Can research play a role in tackling locational disadvantage? Reflections with the benefits of hindsight

Billie Giles-Corti
Professor Emerita, Centre for Urban Research

Ian Webster Oration, Centre for Primary Health Care and Equity, University of New South Wales

RMIT UNIVERSITY

What's next...

Acknowledge the Bedegal people

https://www.anu.edu.au/news/all-news/anu-leads-project-to-update-atlas-of-indigenous-australia

Can research play a role in tackling locational disadvantage? Reflections with the benefits of hindsight

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What's next...

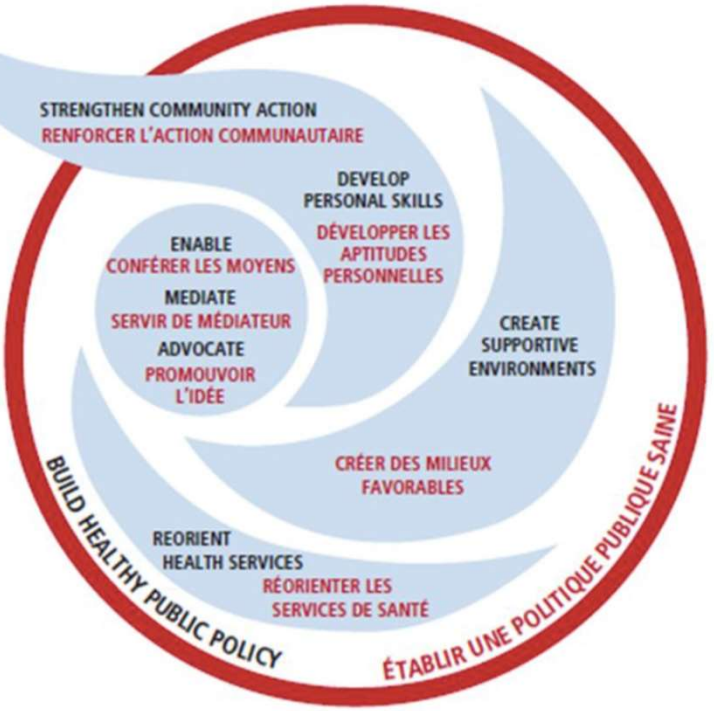
Foundation team of the National Centre for Research into the Prevention of Drug Abuse (Now National Drug Research Institute)

+A man (*sic*) without a goal, is like a ship without a rudder

Thomas Carlyle

+Finding research topics that are interesting *and* important

The Ottawa Charter's emblem.



Establishing and Maintaining Healthy Environments

Toward a Social Ecology of Health Promotion

Daniel Stokols — *Program in Social Ecology, University of California, Irvine*

Earlier research on health promotion has emphasized behavior change strategies rather than environmentally focused interventions. The advantages of integrating lifestyle modification, injury control, and environmental enhancement strategies of health promotion are substantial. The author offers a social ecological analysis of health promotive environments, emphasizing the transactions between individual or collective behavior and the health resources and constraints that exist in specific environmental settings. Directions for future research on the creation and maintenance of health promotive environments also are examined.

We live in an era fraught with technological hazards, degraded natural resources, and the pervasive threat of global conflict. The signal challenge of our time is to establish and maintain healthy environments. Yet many regions of the world continue to be plagued by war, millions of people in the Third World are ravaged by disease and famine, and people in industrialized nations are becoming painfully aware of the health costs resulting from their exposure to environmental pollution and other by-products of high technology.

These global dilemmas make the tasks of creating and maintaining healthy environments seem rather daunting and perhaps unachievable. Nonetheless, it is important that efforts to take constructive action at local and regional levels not be deterred by the complexity and severity of global environmental problems. Certainly, much progress can be made at local levels toward establishing healthier environments. The "small wins" approach to social problems (Weick, 1984) suggests that as incremental health promotion and environmental protection efforts are adopted in local communities, they can exert a positive, albeit gradual, influence on the quality and healthfulness of the global environment.

Sound theoretical analyses of such key concepts as *health, health promotion,* and *healthy environments* are essential prerequisites for the development of effective environmental design and public policy programs to create healthful surroundings. A review of the relevant research literature on such topics as health promotion, environmental stress, and environmental risk assessment reveals important gaps in our understanding of these issues.

For example, *health* is often defined in individualistic and physical terms with explicit emphasis on "soundness of body or mind and freedom from disease or ailment" (*Webster's Encyclopedic Unabridged Dictionary,* 1989, p. 653). Analyses that define health simply as the absence of personal illness or injury, however, give little or no consideration to issues of collective well-being (e.g., social cohesion and sense of community; S. B. Sarason, 1974) and optimal states of wellness (e.g., strong feelings of personal commitment to one's social and physical milieu). The terms *disease prevention* and *health protection* have been used to describe various medical and public health strategies aimed at preventing the onset of physical and mental illness (e.g., inoculation against infectious diseases, enhanced community sanitation services, reduction of workplace hazards, and governmental regulation of food and drug safety). The concept of *health promotion,* however, differs from the disease prevention orientation in that it places greater emphasis on the role of individuals, groups, and organizations as active agents in shaping health practices and policies to optimize both individual wellness and collective well-being (e.g., U.S. Department of Health, Education, and Welfare [HEW], 1979; U.S. Department of Health and Human Services [DHHS], 1991; Williams, 1982; Winett, King, & Altman, 1989; World Health Organization [WHO], 1984).

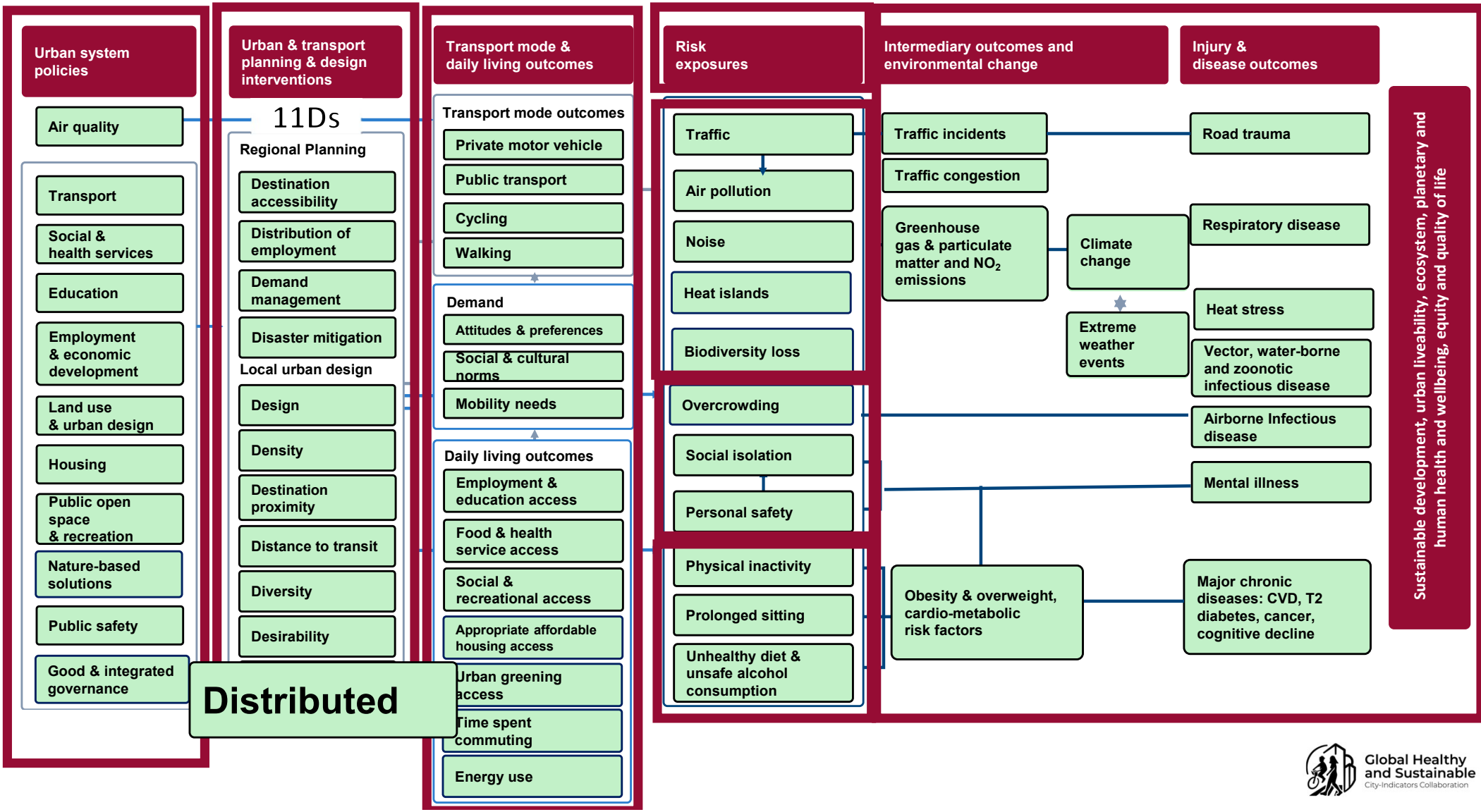
The majority of health promotion programs implemented in corporate and community settings have been focused on individuals rather than environments. That is, they have been designed to modify individuals' health habits and life-styles (e.g., exercise and dietary regimens) rather than to provide environmental resources and interventions that promote enhanced well-being among occupants of an area (e.g., installation of improved venti-

E. Scott Geller served as action editor for this article.

Preparation of this article was supported by grants from the University of California/Health Net Wellness Lectures Program and the Irvine Health Foundation. Portions of the article were presented as a keynote address on "Designing Health Promotive Environments" at the Annual Conference of the Environmental Design Research Association in Oaxtepec, Mexico, March 1991, and as part of the University of California/Health Net Lecture Series during October 1991.

The author thanks Gary Evans, E. Scott Geller, Stephan Klein, Peter Lallas, Serafin Mercado, Maria Montero, Ted Scharf, Margaret Schneider, Kim Witte, and three anonymous reviewers for their valuable comments on earlier versions of the manuscript.

Correspondence concerning this article should be addressed to Daniel Stokols, Program in Social Ecology, University of California, Irvine, CA 92717.



Global Healthy and Sustainable City-Indicators Collaboration

Locational disadvantage - SES

D. Crawford et al. / Health & Place 14 (2008) 887–891

Features of public open space (POS) according to neighbourhood level socio-economic status

	Quintiles of socio-economic status					
	Quintile 1 (lowest SES) ($n = 314$)	Quintile 2 ($n = 307$)	Quintile 3 ($n = 288$)	Quintile 4 ($n = 303$)	Quintile 5 (highest SES) ($n = 285$)	p-Value[†]
Number of recreational facilities (mean (SD))	0.6(1.6)	0.8(2.4)	0.9(2.1)	0.7(2.2)	1.0(3.2)	0.312
Number of playgrounds (mean (SD))	0.5(0.6)	0.5(0.6)	0.5(0.6)	0.5(0.6)	0.5(0.6)	0.537
Amenities score (mean, SD))[‡]	1.5(1.9)	1.6(2.2)	2.0(2.5)	1.5(2.1)	2.6(2.4)	<0.0001
Walking paths (%)	52.5	54.1	62.2	61.9	70.2	<0.0001
Cycling paths (%)	42.4	46.9	49.8	51.3	62.8	<0.0001
Lighting along paths (%)	12.8	5.2	11.2	12.0	21.6	<0.0001
Trees providing shade (%)	34.7	42.3	50.7	60.9	77.5	<0.0001
Water feature (%)	15.7	16.4	15.3	15.3	26.4	0.001
Signage regarding dogs (%)	23.6	16.6	18.8	10.6	50.9	<0.0001
Signage restricting other activities (%)	8.3	14.0	14.3	10.4	18.9	0.002

[†]Significant trend (analysis of variance) for continuous variables, Pearson's χ^2 for categorical variables.

