1 / 2025 | NEWSLETTER

ARBEITSKREIS MEDIZINISCHE GEOGRAPHIE UND GEOGRAPHISCHE GESUNDHEITSFORSCHUNG IN DER DEUTSCHEN GESELLSCHAFT FÜR GEOGRAPHIE

AUS DEM AK

Liebe Mitglieder des Arbeitskreises,

Im Jahr 2025 geht der Arbeitskreis ganz neue Wege – in mehrfacher Hinsicht. Ein Projekt, in das viele Überlegungen eingeflossen sind, hat seit April ganz konkrete Formen angenommen: Die Online-Ringvorlesung „Grundlagen der Gesundheits- und Medizinischen Geographie“ findet seit Ende April wöchentlich statt. Insgesamt sieben Mitglieder unseres Arbeitskreises gestalten die Vorlesungsreihe, die wöchentlich am Freitagmittag stattfindet. Die Arbeitsgruppe zur Lehre in der Geographischen Gesundheitsforschung hat in den letzten Jahren über verschiedene Wege diskutiert, wie die Medizinische Geographie / Geographische Gesundheitsforschung besser in der Lehre vertreten werden könnte. Mit dem Lehrbuch von Kistemann et al., das 2019 bei Westermann erschienen ist, wurde ein wichtiger Grundstein gelegt, um die Themen unseres Fachs für Lehrveranstaltungen zu erschließen. Darauf aufbauend hat die AG darüber diskutiert, wie ein Kerncurriculum Medizinische Geographie / Geographische Gesundheitsforschung aussehen könnte und über konkrete Lehrangebote diskutiert. Die Ringvorlesung (s. Beitrag Falkenberg) ist der erste – und mit 90 registrierten Teilnehmer*innen auch sehr erfolgreiche – Schritt aus der AG Lehre zur Verbreitung Gesundheitsgeographischer Lerninhalte. Geplant ist zudem eine Summer / Fall-School für Promovierende, die vor allem Methoden der Geographischen Gesundheitsforschung adressieren wird. Näheres dazu werden wir über unseren Newsletter zu gegebener Zeit kommunizieren.

Ein zweites Novum betrifft das diesjährige Arbeitskreistreffen. Da in diesem Jahr kein Deutscher Kongress für Geographie stattfinden wird, findet am 18. und 19. September eine „kleine AK-Tagung“ im Niedersächsischen Landesgesundheitsamt in Hannover statt. Die Besucher*innen erwartet an zwei Tagen ein reichhaltiges Vortragsprogramm zu aktuellen Forschungsprojekten der Geographischen Gesundheitsforschung. Wir freuen uns darauf, möglichst viele von Ihnen im September persönlich in Hannover begrüßen zu dürfen.

Wir wünschen Ihnen und Ihren Familien und Freunden zunächst aber einmal eine entspannte Sommerzeit

Carsten Butsch (Universität Bonn), Timo Falkenberg (Universität Bonn) und Holger Scharlach (Niedersächsisches Landesgesundheitsamt)

INHALT

Nachrichten, Ankündigungen und Anfragen

Translokale Ringvorlesung „Grundlagen der Gesundheits- und Medizinischen Geographie“

Die Arbeitsgruppe „Lehre“ unseres Arbeitskreises führt derzeit in Zusammenarbeit mit der AG Raum und Gesundheit (der DGEpi) eine translokale Ringvorlesung durch. Die Arbeitsgruppe hat sich bereits 2023 formiert und ihre Arbeit mit einer Bestandsaufnahme der gesundheitsgeographischen Lehrangebote an deutschen Hochschulen begonnen. Obwohl es einige Angebote an verschiedenen Standorten gibt, oftmals durch Lehrende aus unserem Arbeitskreis, hat die Arbeitsgruppe einen Mangel an Grundlagenkursen identifiziert, die Bachelor- und Masterstudierende zu Abschlussarbeiten im Bereich der Gesundheitsgeographie befähigen würden. Darüber hinaus wurde ein allgemeines Defizit an methodischen Kursen festgestellt. In der Arbeitsgruppe wurden daher zwei Entschlüsse gefasst: Zum einen soll eine methodische Springschool durchgeführt werden und zum anderen soll eine digitale Ringvorlesung angeboten werden, die in die Themen der Gesundheitsgeographie einführt. Die erste methodische Springschool wird in Erlangen stattfinden und sich mit Erreichbarkeitsanalysen befassen. Der Fokus der Arbeitsgruppe liegt jedoch zunächst auf der digitalen Ringvorlesung.

