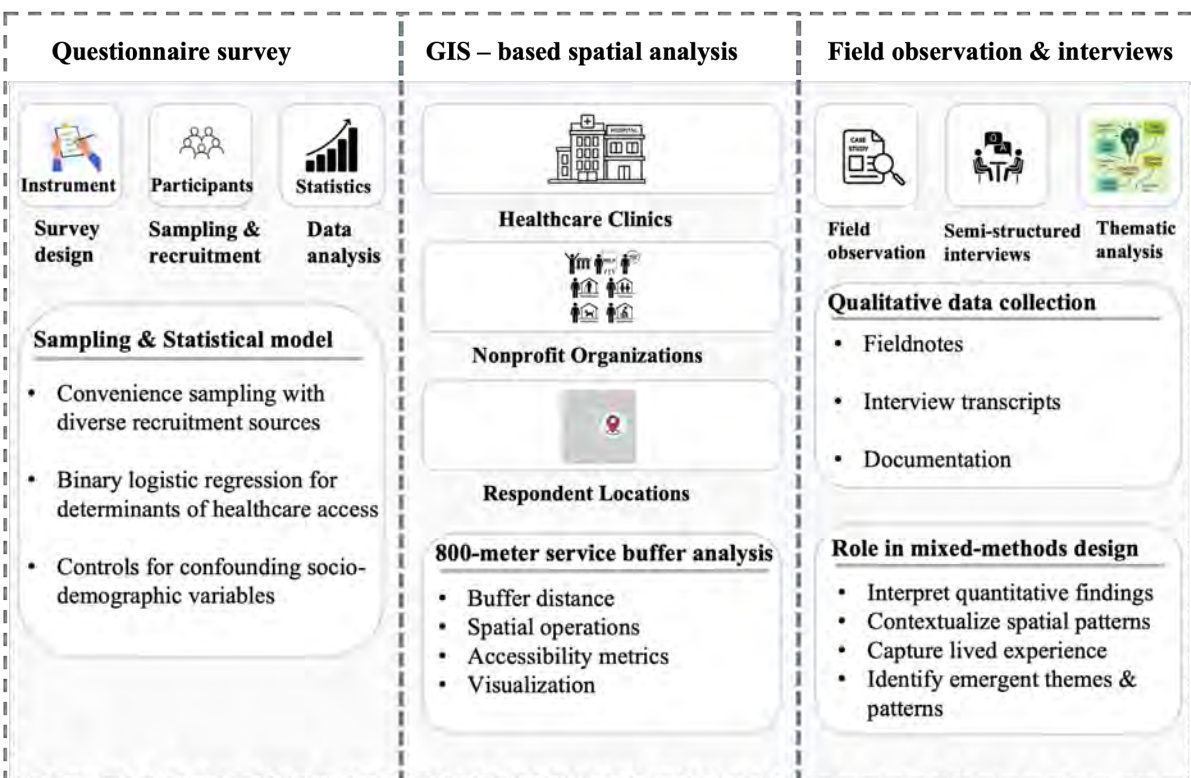
# Research questions:

1. What are the spatial distributions of healthcare and support resources for foreign residents in Fukuoka, and where do gaps in accessibility emerge?
2. How do the built environment and its socio-spatial context influence foreign residents' ability to overcome socio-cultural barriers, build resilience, and achieve equitable access to healthcare?

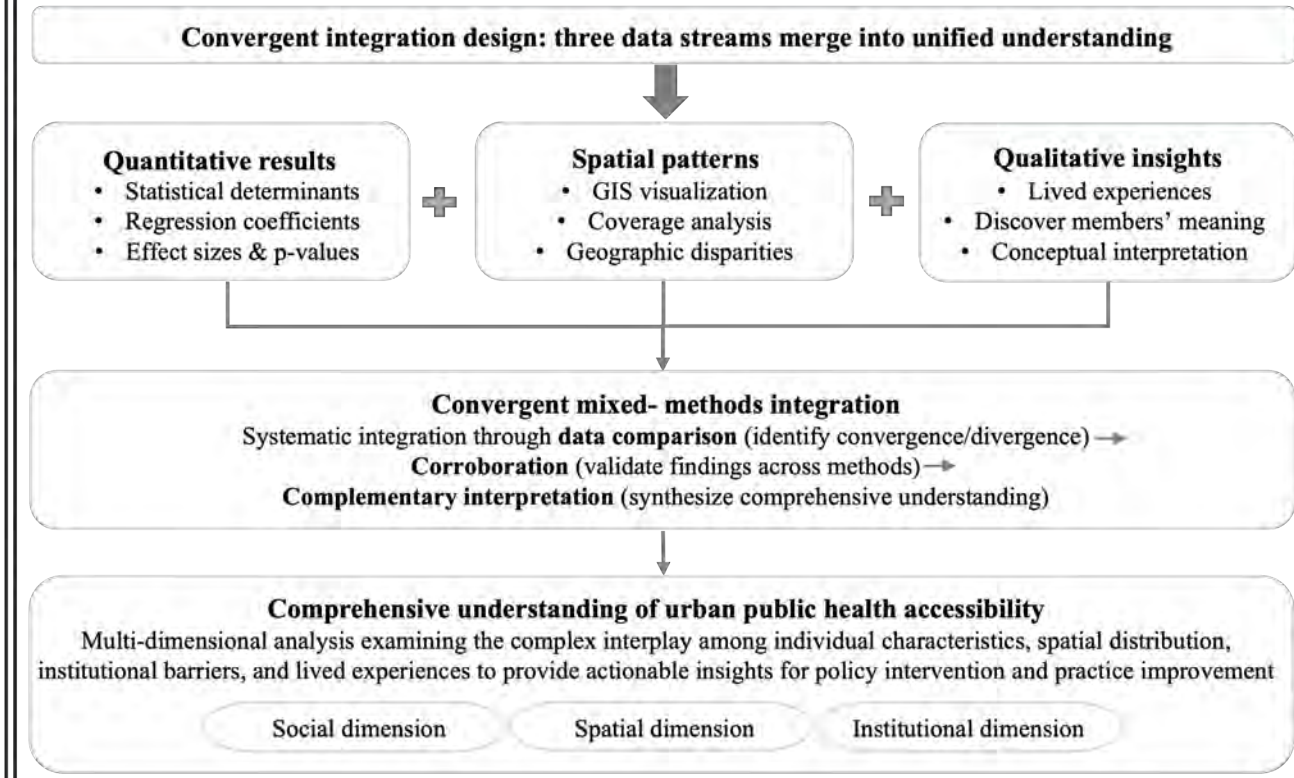
# Research Methodology

- Mixed-methods design:
  - Quantitative,
  - Spatial, and
  - Qualitative (Fig. 2).
- Research location:
  1. Yoshizuka and the surrounding areas, Higashi ward Fukuoka City, and
  2. Hakozaiki, Hakata wards, Fukuoka City (Fig. 3).