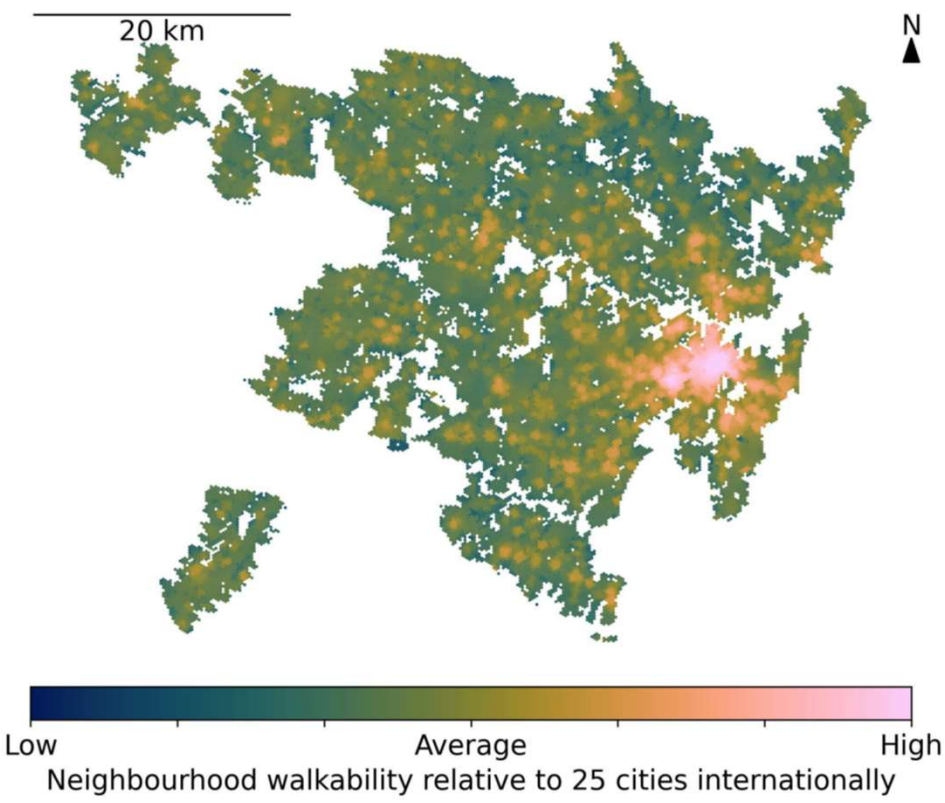
[‡]Significant difference between quintiles 1 and 5, quintiles 2 and 5, quintiles 3 and 5, and quintiles 4 and 5 (Scheffe post hoc tests, $p \leqslant 0.05$).

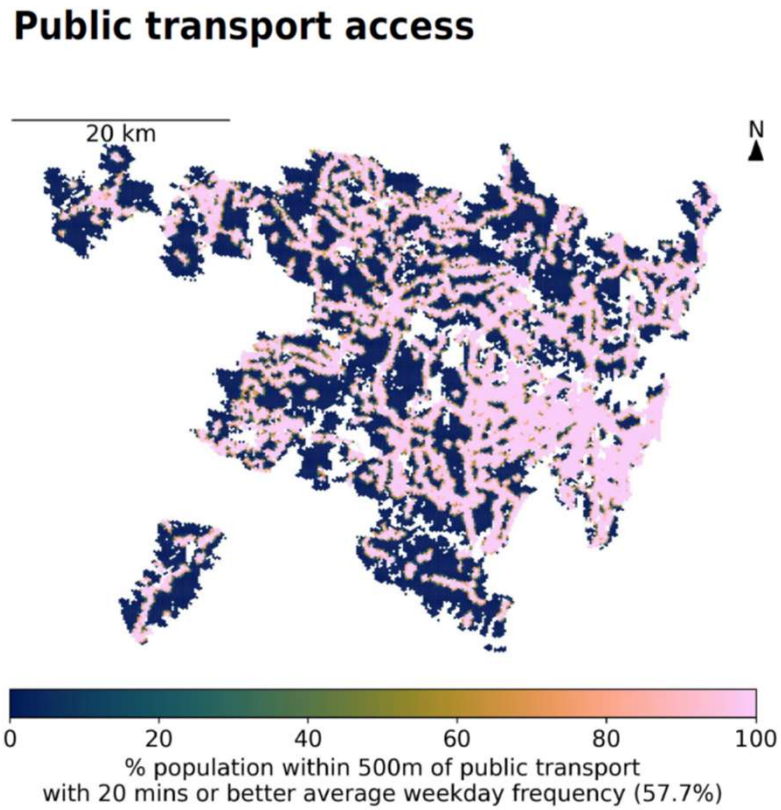
High SES

Low SES

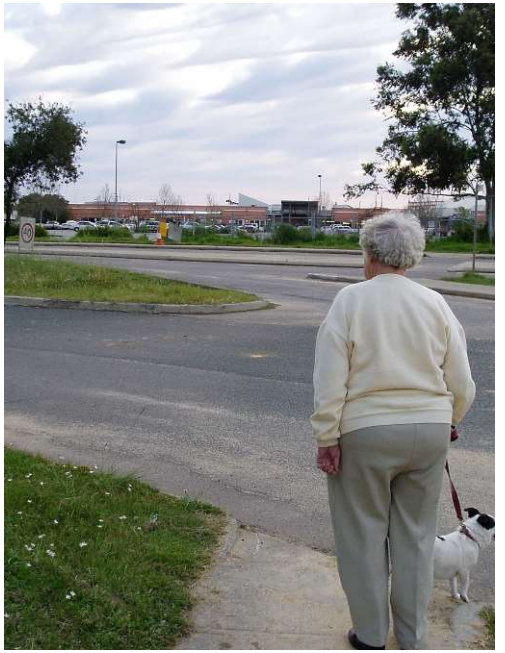
Source: David Crawford, Deakin University

Locational disadvantage - spatial distribution of amenities



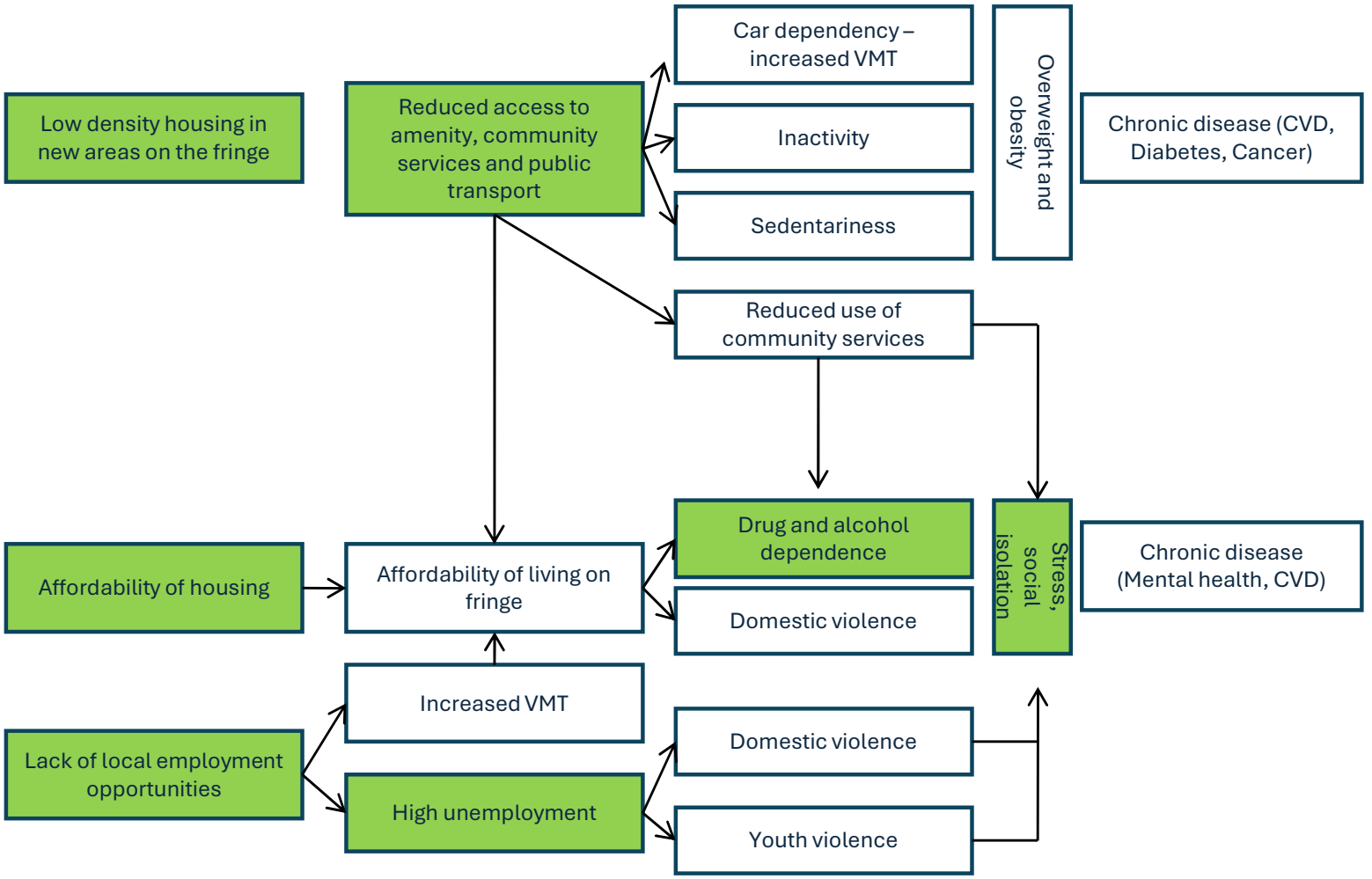


Does this partly explain lack of patient compliance?



+ Why study spatial locational disadvantage?

Preliminary potential pathways of **local disadvantage** on social determinants of health



+ What sort of evidence do you need to create a more supportive environments?

…*conclusive evidence* about relationship between urban planning and health and benefits of access to good places, healthy food, public transport, local parks…

…needs to be taken up by people who manage urban planning portfolios…

…we want to influence policy and the legislative environment..’

Could we reframe social determinants of health as ‘liveability’?

ABC NEWS

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World's most liveable city: Melbourne takes top spot for seventh year running

By Stephanie Chalkley-Rhoden

Updated 16 Aug 2017, 4:07pm

PHOTO: Melbourne once again beat Vienna and Vancouver for top spot. (ABC Open contributor Shayne T Wright)

Melbourne has once again been named the world's most liveable city by The Economist, receiving a perfect score for healthcare, education and infrastructure.