Die translokale Ringvorlesung, für die sich rund hundert Personen angemeldet haben, startete am 25. April 2025 mit einer Einführung in die Modelle von Gesundheit und Krankheit. Timo Falkenberg stellte die pathogenetischen und salutogenetischen Modelle vor und zeigte, dass beide Modelle für die Gesundheitsgeographie relevant sind. Dennis Schmiege präsentierte grundlegende Begriffe und Indikatoren und beantwortete die zentrale Frage: Wie werden Gesundheit und Krankheit gemessen? Carsten Butsch stellte den demografischen und epidemiologischen Übergang vor und erläuterte, wie diese die Krankheitsmuster im Zeitverlauf prägen. Sebastian Völker fokussierte sich auf die Determinanten von Gesundheit und Krankheit. Dabei differenzierte er zwischen Verhaltens- und Verhältnisprävention und hob die räumlichen Dimensionen der Determinanten hervor. In der folgenden Sitzung, thematisierte er das deutsche Gesundheitssystem mit einem Schwerpunkt auf Zugang und Erreichbarkeit. Carmen Anthonj gab einen Überblick über die diversen Bereiche des Themenkomplexes WaSH (Water, Sanitation, Hygiene). Neben den theoretischen WaSH-Grundlagen zeigte sie viele spannende Beispiele aus ihrer eigenen Forschung, beispielsweise die besonderen Herausforderungen für obdachlose Menschen. Anknüpfend an die WaSH-Thematik besprach Timo Falkenberg die wechselseitige Beziehung zwischen Entwicklung und Gesundheit. Dabei wurden die Interaktionen zwischen den Sustainable Development Goals (SDGs) und den sozialen Determinanten von Gesundheit aufgezeigt. Im weiteren Verlauf der Ringvorlesung wird Klaus Geiselhart am 27. Juni die Auswirkungen des globalen Klimawandels vorstellen und in der Folgewoche das Thema „Planetare Gesundheit“ diskutieren. Dennis Schmiege wird am 11. Juli die Einflüsse von Ungleichheit und Ungerechtigkeit auf Gesundheit und Krankheit vorstellen und Carsten Butsch wird am 18. Juli Einblicke in die postmedizinische Gesundheitsforschung geben. Am 25. Juli endet die Vorlesungsreihe mit einer Synthese von Carmen Anthonj.

Im Anschluss an die Ringvorlesung wird eine Evaluation unter den Teilnehmenden durchgeführt. Es ist vorgesehen, diese weiterzuentwickeln und auch in den nächsten Jahren anzubieten. Eine Idee ist, sie als asynchrones Lernformat auszubauen, um den Einstieg in die Gesundheitsgeographie für Studierende zu erleichtern.

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Aus der Forschung

Projekt "AdaptNet: Anpassung und Vernetzung der haus- und fachärztlichen Versorgung im Hinblick auf die gesundheitlichen Auswirkungen des Klimawandels"

Der Klimawandel stellt eine der größten Herausforderungen des 21. Jahrhunderts dar und hat auch in Deutschland gravierende Auswirkungen auf die Gesundheit der Bevölkerung. Trotz dieser Herausforderungen wird der Klimawandel in der haus- und fachärztlichen Versorgung bislang nur unzureichend berücksichtigt.

Das Projekt „AdaptNet“ hat zum Ziel, die medizinische Versorgung an die gesundheitlichen Auswirkungen des Klimawandels anzupassen und eine Vernetzung der haus- und fachärztlichen Versorgung zu fördern. Im Mittelpunkt der Projektarbeit stehen dabei die städtische Region Nürnberg und der ländliche Landkreis Ansbach in Bayern. Diese beiden Untersuchungsregionen dienen als Modellräume für die Entwicklung und Erprobung praxisnaher Werkzeuge zur klimaangepassten medizinischen Versorgung.