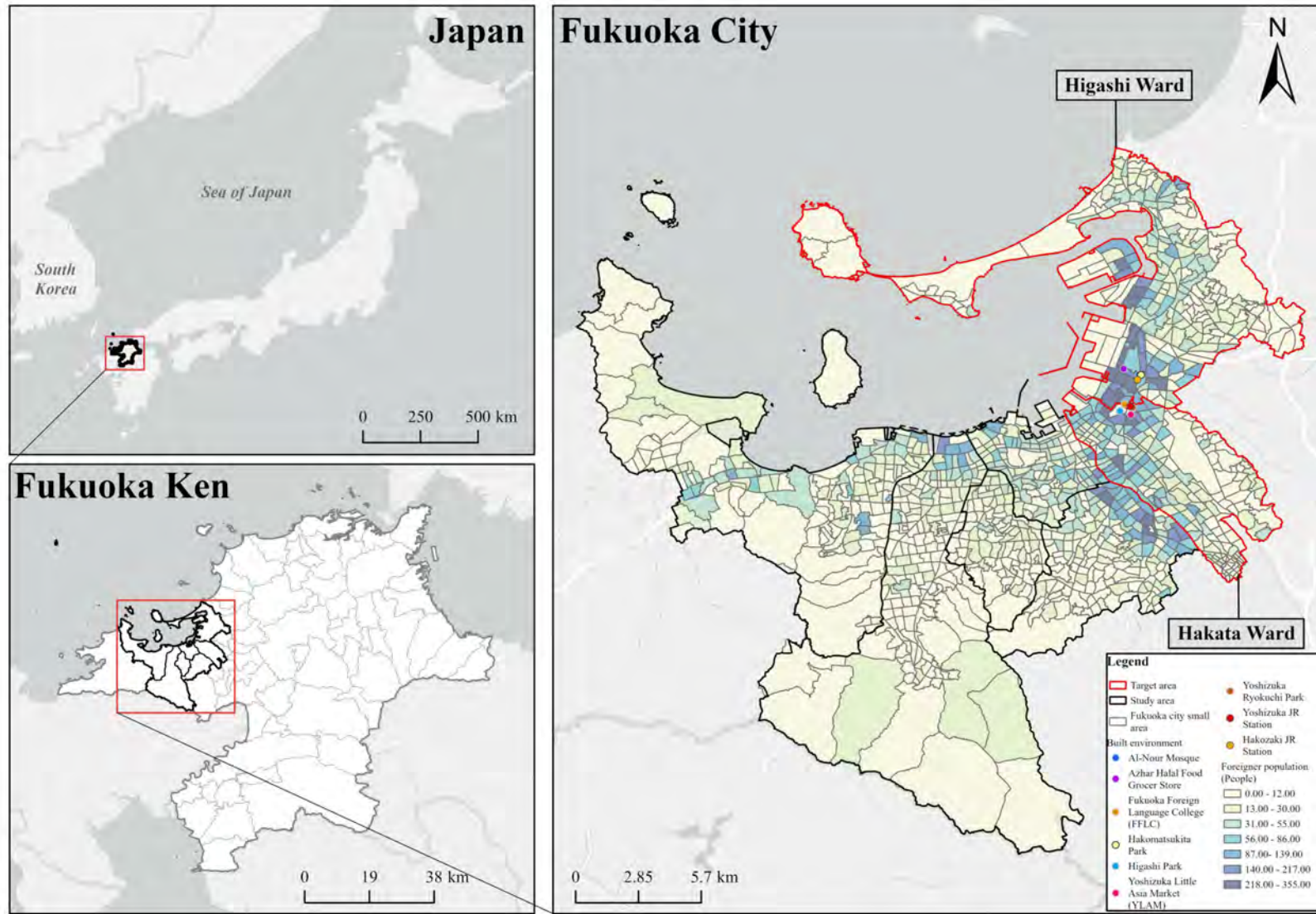
## Step 1: Data collection and analysis methods