The Economist Intelligence Unit's (EIU) Liveability Index ranks 140 cities each year on those topics, as well as stability, culture and environment.

Vienna once again came second and Vancouver third.

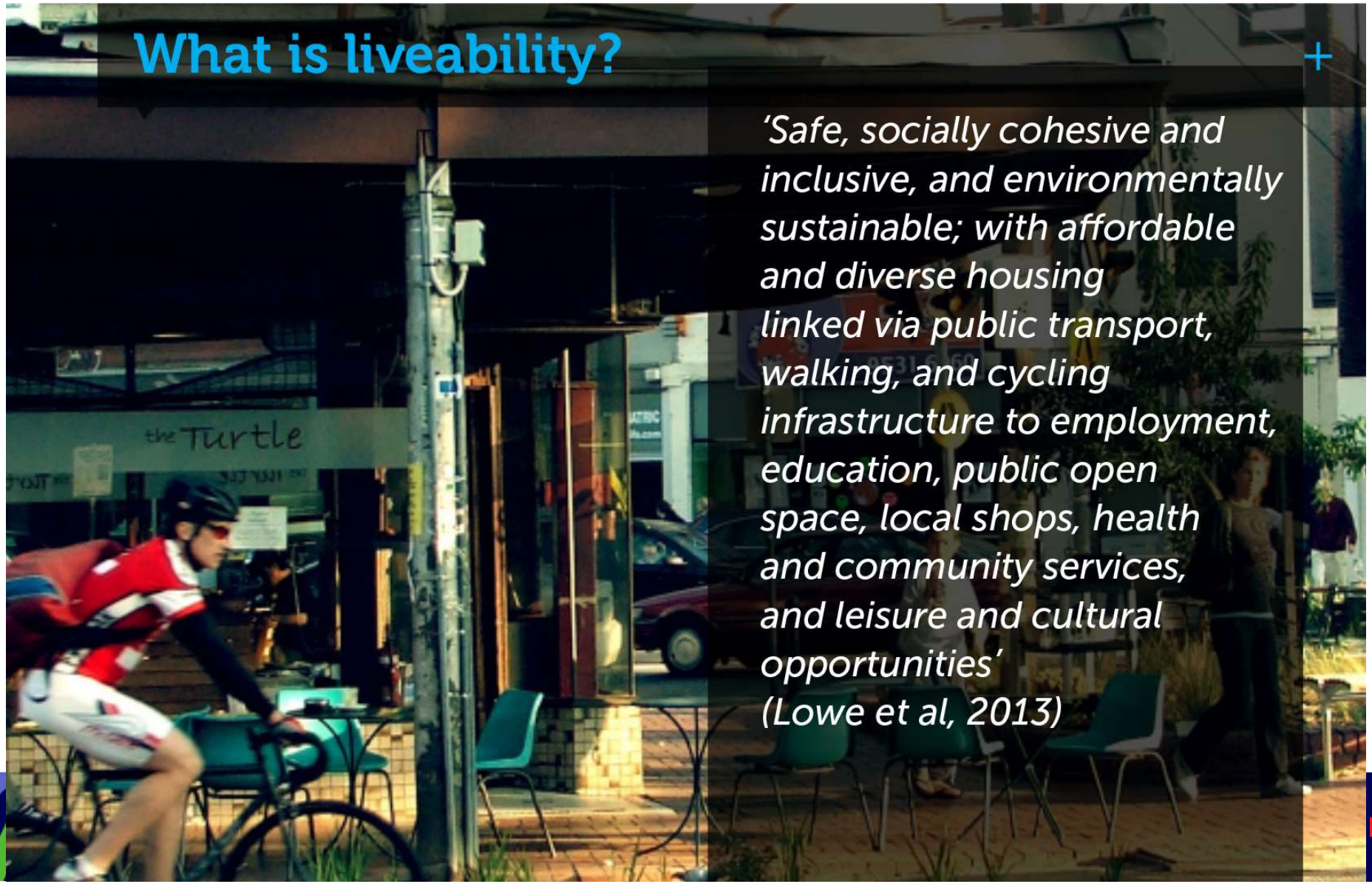
RELATED STORY: Housing affordability: Is it time to move to Adelaide?

RELATED STORY: Melbourne 'exceeds expectations': World's most liveable city — again

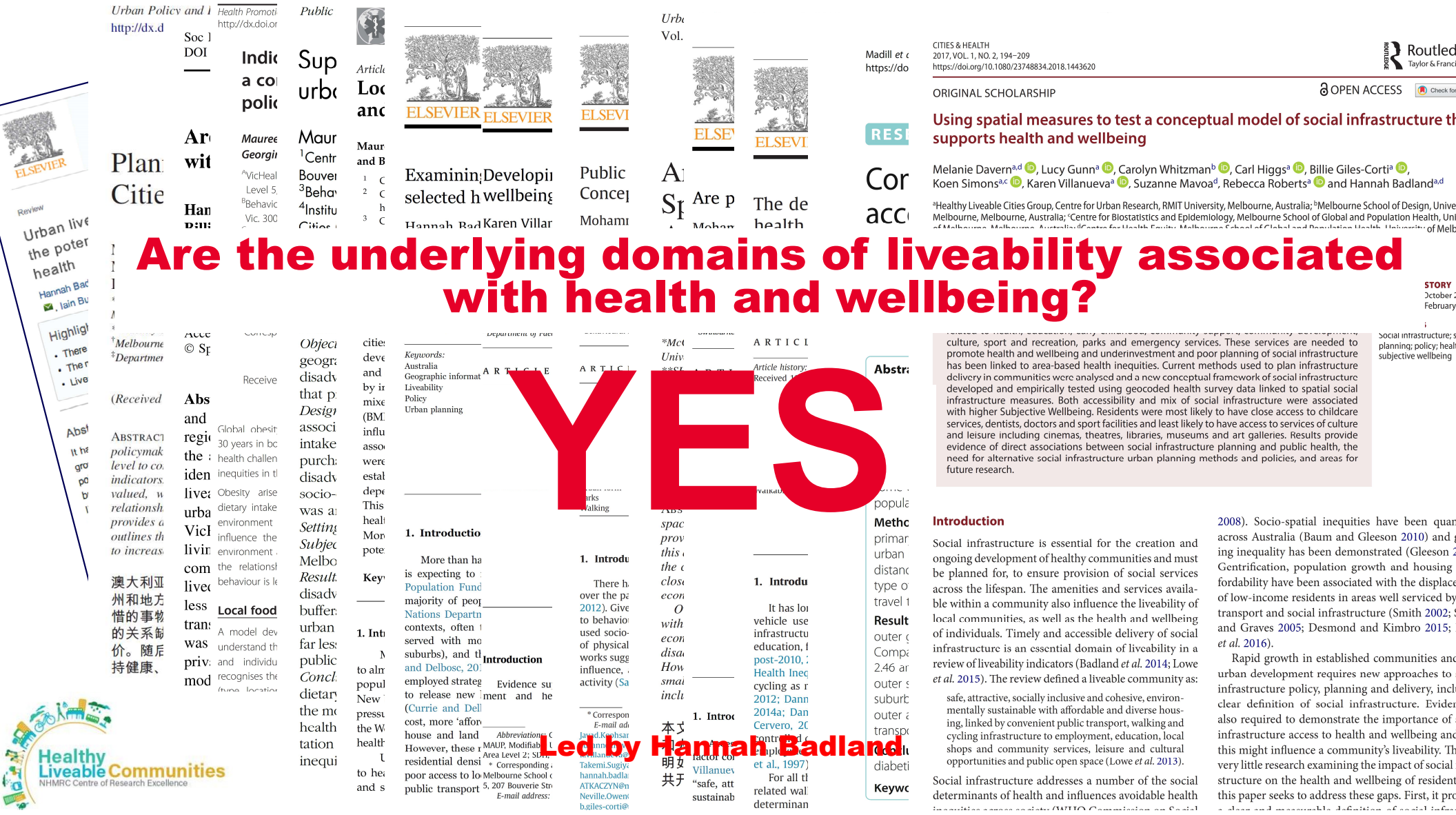
MAP: Melbourne 3000

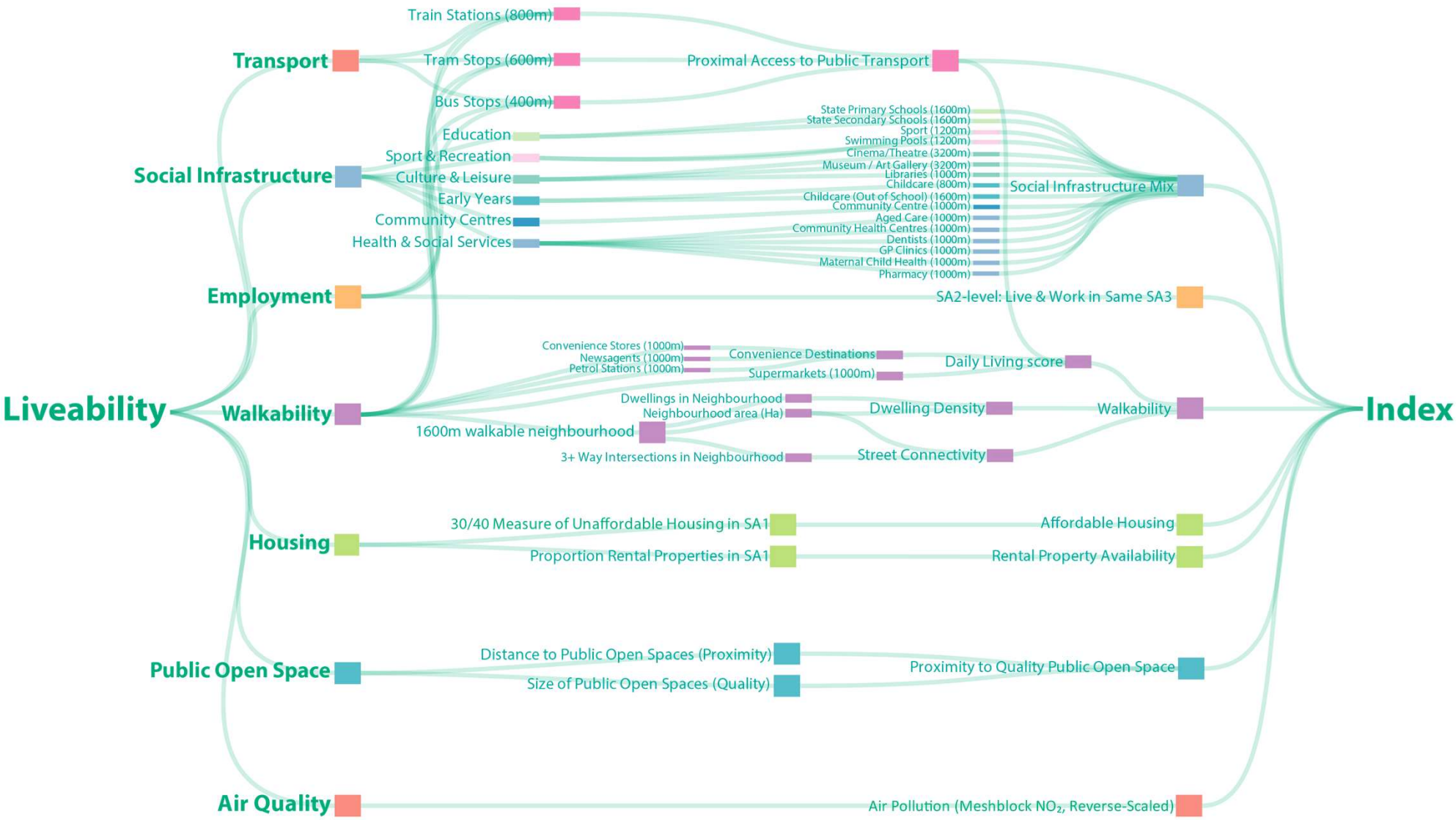
Top five most liveable cities:

What is liveability?