Im Rahmen des Projekts wurde eine umfassende Risikokartierung auf Kreisebene für Deutschland durchgeführt. Diese hilft dabei, klimabedingte Gesundheitsrisiken differenziert darzustellen und Hotspots zu identifizieren, d. h. Regionen, die bereits heute und / oder in der Zukunft besonders von klimabedingten Gefahren betroffen sind. Die Risikokartierung bildet zusammen mit einem Transferleitfaden die Grundlage dafür, die im Raum Nürnberg und Ansbach entwickelten Werkzeuge auch in anderen Regionen Deutschlands anwenden und anpassen zu können.

Ein zentrales Ergebnis des Projekts ist die Entwicklung der Werkzeuge in einer „Klima-Toolbox“, welche praxisnahe Instrumente zur Anpassung der medizinischen Versorgung enthält. Die Toolbox umfasst unter anderem eine Basisschulung zu Klimawandel und Gesundheit für Ärzt*innen[1], einen vorsommerlichen Arzneimittel-Check-Up zur Hitzethematik, Praxis-Notfallpläne für Extremwetterereignisse sowie Informationsmaterialien für Patient*innen. Die Entwicklung der Toolbox erfolgt in enger Zusammenarbeit mit Haus- und Fachärzt*innen sowie Patient*innen aus der Region Nürnberg.

Das Projekt wird für drei Jahre mit insgesamt rund 1,2 Millionen Euro vom Innovationsausschuss beim Gemeinsamen Bundesausschuss G-BA (Innovationsfonds) gefördert. Es läuft von 2023 bis 2025, geleitet durch den Lehrstuhl für Regionalen

Klimawandel und Gesundheit der Medizinischen Fakultät der Universität Augsburg. Ziel ist es, die entwickelten Werkzeuge bundesweit zu übertragen und damit einen nachhaltigen Beitrag zur Anpassung der medizinischen Versorgung an die Auswirkungen des Klimawandels zu leisten. Konsortialpartner des Projekts sind die Universitätskliniken Erlangen und Heidelberg, das Gesundheitsnetz Qualität und Effizienz eG in Nürnberg sowie die AOK Bayern.

[1]https://high-edu.courses/courses/course-v1:HIGH+AdaptNet1+2024.2/about

Link zum Projekt AdaptNet: https://www.gesundheitsnetznuernberg.de/adaptnet/klimawandel-gesundheitstipps-patient/

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EXPOSURE TO ENVIRONMENTAL AND WATER-RELATED HEALTH RISKS IN SLOVAKIA'S URBAN, SUB-URBAN AND RURAL ROMA SETTLEMENTS

According to 2023 data from the Joint Monitoring Programme (JMP), which regularly produces estimates of global drinking water, sanitation and hygiene (WASH) progress, most countries and people without safe services are located in the so-called Global South, primarily in low- to middle-income countries. However, large pockets of people facing such challenges also exist in high-income countries, e. g. in Europe. One such group are Roma people, Europe's largest ethnic minority, mainly residing in the southeastern part of Europe. Roma communities often face significant disadvantages compared to the majority populations, including discrimination, poverty, and social exclusion. Inequalities in access to health care, inadequate living conditions and stigmatisation contribute to their exclusion. Additionally, the lack of comprehensive data on Roma individuals, communities and living conditions hinders an accurate understanding of their socio-economic and living situation. The poor sanitation, crowded living conditions, lack of access to drinking water, and low socioeconomic status – particularly in combination with proximity to (stray) animals and human and solid waste – prevalent in many Roma settlements, significantly impact their health and well-being while exposing them to endoparasitic diseases.

Globally, intestinal parasitic infections caused by protozoans like Giardia duodenalis and helminths such as Ascaris lumbricoides and Trichuris trichiura are widespread in places where precarious living conditions and substandard WASH coincide. Infections with these parasites often lead to various health problems. Early symptoms like diarrhoea or vomiting can progress into severe gastrointestinal infections, leading to poor nutrient absorption, dehydration, persistent watery diarrhoea, anaemia, and even malnutrition. In children, the risks are even greater, as these diseases can impair growth (stunting), cause intellectual delays, and negatively affect cognitive and learning abilities. However, despite the severity of endoparasitic infections, their prevalence among the Roma communities is unknown due to a lack of comprehensive and reliable statistical data on their health status.