## Step 2: Mixed-methods integration and synthesis



**Fig. 2.** Research framework.

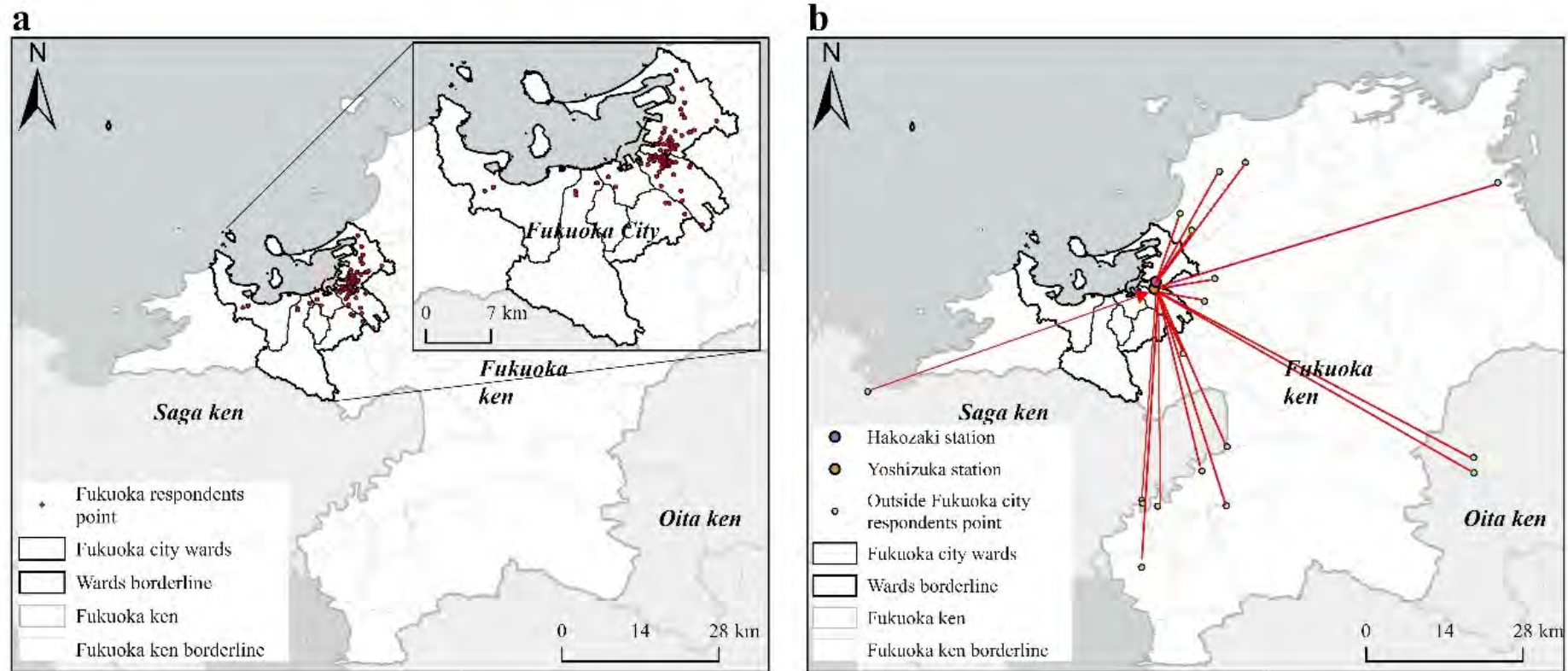


**Fig. 3.** Hakata and Higashi wards within Fukuoka City, Japan.

# Research Methodology

## Methods:

1. Surveys.
  - a. A pen and paper survey using questionnaires. In total, we collected data from 175 respondents (foreign residents from Fukuoka and nearby areas; randomly sampled) (Fig. 4).
  - b. The mobile app-based survey used Google Maps to collect respondents' spatial location data (residential areas, medical facilities, public spaces, built environment characteristics, and distance to the research site).
2. Interviews:
  - a. Semi-structured interviews with formal organizations on topics concerning built environments, public health, and foreign residents (Table 1).
  - b. Unstructured interviews with several respondents to explore their experiences and social interactions, and to seek their experienced reality.
3. Observations: observed the specificity of the environment, how people interact with it, and the types of activities engaged in within the built environment.
4. Logistic regression analysis: A Binary logistic regression analysis was conducted to examine factors associated with foreign residents' confidence in accessing healthcare services in Fukuoka City. All analyses were performed using IBM SPSS Statistics 29.0, with a two-tailed significance level of  $\alpha = 0.05$  and 95% confidence intervals.
5. Spatial analysis: Spatial analysis was conducted to complement the regression findings and contextualize the socio-institutional barriers identified through statistical modeling. All spatial datasets were projected onto the Japan Plane Rectangular Coordinate System Zone IX (JGD2011) and processed using ArcGIS Pro 3.3.
6. Document review



**Fig. 4.** Spatial distribution of the residential locations of all respondents. (a) Respondents living in Fukuoka City; (b) Respondents living outside Fukuoka City.

<b>Built Environment</b>	<b>Date (2025)</b>	<b>Interviewees</b>	<b>Languages</b>
The Asian Plaza at Yoshizuka Market	April 26	NPO consultant (Japanese, male)	Japanese (spoken, in-person)
		NPO consultant (Japanese, Male)	
		NPO consultant (Japanese, female)	
Yoshizuka Wat at Yoshizuka Market	May 24	NPO consultant (Japanese, male)	Japanese (spoken, in-person)
		NPO consultant (Japanese, Male)	
		NPO consultant (Japanese, female)	
Al-Nour Mosque at Hakozaki.	May 30	Mosque committee (Ghanian, male)	English (spoken, in-person)
		Mosque committee (Egyptian, male)	
Parks and public facility	September 17	Fukuoka Prefecture government officer	Japanese (written, email)
Parks and public facilities	September 17	Fukuoka City government officer	Japanese (written, email)
FFLC	September 18	Teacher/staff	Japanese (written, email)

**Table 1.** Outline of the semi-structured interviews.

# Findings

## Characteristic of the Built Environment

- The built environments are located in areas that have a significant foreign immigrant population (due to the area's history, land price, and redevelopment)
- The built environments are managed/controlled/regulated by organizations (public and private) to provide multifunctional services (education, outdoor activities, commerce, community support, consultation, religious, etc).
- The built environments are in strategic locations, are accessible (spatially), and are adjacent and interconnected by road and other transportation.
- The built environments have a degree of diversity: social (ethnicity), multicultural expression, and diverse physical structure/function (shops, hall, sitting area, ponds, green spaces, elevated railway).

# Findings

## Institutions and the built environment

- Institutions/organizations in the built environments:
  - Yoshizuka Market Association
  - Foreigners Support
  - FLAC
  - FFLC
  - Fukuoka Islamic Center
- The built environment hosts institutions that provide services for foreign immigrants:
  - Consultation support on immigration issues
  - Wellness: provide food and religious support
  - Community and social (gathering, informational events)

# Findings

## Issues of foreign immigrants

- Factors of inequality (as foreigners in the city)
  - Stigma and discrimination
  - Social-cultural barriers
  - Immigrational issues
- Inequality may cause:
  - Medical issue: some cases of inequality in medical access because of barriers (socio-economic), for example, immigrants are afraid to lose their jobs, or the company policy or the working hours are restricting them.
  - Health insurance issue: Some foreign immigrants cannot use their health insurance as their cards are being held by their employers.
  - Violence: a few cases of sexual and or harassment have been reported.

# Findings

## Placemaking: interaction with the built environment

### ☐ Physical activities

- Sports
- Taking a break, sitting
- Commuting
- Walking
- Exercise

### ☐ Social activities

- Interaction; dating; chatting
- Group activities: Picnic; sports
- Cooking
- Parent and children
- Talking (using phone)
- Shopping
- Consultation

### ☐ Religious activities

- Praying
- Congregation worship

### ☐ Cultural activities

- Speaking native
- Speaking Japanese
- Studying
- Listening to music
- Taking photo
- Creating content/video