'Safe, socially cohesive and inclusive, and environmentally sustainable; with affordable and diverse housing linked via public transport, walking, and cycling infrastructure to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities'
(Lowe et al, 2013)

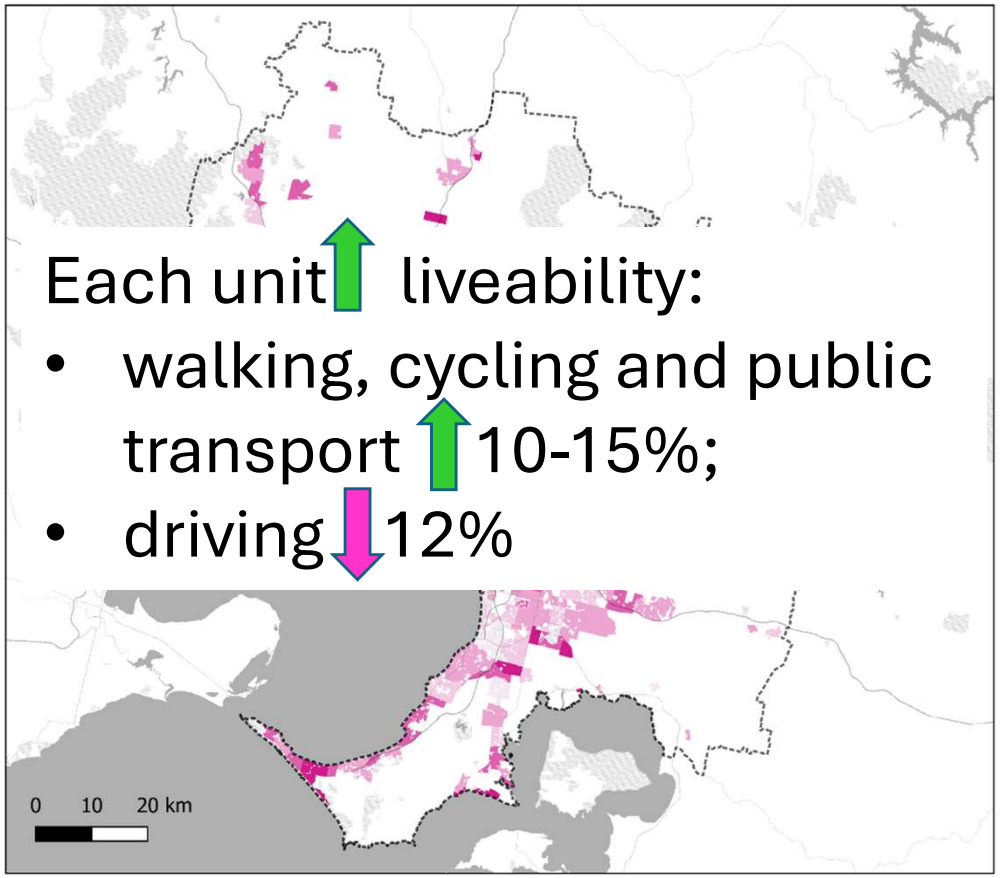

Are the underlying domains of liveability associated with health and wellbeing?
YES
Led by Hannah Badland
Healthy Liveable Communities
NHMRC Centre of Research Excellence
CITIES & HEALTH
2017, VOL. 1, NO. 2, 194–209
https://doi.org/10.1080/23748834.2018.1443620
ORIGINAL SCHOLARSHIP
OPEN ACCESS
Using spatial measures to test a conceptual model of social infrastructure th
supports health and wellbeing
Melanie Davern, Lucy Gunn, Carolyn Whitzman, Carl Higgs, Billie Giles-Corti,
Koen Simons, Karen Villanueva, Suzanne Mavoa, Rebecca Roberts and Hannah Badland
Introduction



Higgs *et al. Int J Health Geogr (2019) 18:14*

Is urban 'liveability' associated with transport behaviours?

Benchmarking and monitoring 'urban liveability'

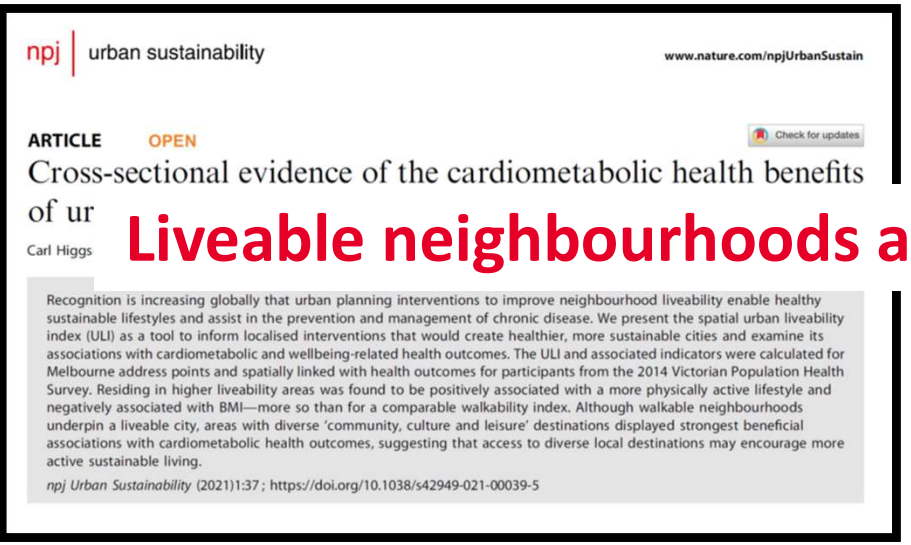


Decile score of the Urban Liveability Index (ULI) for dwellings in urban areas Melbourne, by suburb.

Healthy Liveable CITIES

Higgs *et al.* *Int J Health Geogr (2019) 18:14*

Liveability and cardiometabolic risk factors



npj | urban sustainability

www.nature.com/npjUrbanSustain

ARTICLE OPEN

Check for updates

Cross-sectional evidence of the cardiometabolic health benefits of ur

Carl Higgs

Recognition is increasing globally that urban planning interventions to improve neighbourhood liveability enable healthy sustainable lifestyles and assist in the prevention and management of chronic disease. We present the spatial urban liveability index (ULI) as a tool to inform localised interventions that would create healthier, more sustainable cities and examine its associations with cardiometabolic and wellbeing-related health outcomes. The ULI and associated indicators were calculated for Melbourne address points and spatially linked with health outcomes for participants from the 2014 Victorian Population Health Survey. Residing in higher liveability areas was found to be positively associated with a more physically active lifestyle and negatively associated with BMI—more so than for a comparable walkability index. Although walkable neighbourhoods underpin a liveable city, areas with diverse 'community, culture and leisure' destinations displayed strongest beneficial associations with cardiometabolic health outcomes, suggesting that access to diverse local destinations may encourage more active sustainable living.

npj Urban Sustainability (2021)1:37 ; https://doi.org/10.1038/s42949-021-00039-5

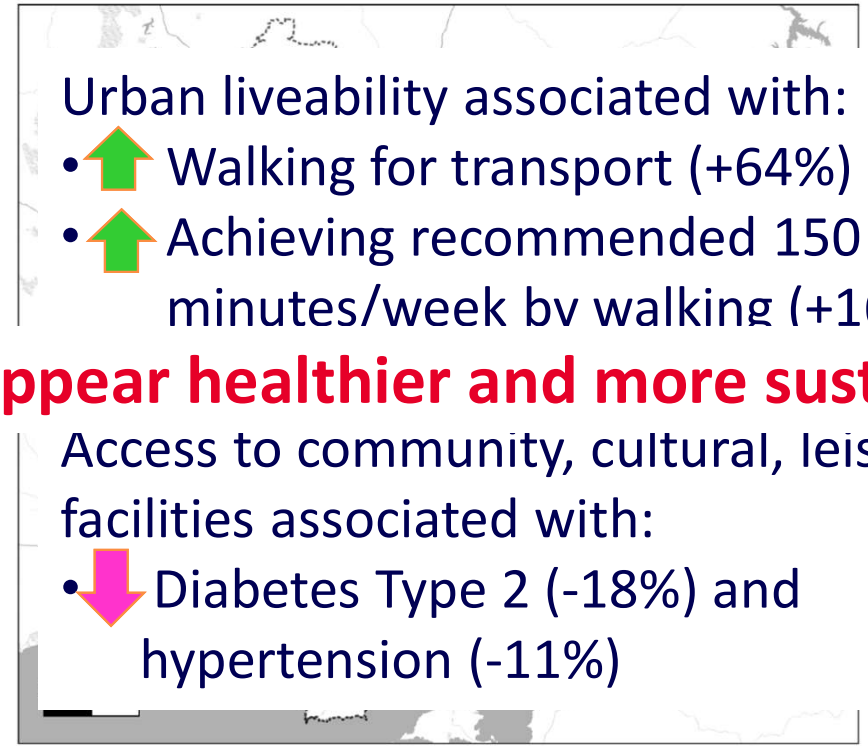
Urban liveability associated with:

- ↑ Walking for transport (+64%)
- ↑ Achieving recommended 150 minutes/week by walking (+16%)

Liveable neighbourhoods appear healthier and more sustainable

Access to community, cultural, leisure facilities associated with:

- ↓ Diabetes Type 2 (-18%) and hypertension (-11%)



Decile score of the Urban Liveability Index (ULI) for dwellings in urban areas Melbourne, by suburb.