In Slovakia, according to the Atlas of Roma Communities 2019 (from now on also referred to as "the Atlas"), there are approximately 440,000 Roma people. Despite Slovakia being a member of the European Union with a relatively high standard of living, the country still faces significant challenges related to social exclusion and in-adequate access to essential services for its marginalised groups. Most of the Roma people live in concentrated settlements, often pushed to the outskirts of villages and isolated from the majority population by natural barriers like forests and rivers or by man-made structures such as fences, train tracks, waste collection sites and factories. Yet, the structure – and centrality – of Roma settlements is very heterogeneous, ranging from localisation within villages (inside, urban), to those isolated on the outskirts (edge, sub-urban) or outside villages (natural / rural).

In our recently published study (Ihnacik et al., 2025), we

- provide deep insights into the living environments of Slovakia's Roma population;
- compare living conditions in settlements at different levels of centrality, including urban, peri-urban, and rural;
- analyse the occurrence of endoparasite diseases in different Roma settlements across Slovakia, thereby offering a comprehensive view of the overall health of people, animals, and the living environment.

This is the first comprehensive insight and assessment of the diverse living environments of Roma populations, and the first integration of desk study knowledge and parasitological data in Slovakia and beyond. It sets the stage for future research and evidence-informed public health interventions that consider the needs of Roma communities while considering their complex human-animal and environment interactions.

Level of Centrality	Urban	Sub-Urban	Natural / Rural
Location of Settlements	Settlement Located Inside Village	Settlements Located at the Edge of Villages	Settlements Located Outside the Main Village
Map *			
Images *			
Water source	The majority of dwellings have access to safe and reliable water sources (>70 % public supply).	60 % of dwellings connected to public supply, around 20 % use personal wells.	47 % of dwellings are connected to public supply. 24 % use personal wells, 21 % public wells, 8 % non-standard source.
Wastewater, waste disposal	Half of the dwellings are connected to public sewerage systems, 73 % have safe wastewater removal. 84 % have their own waste containers.	About 53 % of dwellings have safe wastewater disposal. 72 % of dwellings have waste containers.	44 % of the dwellings have safe wastewater disposal. 57 % of dwellings have their own waste containers.
Flooding	16 % had experienced flooding events, and nearly 9 % of settlements had faced other natural disasters.	33 % had experienced flooding events, and 23 % had faced other natural disasters.	25 % of settlements had experienced flooding events, and 16 % had faced other natural disasters.
Distance to healthcare	The average distance to the nearest GP is 1.8 km. The average distance to a paediatrician is 3.6 km.	The average distance to the nearest GP is 4 km. The average distance to a paediatrician is 5.6 km.	The average distance to a GP is 5 km. The average distance to a paediatrician is 6.5 km.
Infrastructure	The closest bus stop is only a few 100 m away. The closest train stop is about 6 km away.	The closest bus stop is only a few 100 m away. The closest train stop is about 9 km away.	The closest bust stop is within 1 km of the settlement. The closest train station is about 8 km away.
Housing	Average of 1 - 2 unapproved brick houses, 0 - 1 unapproved wood houses, 0 - 1 unapproved huts.	Average of 7 - 8 unapproved brick houses, 0 - 1 unapproved wood houses, 5 - 6 unapproved huts.	Average of 7 unapproved brick houses, 2 - 3 unapproved wood houses, 10 - 11 unapproved huts.
Energy	93 % of dwellings are connected to electricity grid, 30 % with access to gas distribution system.	85 % of dwellings are connected to the electricity grid, 16 % connected to the gas distribution system.	80 % of dwellings connected to electricity grid, 4 % connected to gas distribution system.

* The maps and images serve as examples illustrating the infrastructure and appearance of settlements at varying levels of centrality. Image blurring serves to ensure anonymity.