### ☐ Biological activities

- Eating
- Smoking
- Drinking

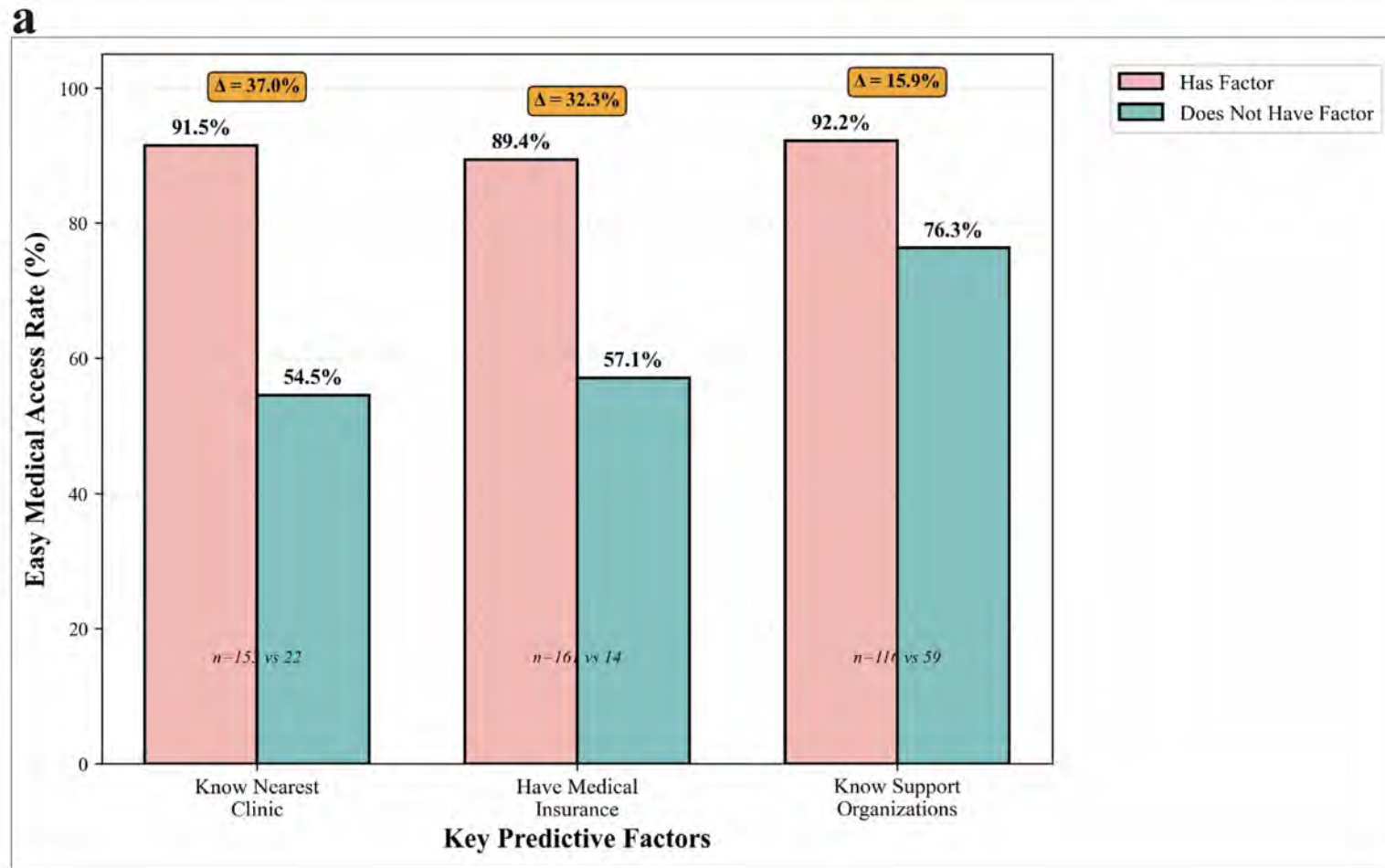
### ☐ Psychological activities

- Relaxing
- Enjoying nature
- Spending time outdoors (because of indoor boredom)