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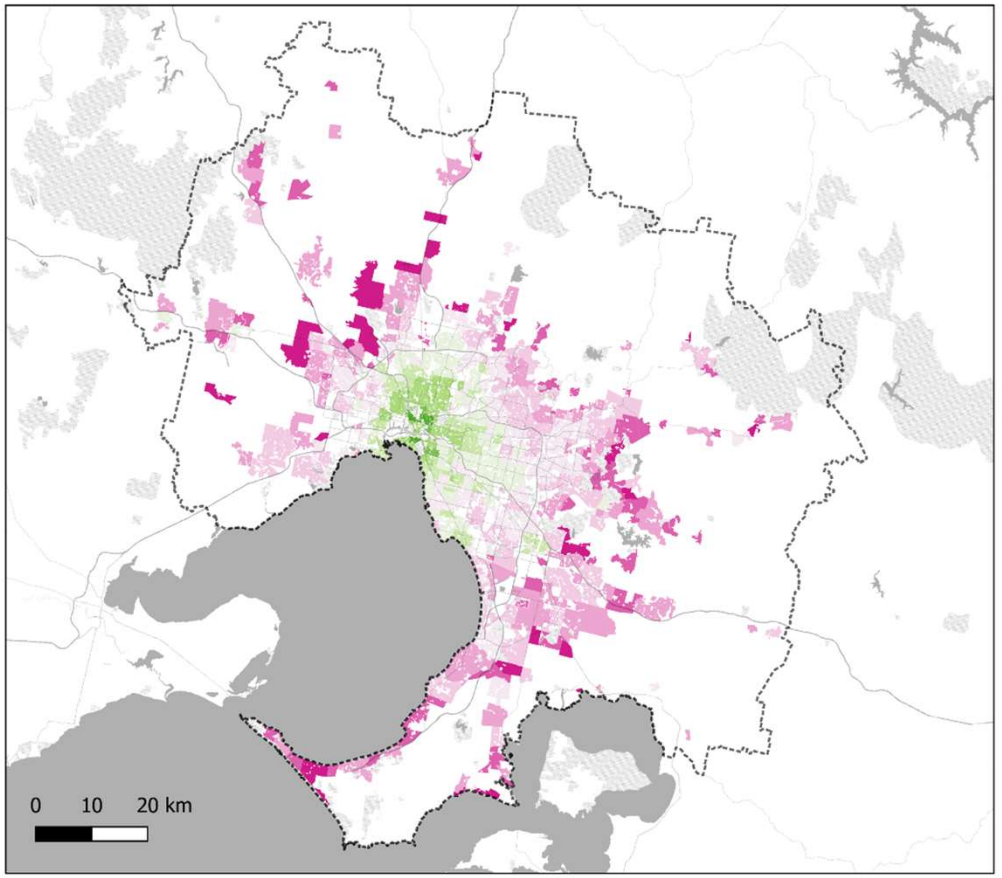
Higgs *et al. npj Urban Sustainability (2021)1:37*

Urban ‘liveability’ inequitably distributed

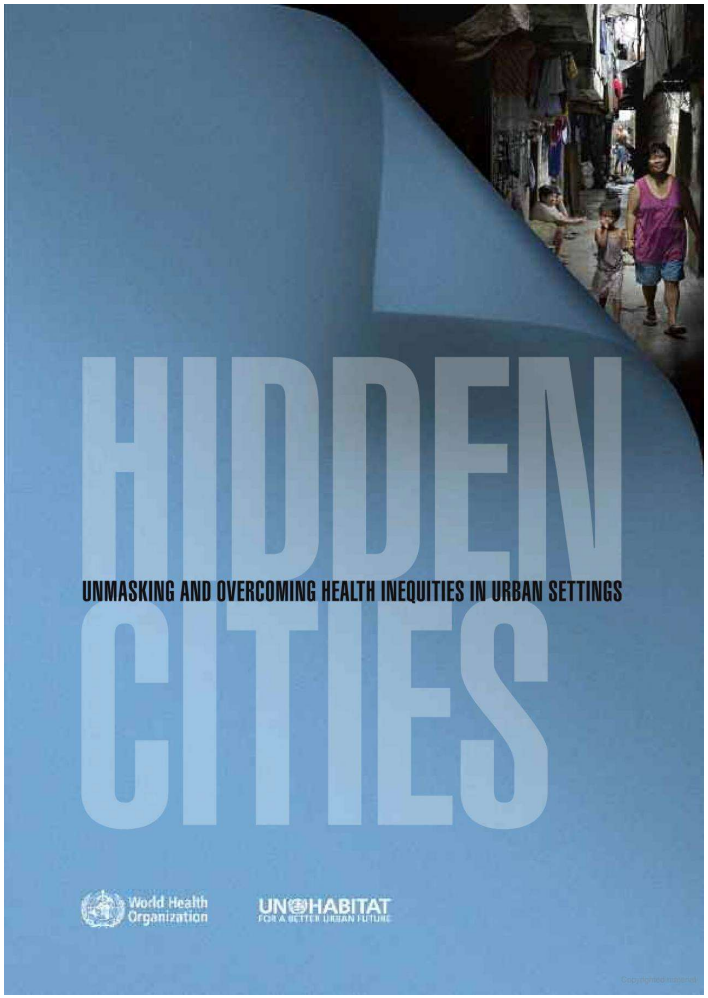
Benchmarking and monitoring ’urban liveability’



Decile score of the Urban Liveability Index (ULI) for dwellings in urban areas Melbourne, by suburb.

Healthy Liveable CITIES

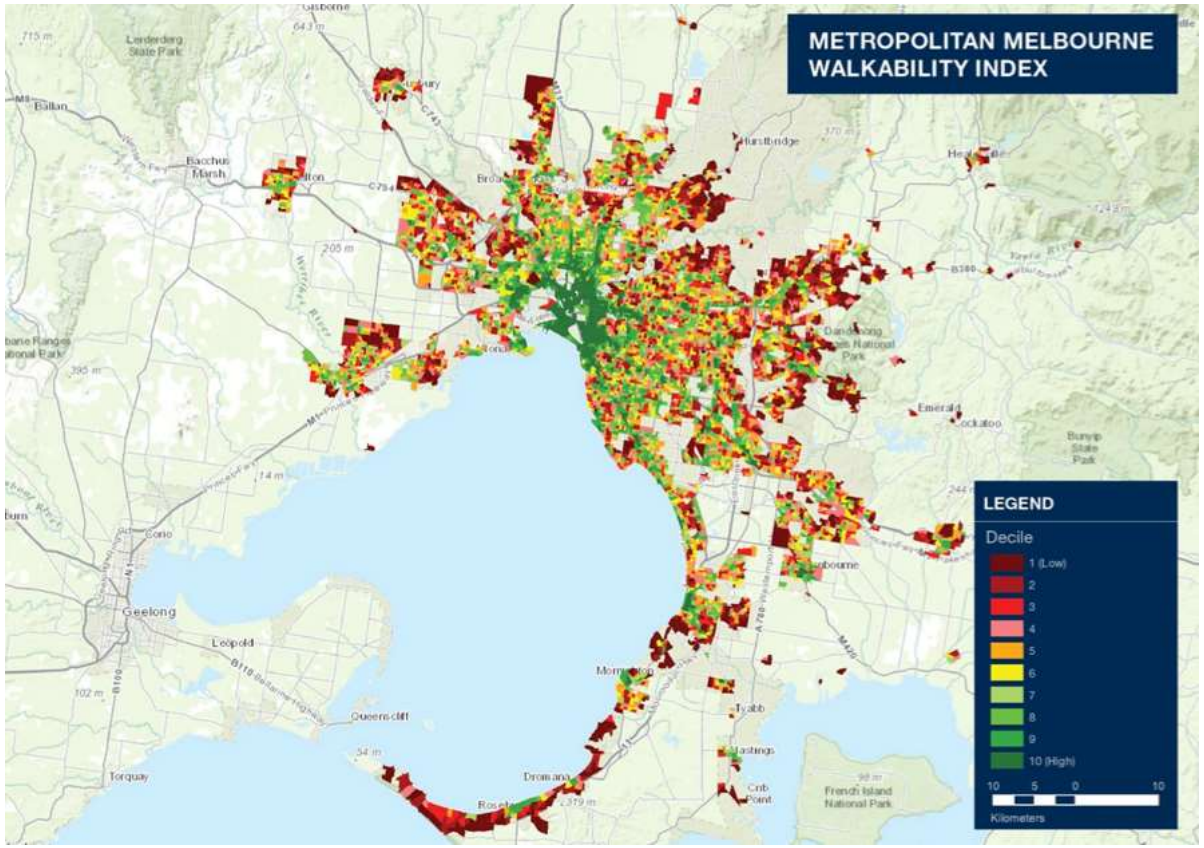
Higgs *et al.* *Int J Health Geogr (2019) 18:14*



- …'Certain city dwellers suffer disproportionately from poor health and these inequities can be traced back to differences in their social and living conditions. No city is immune to this problem.'

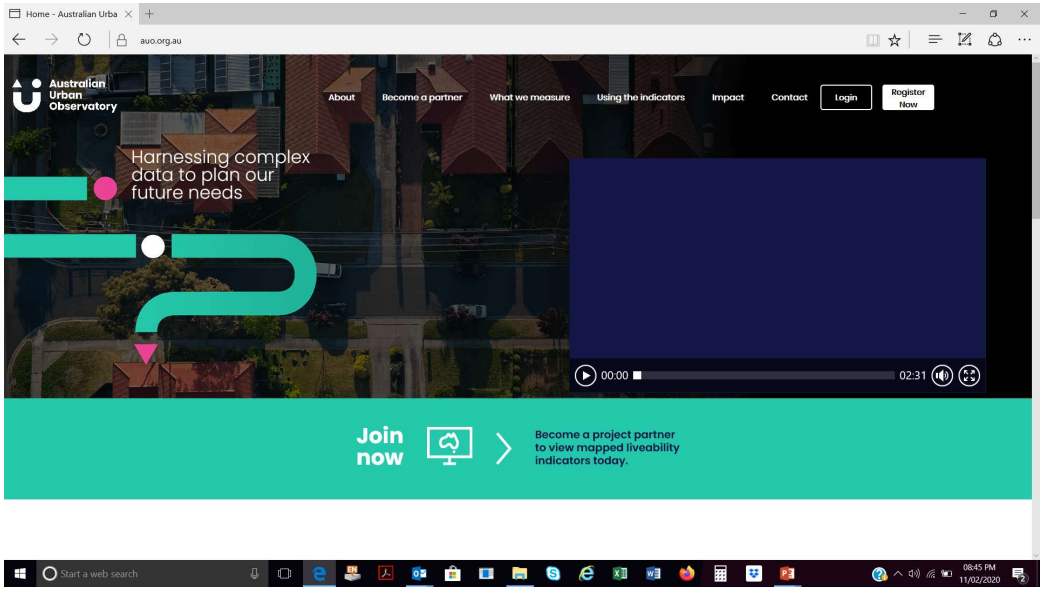
What gets measured, gets done

Are we creating a liveable city for all?