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SUMMARY OF A SYSTEMATIC SCOPING REVIEW - HOW GREEN AND BLUE SPACES PROMOTE HEALTH AMONG VULNERABLE URBAN POPULATIONS FACING CLIMATE HAZARDS

Green and blue spaces, such as trees, parks, rivers, lakes, and other forms of urban nature, provide multiple health-related benefits for urban populations. These spaces have been increasingly recognized for their role in supporting physical, mental, and social well-being (e.g. Föllmer et al., 2020). Through mechanisms such as stress reduction, opportunities for physical activity, social interaction, and climate regulation, they contribute to overall health resilience, particularly in cities where stressors, such as heatwaves and flooding, are intensifying. At the same time, unequal distribution and limited access to quality green and blue spaces often leave vulnerable populations, such as children, older adults, low-income communities, residents of deprived neighbourhoods, and ethnic minorities, at a disadvantage (Aiello et al., 2025; Anguelovski et al.; 2022). This highlights the need to better understand the complex interrelations between nature, health, vulnerable groups and climate hazards in urban contexts.

In our forthcoming review (Janeka et al., forthcoming), we systematically identified peer-reviewed literature published between 2012 and 2024 that addresses the intersection of green and blue spaces, health and well-being, vulnerable groups, and climate-related extreme events in urban contexts. The search was conducted in the Web of Science database, while screening process was supported by ASReview. Moreover, we followed PRISMA guidelines and applied inclusion and exclusion criteria to guide the selection process (Arksey & O'Malley, 2005; Levac et al., 2010). ASReview, an open-source tool, applied active machine learning to rank all studies by relevance based on reviewer input. This facilitated a structured review process and improved our efficiency. A total of 28 studies met the eligibility criteria and were included in our final analysis.

The included studies were carried out across multiple regions, with a geographical concentration in the United States, China, and Europe. They covered a wide range of disciplines including environmental science, urban planning, public health, landscape architecture and social science. The applied methods were equally diverse - geospatial, technological, health-related, social science and co-design approaches. Studies integrated multiple methods to address the complexity. Most commonly, studies combined spatial analysis with social and either health or technical data, or linked geospatial data with survey-based insights. One study combined geospatial, technological, health, and social approaches to investigate how parks affect thermal comfort, health, and activity of older adults (Ma et al., 2021), representing the most comprehensive interdisciplinary and method integration. Only two studies engaged in participatory or co-creation methods, one involving residents of nursing homes (Halbmayer et al., 2021) and one involving low-income communities of colour (Lanza et al., 2023). This indicates that inclusive engagement with vulnerable groups remains limited.

To reflect the findings of this review and the complex relationships between urban nature, health, vulnerable populations, and climate hazards, we developed an Inclusive Climate and Health Resilience Framework for Urban Spaces, summarised and simplified in Figure 1.