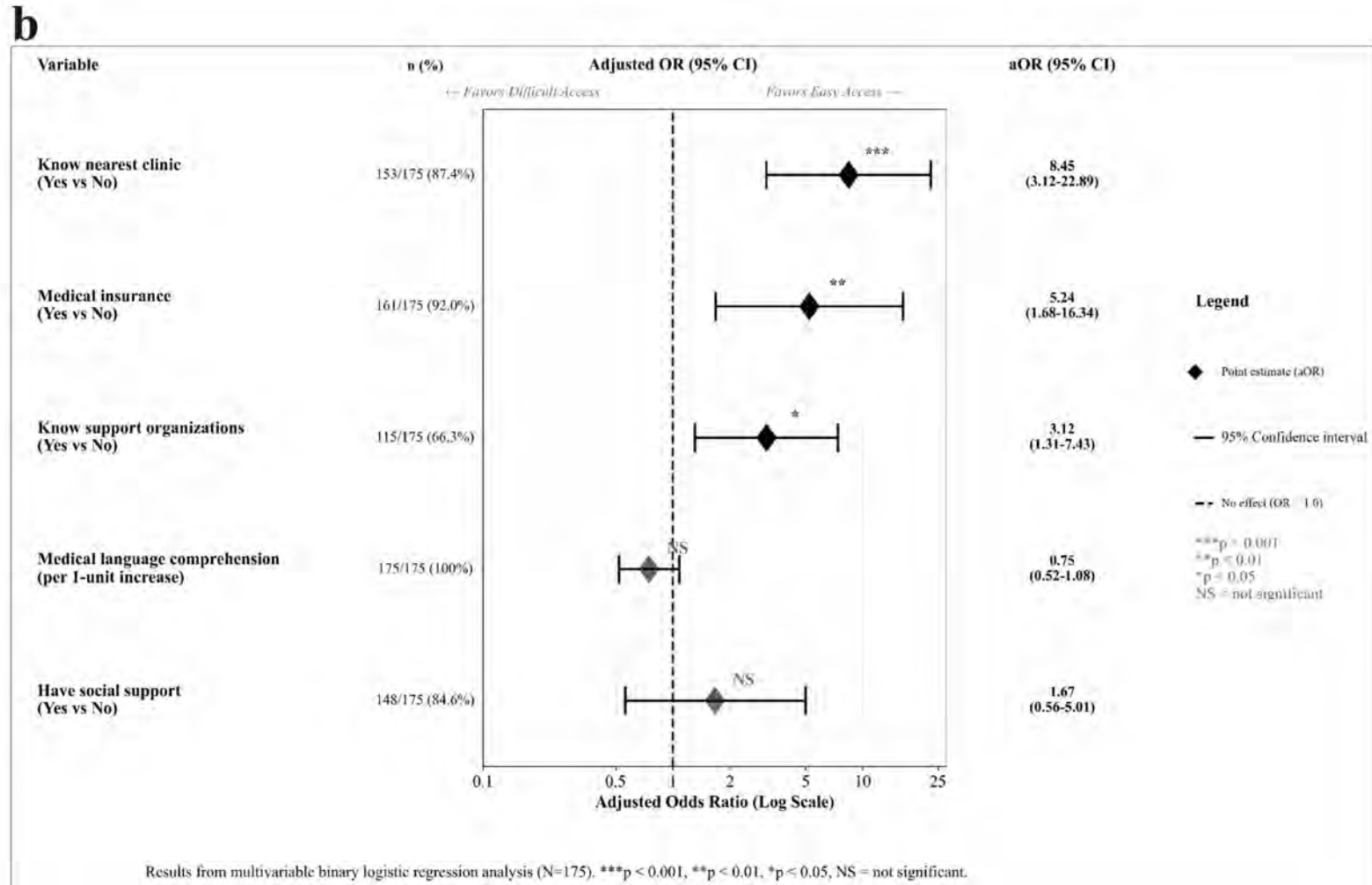
# Findings

## Logistic regression result

1. Knowledge of the nearest clinic was the strongest predictor (aOR) = 8.45, 95% CI: 3.12–22.89,  $p < 0.001$ ). Respondents who knew the location of their nearest clinic were more than eight times more likely to report easy access to healthcare than those who did not.
  2. Medical insurance substantially improved accessibility (aOR = 5.24, 95% CI: 1.68–16.34,  $p = 0.004$ ), indicating the crucial role of financial and institutional inclusion in ensuring healthcare utilization.
  3. Third, awareness of support organizations was also positively associated with medical accessibility (aOR = 3.12, 95% CI: 1.31–7.43,  $p = 0.010$ ), highlighting the importance of social support networks in overcoming language and procedural barriers.
- Model performance showed good fit (Hosmer–Lemeshow  $X^2 = 4.12$ ,  $p = 0.766$ ), substantial explanatory power (Nagelkerke  $R^2 = 0.39$ ), and high classification accuracy (88.5%).
  - The area under the ROC curve (AUC = 0.84, 95% CI: 0.75–0.93) indicated excellent discrimination.
  - **Fig. 5. a** and **Fig. 5. b** show the key predictors of perceived medical accessibility among foreign residents in Fukuoka City.



**Fig. 5. a** Predictors of perceived medical accessibility. Bars show group differences.

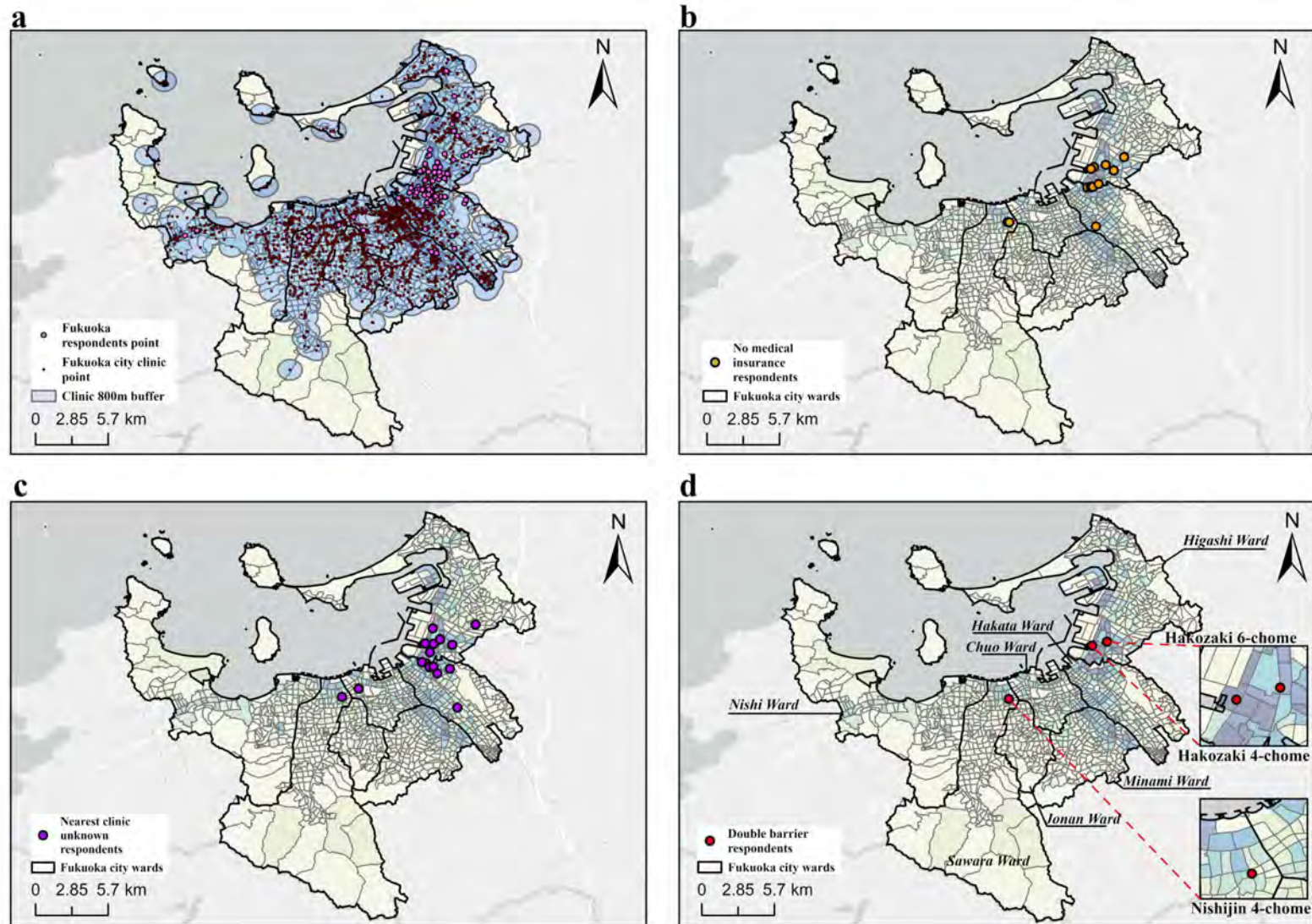


**Fig. 5.b** Predictors of perceived medical accessibility. (b) Forest plot presents adjusted odds ratios (aOR) with significance levels.

# Findings

## Spatial analysis result

- These spatial patterns suggest that social barriers persist despite adequate physical accessibility.
- Physical proximity to healthcare facilities does not necessarily translate into effective access, as informational and institutional barriers mediate who can practically utilize urban health resources (**Fig.6**).
- Spatial mismatch corroborates the regression findings that support organizations' knowledge, which significantly improves healthcare access, particularly for those in underserved zones (**Fig. 6**)