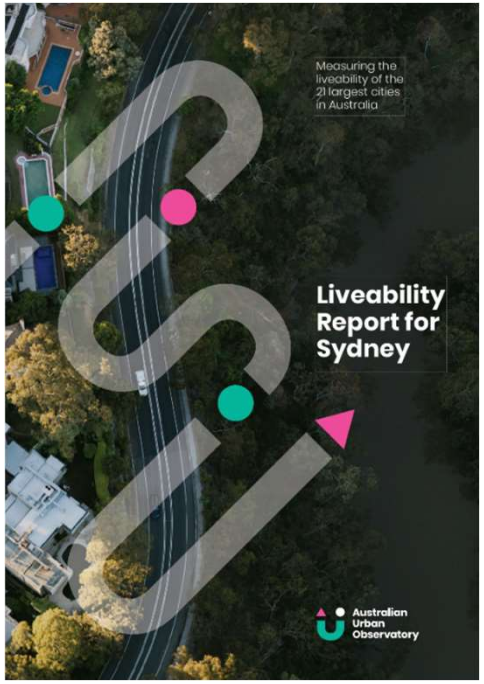


Mapping liveability in Australian cities

Created a tool to inform policy and practice: Australian Urban Observatory auo.org.au

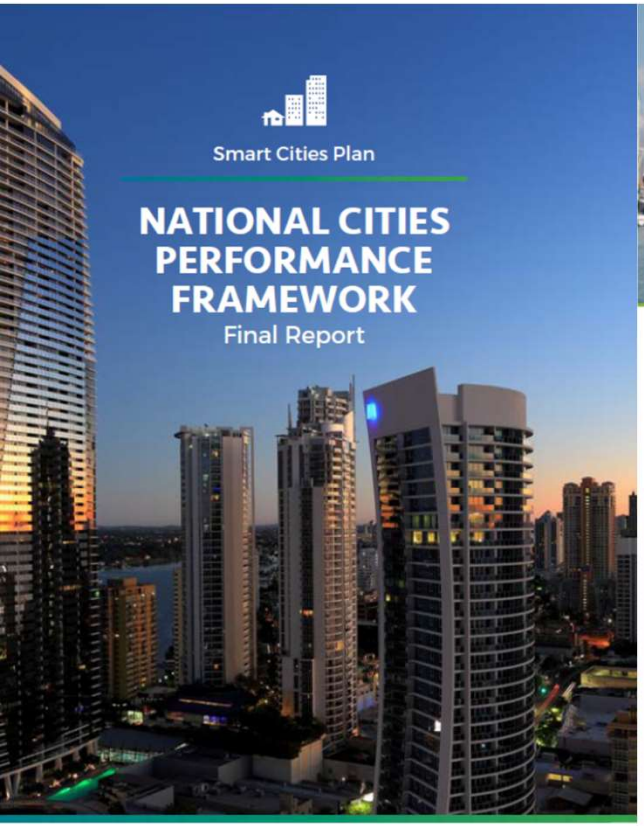


Led by Prof Melanie Davern



Led by:
Dr Lucy Gunn

Policy impact - Federal



5.2: Performance Indicators

Performance indicators reflect the performance of cities in achieving wider economic, social and environmental objectives. Performance indicators aim to help governments implement city strategies by linking the six Smart Cities policy priorities to clearly defined performance measures.

A list of performance indicators is at Box 7. Detailed information about each performance indicator, including how it is calculated, the source of the data, why it matters and its limitations is provided in the Performance Framework Data Dictionary at Appendix A.

Box 7: Performance Indicators

Jobs and Skills
- Employment growth *(New)*
- Unemployment rate
- Participation rate
- Educational attainment

Infrastructure and Investment
- Jobs accessible in 30 minutes
- Work trips by public and active transport
- Peak travel delay

Liveability and Sustainability
- Adult obesity rate
- Perceived safety *(New)*
- Access to green space
- Green space area
- Support in times of crisis
- Suicide rate
- Air quality
- Volunteering *(New)*
- Office building energy efficiency *(New)*
- Access to public transport *(New)*

Innovation and Digital Opportunities
- Knowledge services industries
- Broadband connections
- New business entrants and exits
- Patents and trademarks

Governance, Planning and Regulation
- Governance fragmentation

Housing
- Public and community housing
- Homelessness rate
- Rent stress
- Mortgage stress
- Housing construction costs
- Dwelling price to income ratio
- Population change per building approval

Access to public transport

Description
The proportion of dwellings within 400 metres of a frequently serviced public transport stop — one with a scheduled service every 30 minutes from 7am to 7pm on a normal weekday.

Rationale
A well-integrated and accessible public transport system has the potential to reduce traffic congestion in a city and improve residents' access to jobs and goods and services.

Limitations
Access to public transport can make it easier for people to get to jobs, but it does not mean that jobs are close by.

Data are not available for all cities.

Data source
Royal Melbourne Institute of Technology — Creating liveable cities in Australia — 2017

Source-data geography
GCCSA

Method
Source data geographies align with city geographies.

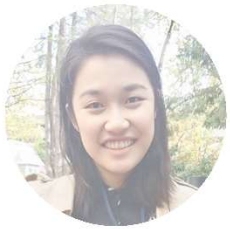
City geography
GCCSA

Unit

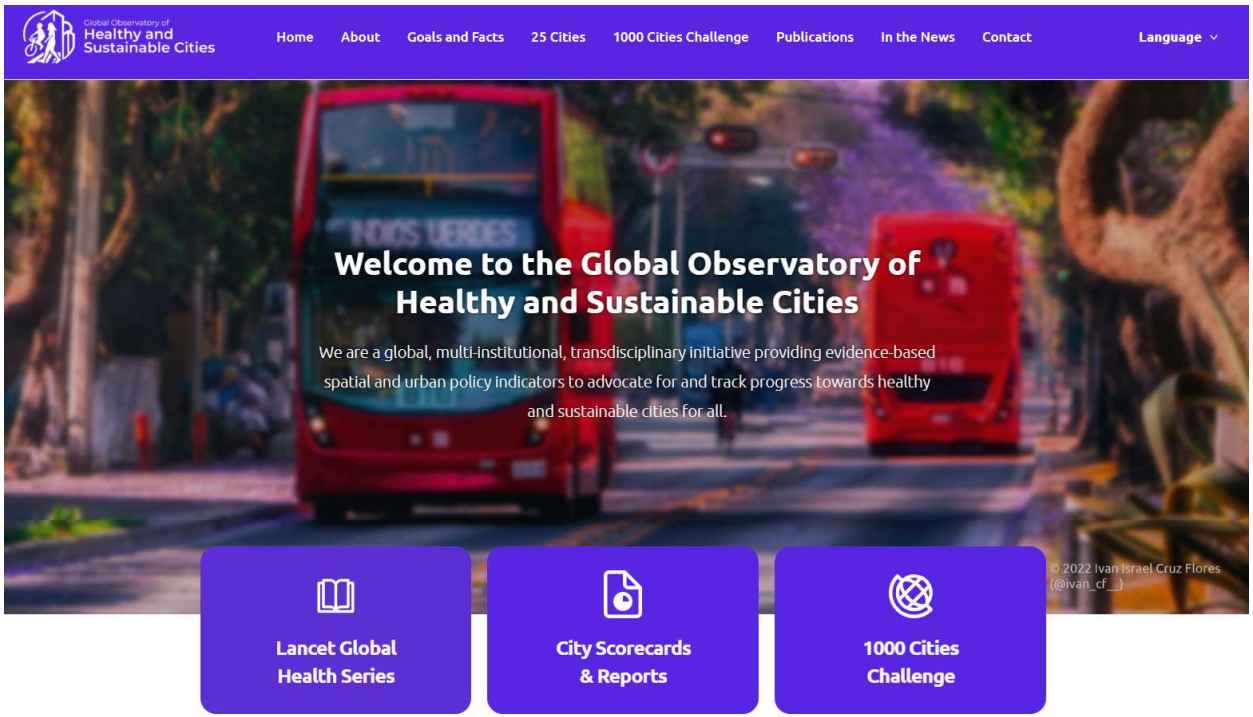
Global Healthy and Sustainable City-Indicators Collaboration

Our Goal?

To facilitate development of a global surveillance system of city planning policy and spatial indicators



Global Observatory of
Healthy and
Sustainable Cities



Deborah Salvo

Assistant Professor of Public Health, Brown School, Washington University

https://www.healthysustainablecities.org

+ Natural experiment policy-relevant studies

- Aimed to increase walking, cycling, public transport use and sense of community
- Incorporated 6 design elements:

– **Community Design**

– **Movement Network**

– **Lot Layout**

– **Public Parkland**

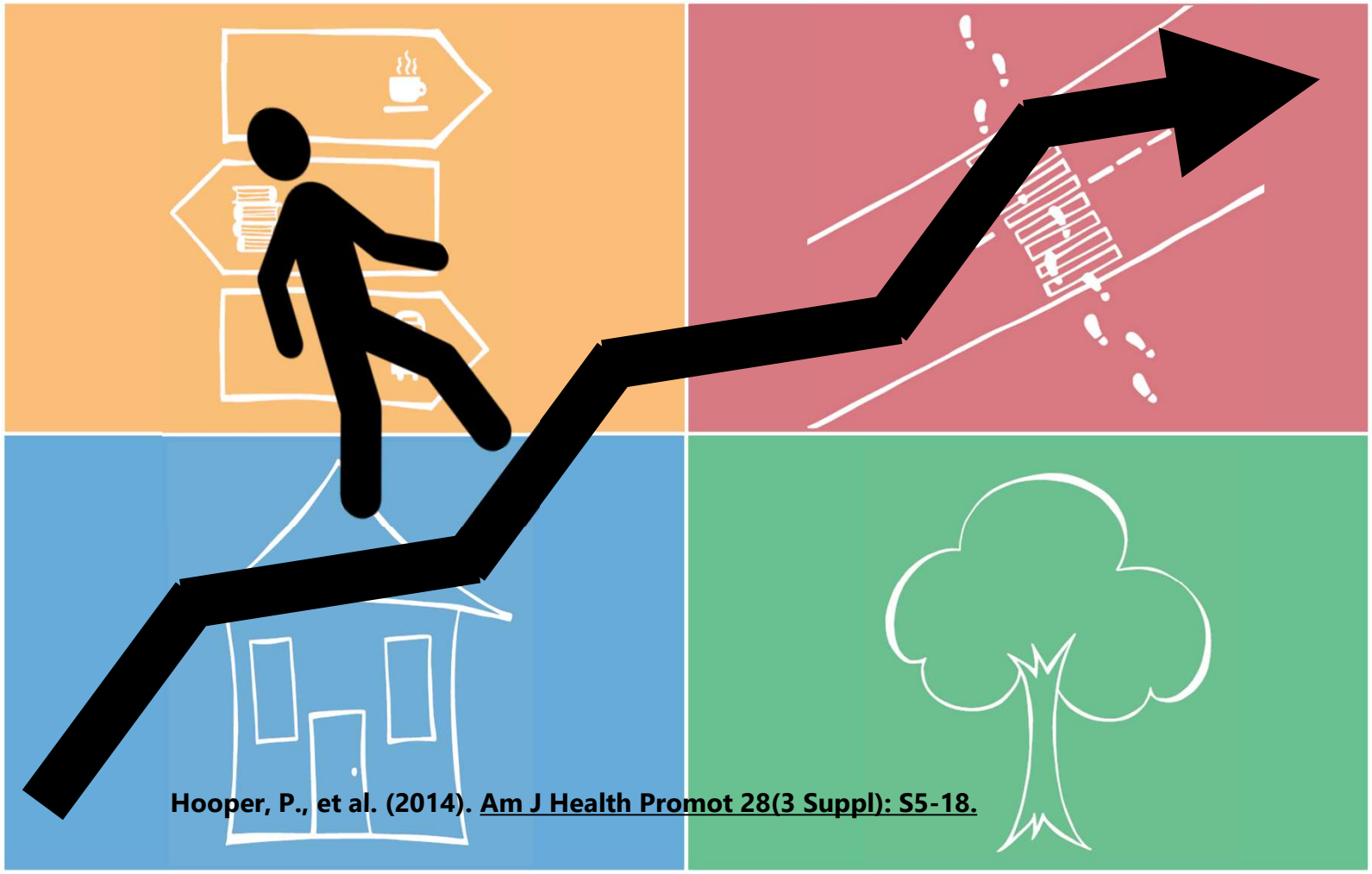
– **Urban Water Management**

– **Utilities**

+ Undertake research that ‘speaks’ to policymakers

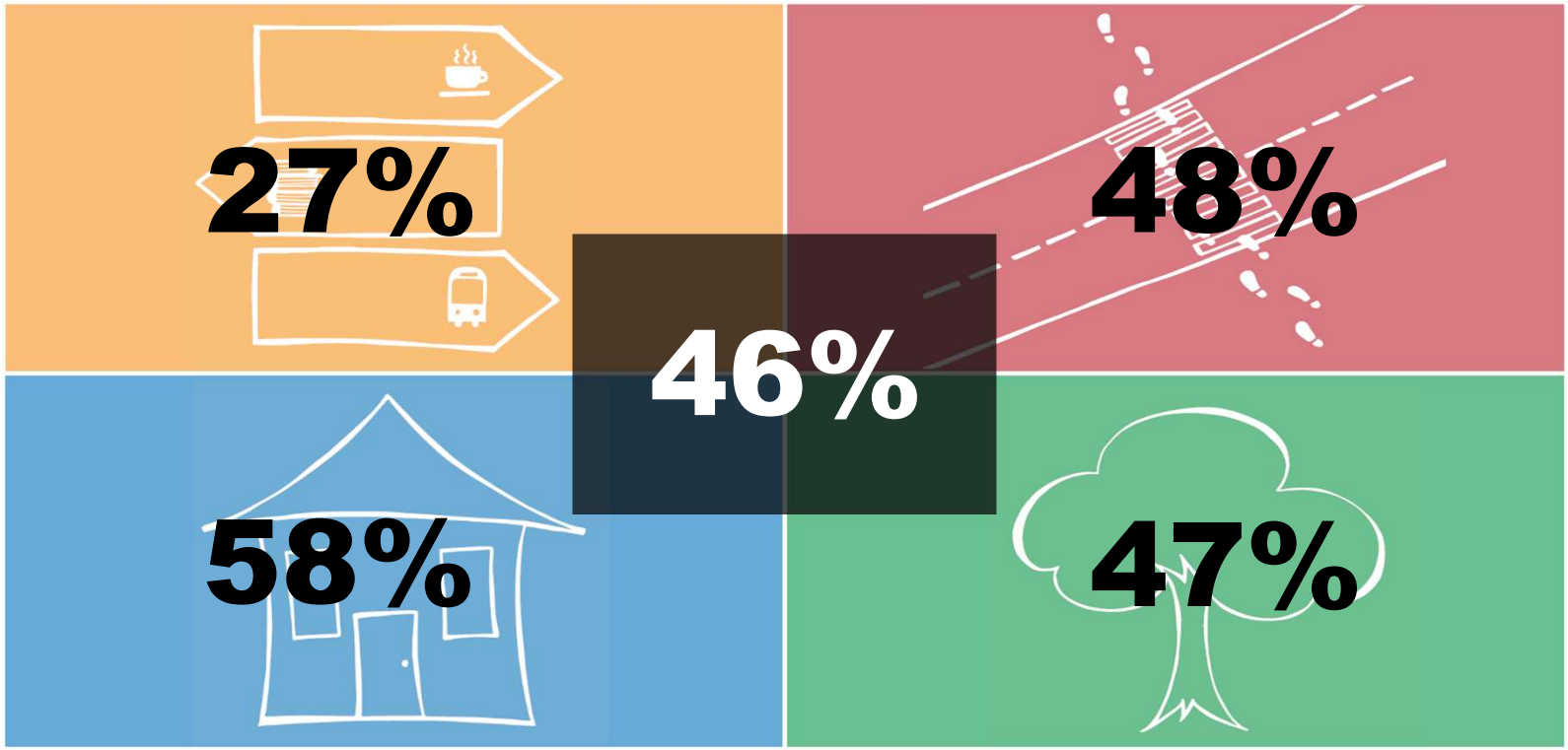
Paula Hooper

What happens when there is compliance?

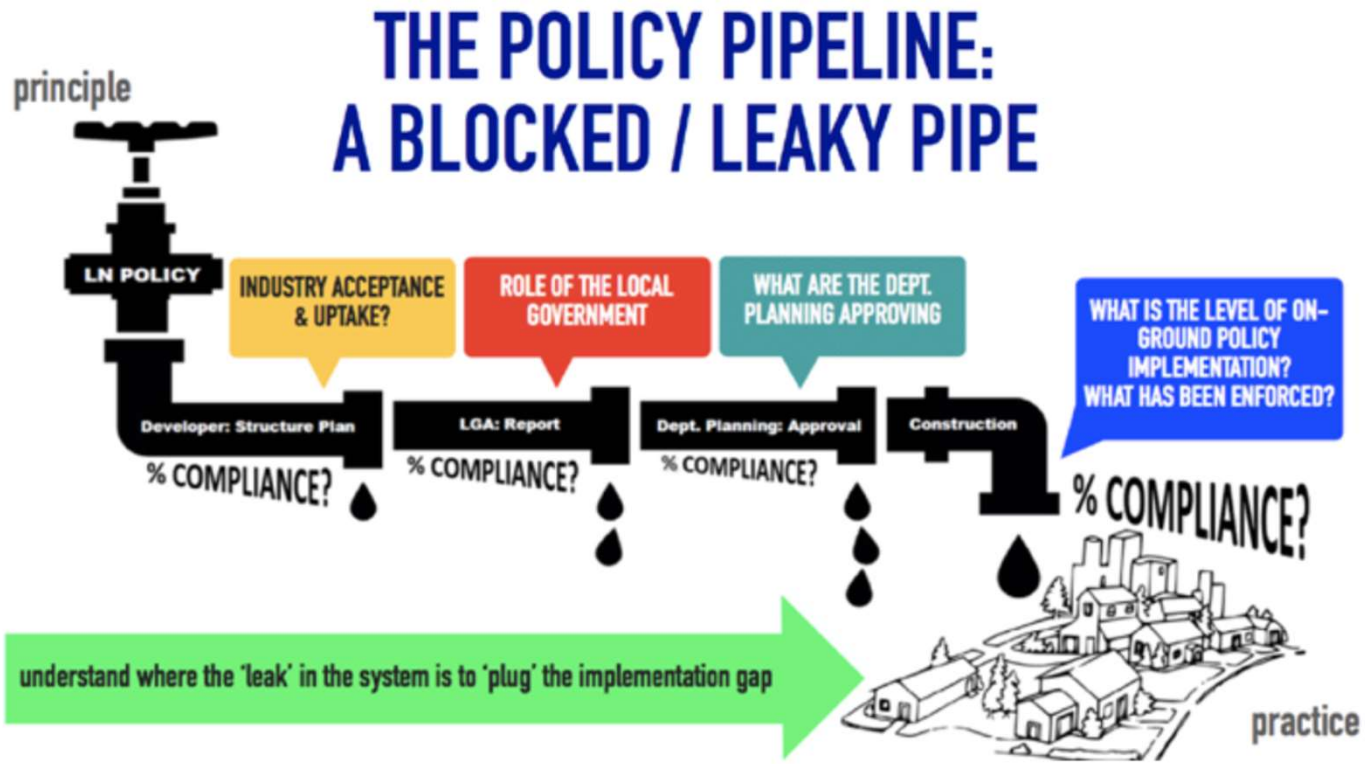


Hooper, P., et al. (2014). Am J Health Promot 28(3 Suppl): S5-18.

Results: Policy Compliance



Hooper, P., et al. (2014). Am J Health Promot 28(3 Suppl): S5-18.



Hooper, P., et al. (2019). *Int J Environ Res Public Health, 16*(14).

+Work with external advocates

Heart Foundation

PIA Planning Institute Australia

www.healthyactivebydesign.com.au/

+Influencing policy: Shift from ‘what’ and ‘why’ to ‘how’

Evidence-based metrics for a healthy liveable community

Healthy Liveable COMMUNITIES

THE HEALTHY LIVEABLE COMMUNITIES

URBAN LIVEABILITY CHECKLIST

The Urban Liveability Checklist is a tool for use in established or proposed urban areas to assess liveability and opportunities to improve health and wellbeing. The ‘desirable’ targets are evidence-based, and were developed and tested as part of the NHMRC Centre of Research Excellence in Healthy Liveable Communities.[1]

DOMAIN	INDICATOR	DESIRABLE	ACTUAL
Walkability	**Street connectivity** *Number of ≥ 3 way intersections summed in 800 m street network*	≥ 150 intersections	
	Dwelling density *Gross dwellings per hectare*	≥ 25 dph	
	Neighbourhood activity centre[2] *Layout and street network distance*	Main street[3] layout with 80% of dwellings ≤ 800 m	
	Neighbourhood activity centre access *Measured as a pedshed; calculated as the ratio of area within 800 m street network buffer to the area within an 800 m Euclidian (as the crow flies) buffer around a neighbourhood activity centre.* The higher the ratio, the higher the pedestrian access.	≥ 0.60	

30% tree canopy reduces disease risk

Environment International 145 (2020) 106102

Contents lists available at ScienceDirect

Environment International

journal homepage: www.elsevier.com/locate/envint

Urban green space, tree canopy and 11-year risk of dementia in a cohort of 109,688 Australians

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[b] School of Population Health, Faculty of Medicine, University of New South Wales, Sydney, Australia
[c] Menzies Centre for Health Policy, University of Sydney, Sydney, Australia
[d] National Institute of Environmental Health, Chinese Center for Disease Control and Prevention, Beijing, China
[e] School of Population Medicine and Public Health, Peking Union Medical College and The Chinese Academy of Medical Sciences, Beijing, China

ARTICLE INFO

Handling Editor: Zorana Andersen

Keywords:
Alzheimer's disease
Green space
Longitudinal study

ABSTRACT

Introduction: Urban greening is a climate change-related policy with considerable health benefits. But do these benefits extend to prevention of dementia and, if so, which types of green space matter?
Method: Multilevel discrete time-to-event cohort study of incident Alzheimer's disease over 11 years among a baseline recruited between January 1, 2006 and December 31, 2009 (the Sax Institute's 45 and Up Study). Sampled participants for this study (N = 109,688) were aged 45 years or older with no record of dementia up to 6 years before baseline, living in the cities of Sydney, Wollongong and Newcastle, Australia. Exposures were percentage total green space, tree canopy and open grass within 1.6-km road network distance buffers at baseline. Outcomes were time-to-first anti-dementia medication prescription (Department of Human Services) or dementia detected during hospitalisation or death up to 31 December 2016 (up to 11 years follow-up). Outcomes were analysed in parallel to triangulate on associations with green space, while testing for bias due to potential under-prescribing of anti-dementia medications. Models were adjusted for baseline person-level factors and area-level socioeconomic disadvantage.
Results: Dementia detection varied by case ascertainment method. 1.55% (1,703/109,688) persons were detected using prescribed anti-dementia medications. 3.32% (3,639/109,688) persons were detected during hospitalisation or death via ICD-10 codes. Dementia incidence irrespective of outcome measurement was lower among females, younger participants, those living in couples, with higher qualifications and higher incomes. Dementia risk was lower with more tree canopy when the outcome was measured using hospital and death records (≥30% vs < 10% tree canopy incidence hazard ratio (IHR) = 0.86, 95%CI 0.75, 0.99), after adjusting for person-level factors. The opposite association was observed when anti-dementia medications were used to detect dementia (≥30% vs < 10% tree canopy IHR = 1.33, 95%CI 1.07, 1.66). Anti-dementia medication-based detection also indicated lower dementia risk with more open grass (≥20% vs < 5% IHR = 0.83, 95%CI 0.67, 1.03). Anti-dementia medication prescribing was lower in the highest vs. lowest area-level disadvantage tertile (29.8% vs. 43.7%) among people diagnosed with dementia, indicating potential bias from geographic differences in prescribing practices. Adjusting for area-level disadvantage explained associations between tree canopy, open grass and dementia when detected by anti-dementia medication, but had negligible impact on negative (i.e. potentially protective) association between tree canopy and dementia detected by hospital and death records (≥30% vs < 10% tree canopy hazard ratio 0.84, 95%CI 0.72, 0.99).
Conclusions: Increasing urban tree canopy cover may help to reduce the risk of dementia. Replication in contrasting contexts and mediation studies to assess pathways are warranted.

