



The Other City: Disability, Accessibility and Health en Presidente Prudente-SP

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Introduction: Access to health services can be seen as a way of understanding the processes of production and reproduction in contemporary urban space, particularly as use and appropriation in the city can show numerous forms of exclusion and social inequality. This situation is even more apparent when dealing with people who have some sort of disability and need to move in search of healthcare. The aim of this project is to understand how mobility and accessibility operate for the disabled in the healthcare system in Presidente Prudente-SP in order to understand the geographical contexts and strategies of these people. We therefore plan to discuss and analyze disability from a geographical point of view, basing the work on qualitative research, in respect of access and accessibility in the daily life of disabled people living in Presidente Prudente-SP. By taking a thematic focus, we plan to show that a clearer understanding of health inequalities in the urban space is possible as these people perceive such space in a singular way. **Methodology and development:** Preliminary data from the 2010 census in the publications of the Institute of Geography and Statistics (IBGE) show that 23.9% of Brazil's population have disabilities, roughly 45.6 million people. In Presidente Prudente-SP, the proportion of the resident population with some visual, hearing, motor or mental/intellectual impairment is 21.4% of its 207,610 inhabitants. By mapping the whereabouts of disabled people in Presidente Prudente-SP, it can be seen that a greater number of this population are in the peripheral neighbour hoods, far from the city's health establishments. Such indicators, in conjunction with the mapping of the 2010 census data for the city of Presidente Prudente-SP, carried out on a geo-referenced cartographic basis, using the Program MapInfo Professional 10.0, enable us to see that access can influence appropriation of health spaces. This discussion leads us to the relationship between the health system offer show subjects respond to this offer. Hence, it was possible to see certain characteristics from the geographical distribution of disabled people as well as it being possible to see differences reflecting spatial accessibility to health services. **Final thoughts:** Accessibility can be seen as an important feature in the use of the territory by passers-by, explaining the unequal conditions in the use of health services by specific groups. We would deduce from this that only by checking the socio-space conditions can we understand the situation of people's lives, in other words, people's capabilities can be seen as conditions of enablement or limitation related to their use of urban space. These multiple social practices may therefore uniquely determine the outcome of the health/disease process and its objective/subjective effects in their symptomatic manifestation.

Key words: Disability, accessibility, geography of health.