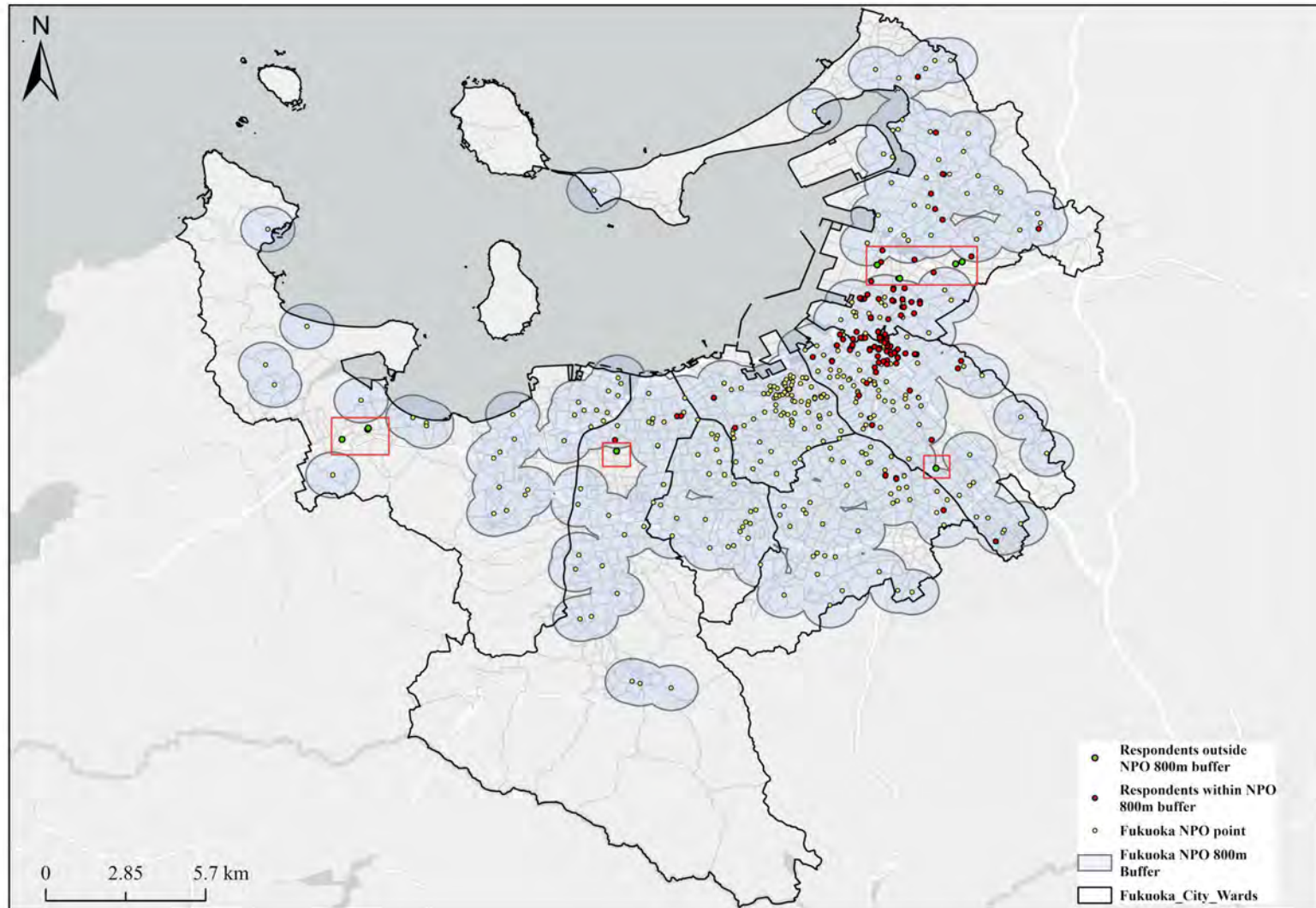


**Fig. 6.** (a) Clinic 800m coverage area and respondent locations; (b) Spatial distribution of uninsured respondents; (c) Respondents unaware of nearby clinics; (d) Double-barrier respondents (uninsured and clinic-unaware).

# Findings

## “Support blind zones.”

- Spaces where healthcare and support resources are physically present but remain socially invisible or unusable due to uneven information flows, institutional mediation, and localized governance arrangements.
- Such zones illustrate a concrete mechanism through which spatial inclusion and exclusion are produced in the city.
- It highlights how visibility, institutional support, and everyday governance shape unequal access to essential services.
- This spatial mismatch corroborates the regression findings that support organizations’ knowledge, which significantly improves healthcare access, particularly for those in underserved zones (**Fig. 7**).



**Fig. 7.** Spatial accessibility of nonprofit organizations (NPOs): 800m service buffers and respondents' locations in Fukuoka City.

# Documentation



Fig. 8. Yoshizuka Little Asia Market (YLAM)



Fig. 9. Support session for foreign residents

# Documentation



**Fig. 10. Pick-up points for foreign workers at Yoshizuka JR Station**



**Fig. 11. Students from Fukuoka Foreign Language Campus near Higashi Park**

# Documentation



**Fig. 12. People enjoying nature at Higashi Park**



**Fig. 13. Outdoor activities at Higashi Park**

# Documentation



**Fig. 14. Built environment as public space near Hakozaqi Al-Noor Mosque**



**Fig. 15. Foreign residents after the Friday prayer at the Hakozaqi Al-Noor Mosque**

# Discussion

## The Built environments and institutional support

- Such multifunctional spaces play a critical role in shaping spatial inclusion by enabling everyday access, interaction, and visibility for marginalized groups.
- This social and spatial diversity and inclusivity enable institutional and organizational support for foreign residents.
- This reliance on non-state actors reflects uneven urban governance, where responsibility for inclusion is partially displaced from formal institutions to localized support infrastructures.
- In this sense, institutional support is not only a matter of service provision but a mechanism through which spatial inclusion is enacted in practice.

# Discussion

## Space, built environment, and placemaking

- The open public spaces/built environment in Yoshizuka, Maidashi, and Hakoziaki are crucial for urban public health and sustainable cities.
- These interactions show how public space fosters spatial inclusion through everyday practices.
- Built environments provide physical health and social-emotional well-being. Placemaking is a political practice where residents assert presence, visibility, and belonging.
- It fosters communal resilience and well-being by overcoming sociocultural differences and spatial limitations of public health.

# Discussion

## Informational accessibility and institutional inclusion

- Spatial proximity alone does not ensure inclusion when information and trust are unevenly distributed
- These dynamics reveal how governance practices and institutional rules shape who feels safe to access public services.
- Medical insurance coverage (aOR = 5.24) reflected both financial capacity and institutional belonging. Formal inclusion does not automatically translate into lived inclusion.
- The gap between formal policy inclusion and practical accessibility, emphasizing that institutional belonging is both a legal and lived condition.

# Discussion

## Social support and community networks

- Awareness of support organizations (aOR = 3.12) underscores the importance of social infrastructure in bridging institutional and informational divides.
- Spatial inclusion becomes unevenly distributed across the city. Central Fukuoka's concentration of NPOs and multicultural organizations has created service hubs, such as YLAM and the Al-Nour Mosque, serving as inclusive anchors for foreign residents.
- Religious, commercial, and community spaces serve as intermediaries for integration, mutual care, and emotional well-being.
- These spaces of the built environment function as localized governance nodes that mediate access, visibility, and inclusion.

# Discussion

## Built environment and relational resilience

- Healthcare accessibility is embedded in everyday practice and material contexts.
- Inclusive built environments, such as parks, markets, and community centers, facilitate social interaction and mutual care, producing relational resilience (DeVerteuil 2023).
- Relational resilience thus emerges through spatial practices rather than solely through policy design.