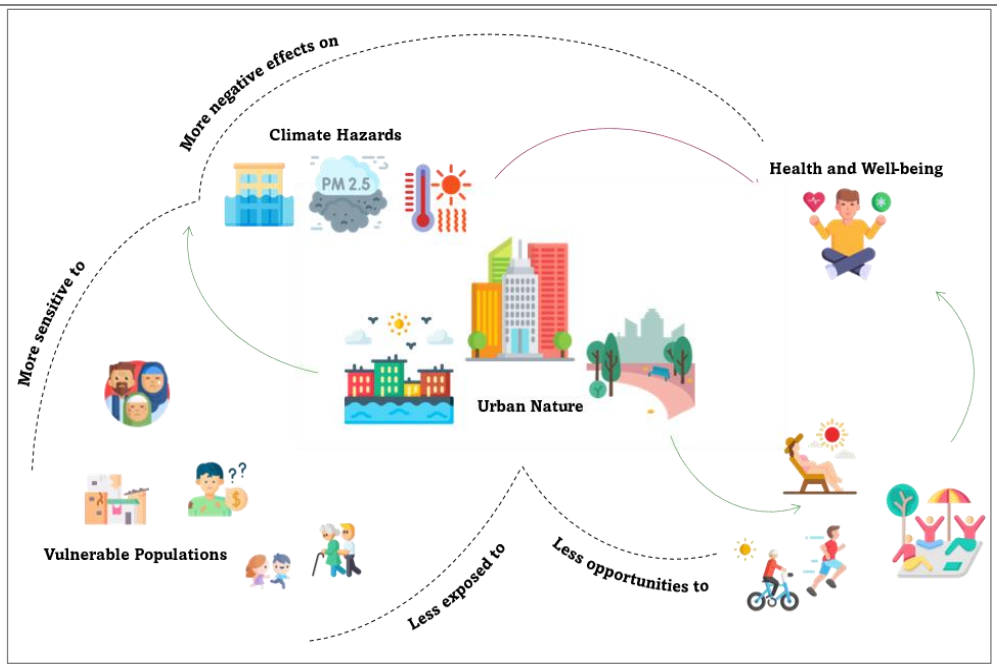

Figure 1: Summary of Inclusive Climate and Health Resilience Framework for Urban Spaces, based on n = 28 publications (2012-2024).
[Disclaimer: The more detailed and extensive version of this framework will be available through our systematic scoping review].

Our findings reveal that green and blue spaces influence health through two main pathways. First, they offer physical, mental, and social benefits by facilitating health-supporting activities, including exercise, relaxation, cognitive restoration, and social connectedness. Features such as walkways, biodiverse plantings, lawns, and water elements were consistently associated with positive outcomes, particularly for children and older adults (Du et al., 2021; Ma et al.,2021). In schoolyards and parks, natural elements promoted not only physical engagement but also positive mood and life satisfaction (Kabisch & Kraemer, 2021; Raney et al., 2023). Second, nature mitigates climate-related health risks. Vegetated and water-rich environments lower ambient temperatures, improve air quality, and manage stormwater, thereby reducing exposure to heat, flooding, and pollution. Trees and green cover provide shading and evapotranspiration-based cooling, while vegetation absorbs air pollutants and reduces noise. Water bodies further contribute to microclimate regulation (Sabrin et al., 2020). The combined effect of these functions supports public health, particularly during heatwaves and extreme weather (Huang et al., 2021, Halbmayer et al., 2021). However, we found limited empirical research focusing on the specific contributions of blue spaces, with most studies addressing them in combination with green space. Only one study addressed blue spaces explicitly in the context of flood risk and vulnerability (Gruebner et al., 2012).

Despite their large health-promoting and climate-mitigating potential, access to green and blue spaces in urban areas remains inequitable. Vulnerable socio-economic groups, including low-income communities and ethnic minorities, often reside in areas with limited availability of green spaces due to built-up density and historical inequities in urban planning (Neier, 2023; Pena et al., 2024). In some cases, interventions designed to enhance green space contributed to processes of green gentrification, disadvantaging the communities most in need (Chen et al., 2021). Preferences for space types and features also vary between groups. For example, young children predominantly use playgrounds and natural lawn areas, while school-aged children and teenagers prefer sports facilities and spaces for recreation and socializing (Kabisch & Kraemer, 2021). Such differentiated needs from different groups require more attention and reflection in future research and design practices.

Throughout the review, we observed that the needs and experiences of vulnerable groups are insufficiently captured. While many studies included low-income populations or specific groups such as children and older adults, few addressed the intersecting vulnerabilities of those who face multiple forms of disadvantage. For example, persons from vulnerable groups such as older adults or people with disabilities, living in slums or poor neighbourhoods, face multiple layers of deprivation (e. g. limited access to green infrastructure and high exposure to flooding). There remains a need for a context-sensitive engagement with the ways in which green and blue spaces are used, valued, and accessed by different communities. As well as participatory engagement in planning and decision-making was rare.

Lastly, climate hazards such as heatwaves and flooding exacerbate health risks for vulnerable populations. Children and older adults are especially sensitive to extreme heat due to physiological limitations (Ma et al., 2021). In multiple studies, we found that use of outdoor spaces declines with rising temperatures, and users seek shade or avoid exposure altogether (Kabisch & Kraemer, 2021). Symptoms range from mild discomfort to severe heat-related illness. In flood-prone and disadvantaged urban areas, risks related to poor drainage, waste accumulation, and waterborne diseases compound the health impacts. These conditions may also negatively affect mental health, for example by reducing perceived safety or life satisfaction (Arifwidodo & Chandrasiri, 2020; Lanza et al., 2023).