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Original article

Green Space and Built Environment

Urban green space, tree canopy and prevention of cardiometabolic diseases: a multilevel longitudinal study of 46 786 Australians

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Editorial decision 24 October 2019; Accepted 3 November 2019

Abstract

Background: Cross-sectional studies suggest that more green space may lower the odds of prevalent diabetes, hypertension and cardiovascular diseases (CVD) in cities. We assess if these results are replicable for tree canopy exposure and then extend the study longitudinally to examine incident cardiometabolic outcomes.
Methods: The study was set in the Australian cities of Sydney, Wollongong and Newcastle. Total green space and tree canopy as percentages of landcover within 1.6 km (1 mile) from home were linked to a residentially stable sample of 46 786 participants in the Sax Institute's 45 and Up Study (baseline 2006–09; follow-up 2012–15). Separate multilevel models were used to investigate whether the odds of prevalent and incident doctor-diagnosed diabetes, hypertension and CVD were associated with total green space and tree canopy provision, adjusting for age, sex, income, education, employment and couple status.
Results: Lower odds of prevalent diabetes were observed with 1% increases in total green space [odds ratio (OR) 0.993, 95% confidence interval (CI) 0.988 to 0.998] and tree canopy (0.984, 0.978 to 0.989). Lower odds of prevalent CVD were found with a 1% increase in tree canopy only (0.996, 0.993 to 0.999). Lower odds of incident diabetes (0.988, 0.981 to 0.994), hypertension (0.993, 0.989 to 0.997) and CVD (0.993, 0.988 to 0.998) were associated with a 1% increase in tree canopy, but not total green space. At ≥30% compared with 0–9% tree canopy, there were lower odds of incident diabetes (0.687, 0.547 to 0.855), hypertension (0.828, 0.719 to 0.952) and CVD (0.782, 0.652 to 0.935). However, ≥30% compared with 0–4% total green space was associated with lower odds of prevalent diabetes only (0.695, 0.512 to 0.962).


20-Minute Neighbourhoods
Creating a more liveable Melbourne
VICTORIA
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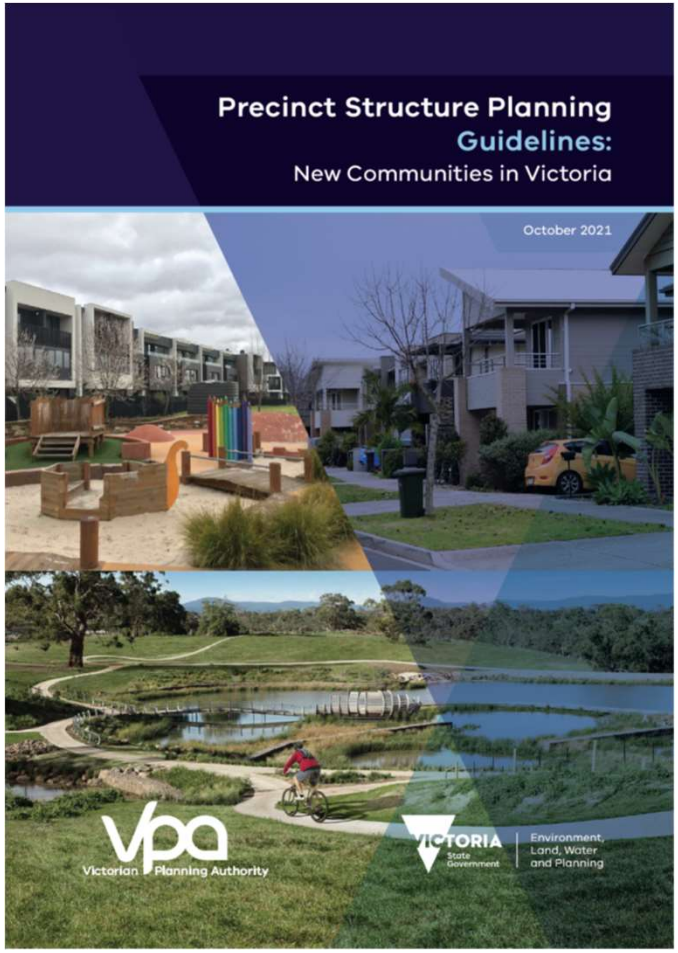

Precinct Structure Planning
Guidelines:
New Communities in Victoria
October 2021
vpa
Victorian Planning Authority
VICTORIA
State Government
Environment, Land, Water and Planning

Kingdon JW Agendas, alternatives and public policies NY: Longman 2010

What gets measured does not always get done…

What gets measured does not always get done

We commend the authors of the *Lancet Global Health* Series on urban design, transport, and health on the delivery of a comprehensive set of recommendations, which are relevant and useful. We have the greatest respect for their work in measuring the health impacts of urban form in various international contexts.

We write as scholars of urban planning and public health policy and wish to draw attention to several concerns with the sentiment that "what gets measured, gets done".[1] First, evidence is not enough. The health-promoting interventions and indicators

Third, the intense focus on measurement ignores the fact that some aspects of the way cities shape behaviour, and how behaviour shapes cities, cannot be quantified.[5] There are many diverse, effective, and rigorous methods available to social and health scientists that can be deployed to understand complex problems. This option has been recognised by practitioners in the implementation of cutting-edge concepts such as wellbeing budgets, which value qualitative and quantitative data.[6] The focus of the research discourse, however, is lagging behind. To limit our understandings through an overwhelming concentration on quantification restricts our understandings to occurrences that can

What are the lessons with the benefit of hindsight?

What's next...

+Understand the policy world you are trying to influence

Integrated Planning for Healthy Communities

Victorian State Government Policy and Practice

Melanie Danica Lowe

Submitted in total fulfilment of the requirements of the degree of Doctor of Philosophy

February 2016

Melbourne School of Population and Global Health
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne

How does local government use evidence to inform strategic planning for health and wellbeing?

Geoffrey Russell Browne

ORCID ID: 0000-0003-1990-3050

Doctor of Philosophy

July 2017

Melbourne School of Population and Global Health

Faculty of Medicine, Dentistry and Health Sciences

The University of Melbourne

Submitted in total fulfilment of the degree

A legal assessment of state and territory laws that influence the walkability of built environments in Australia

Tracy Nau, University of Sydney

+ Form partnerships with policymakers and practitioners

+Design research that 'speaks' to policymakers and practitioners

Original Article

'Tell us something we don't already know or do!' — The response of planning and transport professionals to public health guidance on the built environment and physical activity

Steven Allender[a,*], Nick Cavill[b], Mike Parker[c] and Charles Foster[a]

Journal of Public Health Policy (2009) 30, 102–116.

+ Collaboarate and work in multidisciplinary teams

Healthy Liveable Communities
NHMRC Centre of Research Excellence

The Australian Prevention Partnership Centre
Systems and solutions for better health

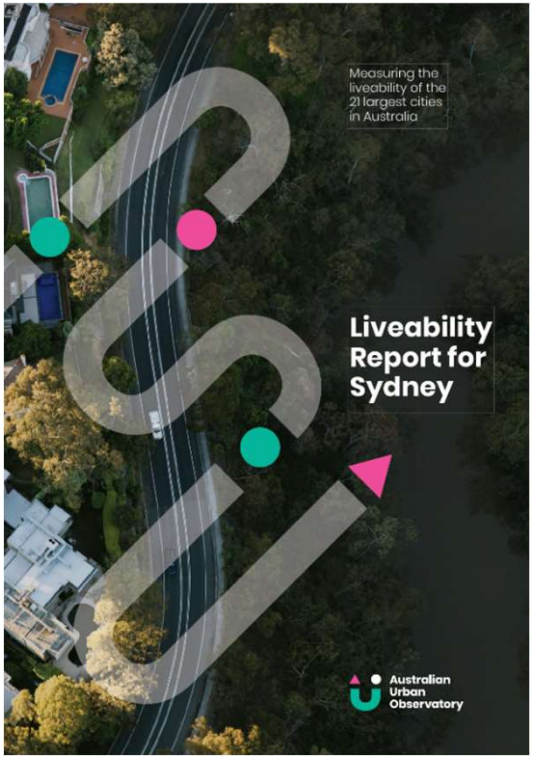
Clean Air and Urban Landscapes Hub
National Environmental Science Programme

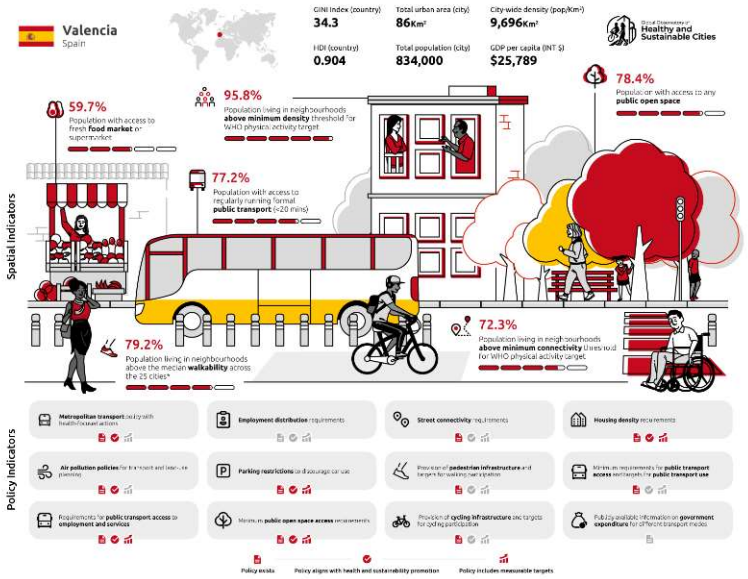
+Work with advocates and be an advocate

Heart Foundation

PIA Planning Institute Australia

+ Make sense of the evidence





Policy failure or failure to implement?


Be generous and reciprocate

Thank you

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