# Discussion

## Policy Implications and Limitations

- First, prioritize informational equity by establishing a multilingual information system that builds trust.
- Second, strengthen institutional enforcement and inclusivity by reinforcing monitoring mechanisms to ensure foreign workers, especially technical interns and part-time employees, are not deprived of their health rights.
- Third, decentralize social support by encouraging inter-municipal collaborations and digital consultation systems to expand coverage in underserved areas.
- Finally, integrate urban planning and health policies by recognizing built environments that facilitate daily interactions as public health infrastructure and strategically orient city spaces for placemaking by diverse residents.

# Limitations and Future implication

1. This study did not measure health quality or medical conditions in relation to built environment activities.
2. The small sample size ( $n = 175$ ) limits the generalizability, and a stratified analysis by nationality or visa type is not feasible.
3. Cross-sectional data limit causality inference; therefore, longitudinal observations are required to examine how institutional reforms and urban redevelopment influence accessibility over time.
4. Finally, the analysis focused on perceived accessibility rather than actual healthcare utilization.

Future research should integrate perception-based and behavioral indicators using administrative or insurance data.

# Conclusion

This study examines the relationship between public health and urban spaces among foreign residents of Fukuoka City:

1. **Physical accessibility alone is insufficient** — social and institutional support is critical for equitable health outcomes among foreign residents.
2. **Informational and insurance barriers persist**, limiting effective access to healthcare and community resources despite available infrastructure.
3. **Inclusive public spaces and placemaking activities** play a vital role in fostering resilience, reducing sociocultural barriers, and promoting mental and physical well-being.
4. **Integrated urban policies are essential**, combining spatial planning with multilingual communication, fair insurance systems, and community-based services to ensure inclusivity.

# Acknowledgements

- **Funding:** This work was supported by the JST SPRING, Japan Grant Number JPMJSP2136.
- **Acknowledgment:**
  - We express our deepest gratitude to Prof. Furukawa Fukachi, Prof. Shichen Zhao, and Prof. Geerhardt Kornatowski for their supervision.
  - We also thank Mrs. Nishimura, Ms. Sang, Mr. Takeuchi, Mr. Watanabe, Mrs. Kawano, and Mr. Kurake from YLAM, Mrs. Azami from FFLC, H. Nabil, and Mr. Issak from FIC for their interview participation.
  - We appreciate the Fukuoka Prefectural and Fukuoka City governments for providing valuable information.
  - We are indebted to the Kyushu University Next Generation (SPRING) program for endorsing this research project.

# References

- Arai, Junko, and Michiyo Higuchi. 2025. "Factors Associated with Access to Healthcare among Participants in Japanese Classes in Local Communities in Aichi, Japan." *Discover Social Science and Health* 5 (1): 56. <https://doi.org/10.1007/s44155-025-00206-4>.
- Bell, Sarah L., Ronan Foley, Frank Houghton, Avril Maddrell, and Allison M. Williams. 2018. "From Therapeutic Landscapes to Healthy Spaces, Places and Practices: A Scoping Review." *Social Science & Medicine* 196 (January): 123–30. <https://doi.org/10.1016/j.socscimed.2017.11.035>.
- Bollini, Paola, and Harald Siem. 1995. "No Real Progress towards Equity: Health of Migrants and Ethnic Minorities on the Eve of the Year 2000." *Social Science & Medicine* 41 (6): 819–28. [https://doi.org/10.1016/0277-9536\(94\)00386-8](https://doi.org/10.1016/0277-9536(94)00386-8).
- Clark, J. 2025. "Infra-Culture and Infrastructures: Relational Placemaking at the Coast." *TRANSACTIONS OF THE INSTITUTE OF BRITISH GEOGRAPHERS*, ahead of print, September 18. WOS:001573612100001. <https://doi.org/10.1111/tran.70034>.
- Courage, Cara, Tom Borrup, Maria Rosario Jackson, et al., eds. 2021. *The Routledge Handbook of Placemaking*. Routledge International Handbooks. Routledge, Taylor and Francis Group. <https://doi.org/10.4324/9780429270482>.
- Cresswell, Tim. 2011. *Place: A Short Introduction*. Repr. *Short Introductions to Geography*. Blackwell.

# References

- Cushing, Lara, Rachel Morello-Frosch, Madeline Wander, and Manuel Pastor. 2015. “The Haves, the Have-Nots, and the Health of Everyone: The Relationship Between Social Inequality and Environmental Quality.” *Annual Review of Public Health* 36 (Volume 36, 2015): 193–209. <https://doi.org/10.1146/annurev-publhealth-031914-122646>.
- Deri, Catherine. 2005. “Social Networks and Health Service Utilization.” *Journal of Health Economics* 24 (6): 1076–107. <https://doi.org/10.1016/j.jhealeco.2005.03.008>.
- DeVerteuil, Geoffrey. 2023. “Service Hubs: Stuck in Time, Stuck in Place.” In *Diversity of Urban Inclusivity*, edited by Toshio Mizuuchi, Geerhardt Kornatowski, and Taku Fukumoto, vol. 20. *International Perspectives in Geography*. Springer Nature Singapore. [https://doi.org/10.1007/978-981-19-8528-7\\_6](https://doi.org/10.1007/978-981-19-8528-7_6).
- Du, Mengge, and Shichen Zhao. 2022. “An Equity Evaluation on Accessibility of Primary Healthcare Facilities by Using V2SFCA Method: Taking Fukuoka City, Japan, as a Case Study.” *Land* 11 (5): 640. <https://doi.org/10.3390/land11050640>.
- ESRI, Cabinet Office, Japan. 2024. “Trends in International Migration and Implications for Japan’s Labour Market.” ESRI workshop materials.
- Favarão Leão, Ana L., Raúl D. Gierbolini-Rivera, Milena Franco Silva, et al. 2025. “Spatial Indicators of Inequity in Urban Health Research: A Scoping Review.” *Discover Public Health* 22 (1): 27. <https://doi.org/10.1186/s12982-025-00421-z>.
- Friedmann, J. 2010. “Place and Place-Making in Cities: A Global Perspective.” *PLANNING THEORY & PRACTICE* 11 (2): 149–65. WOS:000211426500002. <https://doi.org/10.1080/14649351003759573>.