Our Inclusive Climate and Health Resilience Framework for Urban Spaces brings together spatial, social, environmental, and health dimensions to support inclusive planning. It emphasizes that green and blue spaces are not just features of the urban landscape, but rather enablers for public health, climate resilience and environmental justice. The question is not only where green and blue

spaces are created, but for whom, and with whom they are planned. Ultimately, health-promoting, climate-sensitive, inclusive urban planning requires cross-sectoral collaboration and co-design with affected vulnerable communities.

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Tagungen, Workshops und andere interessante Veranstaltungen

AGENS SummerSchool „Wissenschaftliche Nutzung von Routinedaten“

21.-24. Juli 2025, Köln, Deutschland

https://agens.group/images/pdf/School/AGENS-SummerSchool_2025_Flyer_20250324a.pdf

Digital Spatial Epidemiology: Urban Health in times of changes

8.-12. September 2025, Berlin, Deutschland

https://spatialepidemiology.mystrikingly.com/

4th Planetary Health Summer School

12.-20. September 2025, Würzburg, Deutschland

https://www.med.uni-wuerzburg.de/planetaregesundheit/summer-school-planetary-health-2025/

Jahrestagung des Arbeitskreises Medizinische Geographie und Geographische Gesundheitsforschung

18.-19. September 2025, Hannover, Deutschland

https://med-geo.de/

20. Jahrestagung der Deutschen Gesellschaft für Epidemiologie (DGEpi)

23.-26. September 2025, Münster, Deutschland

https://2025.dgepi.de/home/

Planetary Health Annual Meeting

07.-10. Oktober 2025, Rotterdam, Niederlande

https://pham2025.com/

International One Health Symposium 2025

13.-15. Oktober 2025, Berlin, Deutschland

https://evis.events/event/571/

International Climate Resilience Conference

26.-29. Oktober 2025, München, Deutschland

https://www.geo.lmu.de/geographie/de/forschung/mensch-umwelt-beziehungen/climate-resilience-conference-2025/

European Public Health Conference

11.-14. November 2025, Helsinki, Finnland

https://ephconference.eu/

Jahrestagung des Arbeitskreises Medizinische Geographie und Geographische Gesundheitsforschung

17.-19. September 2026, Königwinter, Deutschland

https://med-geo.de/

Jahrestagung des Arbeitskreises Medizinische Geographie und Geographische Gesundheitsforschung

21.-23. September 2028, Königwinter, Deutschland

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Abschlussarbeiten seit November 2024

Bayode, T., 2025. Facing Childhood Malaria Through Sustainable Urban Planning: A Spatial Risk Modelling Approach to Foster Public Health-Based Urban Structure and Infrastructure in Akure, Nigeria. PhD thesis at University of Heidelberg. Supervision: Alexander Siegmund.

Poague, K.I.H.M., 2025. COVID-19 and Water, Sanitation and Hygiene in Schools, Implications Challenges, Solutions. PhD thesis at University of Twente. Supervision: Carmen Anthonj, Javier Martinez, Justine Blanford.

Sawungrana, A.R., 2025. Migrant Children’s Well-being and Urban Green and Blue Spaces in Enschede. MSc thesis at University of Twente. Supervision: Javier Martinez, Carmen Anthonj.

Neuerscheinungen seit November 2024

Arleo, A., Borgo, R., Kohlhammer, J., Ruddle, R.A., Scharlach, H., Yuan, X., 2025. Reflections on the Use of Dashboards in the COVID-19 Pandemic. IEEE Computer Graphics and Applications 45(2), 135-142.. https://doi.org/10.1109/MCG.2025.3538257

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IMPRESSUM

HERAUSGEBER

Arbeitskreis für Medizinische Geographie und Geographische Gesundheitsforschung in der Deutschen Gesellschaft für Geographie

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REDAKTION

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Da wir durch Unkenntnis keine Personen benachteiligen möchten, bitten wir um Verständnis, dass wir auf die Nennung des akademischen Grades konsequent verzichten.

Juni / Juli 2025