# References

- Friel, Sharon, Marco Akerman, Trevor Hancock, et al. 2011. "Addressing the Social and Environmental Determinants of Urban Health Equity: Evidence for Action and a Research Agenda." *Journal of Urban Health* 88 (5): 860–74. <https://doi.org/10.1007/s11524-011-9606-1>.
- Gubrium, Erika, and Laia Colomer. 2025. "Belonging on the Move: A Multi-Method Exploration of Embodied Affect, Place Attachment, and Transnational Mobility in Migrant Lives in Norway." *Nordic Journal of Migration Research* 15 (4): 6. <https://doi.org/10.33134/njmr.939>.
- Higuchi, Michiyo, Maki Endo, and Asako Yoshino. 2021. "Factors Associated with Access to Health Care among Foreign Residents Living in Aichi Prefecture, Japan: Secondary Data Analysis." *International Journal for Equity in Health* 20 (1): 135. <https://doi.org/10.1186/s12939-021-01465-8>.
- Hu, M., and J.D. Roberts. 2020. "Connections and Divergence between Public Health and Built Environment—A Scoping Review." *Urban Science* 4 (1). Scopus. <https://doi.org/10.3390/urbansci4010012>.
- Ikeda, Saki, Kyoko Sudo, Azusa Iwamoto, et al. 2025. "A Critical Role of Navigator for Vulnerable Migrants in Health Emergency: Overcoming Administrative Barriers to COVID-19 Vaccination in Japan." *Journal of Migration and Health* 11: 100332. <https://doi.org/10.1016/j.jmh.2025.100332>.
- IPSS. 2024. "Population and Family Trends in Japan: Selected Indicators and Analysis." National Institute of Population and Social Security Research.
- Jennings, Viniece, Lincoln Larson, and Jessica Yun. 2016. "Advancing Sustainability through Urban Green Space: Cultural Ecosystem Services, Equity, and Social Determinants of Health." *International Journal of Environmental Research and Public Health* 13 (2): 196. <https://doi.org/10.3390/ijerph13020196>.
- Karasz, Daniele. 2022. "The Spatial Dimension of Shifting Commonsensical Understandings." *Dialectical Anthropology* 46 (4): 437–55. <https://doi.org/10.1007/s10624-022-09667-4>.
- Keenan, J.M. 2020. "COVID, Resilience, and the Built Environment." *Environment Systems and Decisions* 40 (2): 216–21. Scopus. <https://doi.org/10.1007/s10669-020-09773-0>.

# References

- Kjellstrom, Tord, and Susan Mercado. 2008. "Towards Action on Social Determinants for Health Equity in Urban Settings." *Environment & Urbanization* 20 (2): 551–74. <https://doi.org/10.1177/0956247808096128>.
- Koh, Howard K., Julie J. Piotrowski, Shiriki Kumanyika, and Jonathan E. Fielding. 2011. "Healthy People: A 2020 Vision for the Social Determinants Approach." *Health Education & Behavior: The Official Publication of the Society for Public Health Education* 38 (6): 551–57. <https://doi.org/10.1177/1090198111428646>.
- Liempt, Ilse van, and Richard Staring. 2021. "Homemaking and Places of Restoration: Belonging Within and Beyond Places Assigned to Syrian Refugees in the Netherlands." *Geographical Review* 111 (2): 308–26. <https://doi.org/10.1080/00167428.2020.1827935>.
- OECD. 2024. *International Migration Outlook 2024*. International Migration Outlook. OECD Publishing. <https://doi.org/10.1787/50b0353e-en>.
- O'Mahony, Joyce Maureen, and Tam Truong Donnelly. 2007. "The Influence of Culture on Immigrant Women's Mental Health Care Experiences from the Perspectives of Health Care Providers." *Issues in Mental Health Nursing* 28 (5): 453–71. <https://doi.org/10.1080/01612840701344464>.
- Massey, Doreen B. 2005. *For Space*. Sage.
- Magan, Ifrah Mahamud, and Deborah K Padgett. 2021. "Home Is Where Your Root Is': Place Making, Belonging, and Community Building among Somalis in Chicago." *Social Work* 66 (2): 101–10. <https://doi.org/10.1093/sw/swab007>.
- Mori, Tomoari, Yoko Deasy, Katsumi Mori, Eisuke Nakazawa, and Akira Akabayashi. 2022. "An Exploratory Quantitative Study of Factors Associated with Dissatisfaction with Japanese Healthcare among Highly Skilled Foreign Professionals Living in Japan." *BioMed* 2 (4): 431–41. <https://doi.org/10.3390/biomed2040034>.
- Palmberger, Monika. 2022. "Narratives of Transnational Placemaking: Exploring Migrant Workers' Hidden Histories through Memory-Guided City Walks: A Migrant Woman's Narrative." *Narrative Culture* 9 (1): 91–108.
- Pandey, Mamata, Rejina Kamrul, Clara Rocha Michaels, and Michelle McCarron. 2022. "Identifying Barriers to Healthcare Access for New Immigrants: A Qualitative Study in Regina, Saskatchewan, Canada." *Journal of Immigrant and Minority Health* 24 (1): 188–98. <https://doi.org/10.1007/s10903-021-01262-z>.

# References

- Pemberton, Simon, Jenny Phillimore, Hannah Bradby, et al. 2019. "Access to Healthcare in Superdiverse Neighbourhoods." *Health & Place* 55 (January): 128–35. <https://doi.org/10.1016/j.healthplace.2018.12.003>.
- Shen, Y. 2022. "Race/Ethnicity, Built Environment in Neighborhood, and Children's Mental Health in the US." *International Journal of Environmental Health Research* 32 (2): 277–91. Scopus. <https://doi.org/10.1080/09603123.2020.1753663>.
- Steele, Leah S., Louise Lemieux-Charles, Jocalyn P. Clark, and Richard H. Glazier. 2002. "The Impact of Policy Changes on the Health of Recent Immigrants and Refugees in the Inner City: A Qualitative Study of Service Providers' Perspectives." *Canadian Journal of Public Health* 93 (2): 118–22. <https://doi.org/10.1007/BF03404551>.
- Wang, L. 2007. "Immigration, Ethnicity, and Accessibility to Culturally Diverse Family Physicians." *Health & Place* 13 (3): 656–71. <https://doi.org/10.1016/j.healthplace.2006.10.001>.
- Wu, Zheng, Margaret J. Penning, and Christoph M. Schimmele. 2005. "Immigrant Status and Unmet Health Care Needs." *Canadian Journal of Public Health* 96 (5): 369–73. <https://doi.org/10.1007/BF03404035>.
- Yashadhana, Aryati, Esther Alloun, Nina Serova, Evelyne De Leeuw, and Zelalem Mengesha. 2023. "Place-Making and Its Impact on Health and Wellbeing among Recently Resettled Refugees in High Income Contexts: A Scoping Review." *Health & Place* 81 (May): 103003. <https://doi.org/10.1016/j.healthplace.2023.103003>.
- Yuan, M., H. Pan, Z. Shan, and D. Feng. 2022. "Spatial Differences in the Effect of Communities' Built Environment on Residents' Health: A Case Study in Wuhan, China." *International Journal of Environmental Research and Public Health* 19 (3). Scopus. <https://doi.org/10.3390/ijerph19031392>.