



Healthy Cities and the Social Determinants of Health

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Overview

- **Healthy Cities - Internationally & within Australia**
- **Commission on the Social Determinants of Health**
- How social determinants affect our health
- Creating healthy & sustainable societies

Healthy Cities started in Europe in 1986

- Designed to implement Ottawa Charter
- Project Cities in Europe
- Strong network
- Spread rapidly



WHO Healthy Cities Regional Offices



Healthy Cities Europe - 2009

- Engages local governments in health development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects.
- It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health.
- It also strives to include health considerations in economic, regeneration and urban development efforts.

<http://www.euro.who.int/healthy-cities>



Healthy Cities Europe – 2009-2013

- Over 1200 cities and towns from more than 30 countries in the WHO European Region are healthy cities. These are linked through national, regional, metropolitan and thematic Healthy Cities networks, as well as the WHO Healthy Cities network for more advanced cities.
- Cities are focusing on three core themes: caring and supportive environments, healthy living and healthy urban design. Cities are focusing on three core themes: caring and supportive environments, healthy living and healthy urban design.

Process not an outcome

- A healthy city is one that is continually creating and improving the physical and social environments and expanding the community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (WHO-Euro, 2009)

1992



Healthy Cities & Shires in Action in Queensland

EDITED BY
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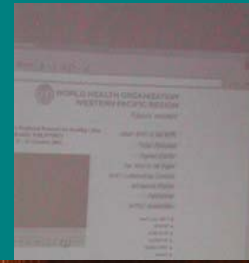


COMMUNITY HEALTH ASSOCIATION QLD

Noarlunga Healthy Cities – International networking - 1997



Signing of the Alliance for Healthy Cities Charter, Manila Oct 2003



8 Foundation Members of Australian Chapter AFHC 2007



Making Cities/Communities Better Places to Live – many initiatives

- Healthy Cities (WHO)
- Livable Cities (UNDP, NESDB)
- Sustainable Cities (Habitat, Local Agenda 21)
- Ecological Cities (OECD)
- Health Action Zones (UK)
- Neighbourhood Renewal (Victoria)
- Many locally initiatives – from local ideas and inspirations

What they have in common

- Focus on improving quality of life through broad based interventions that include economy, environment, physical infrastructure and social, educational and work life
- Involve multiple sectors
- Led at regional/city/community level
- Locally tailored
- Involve citizens in planning and decision making
- Positive orientation of trying to make things better

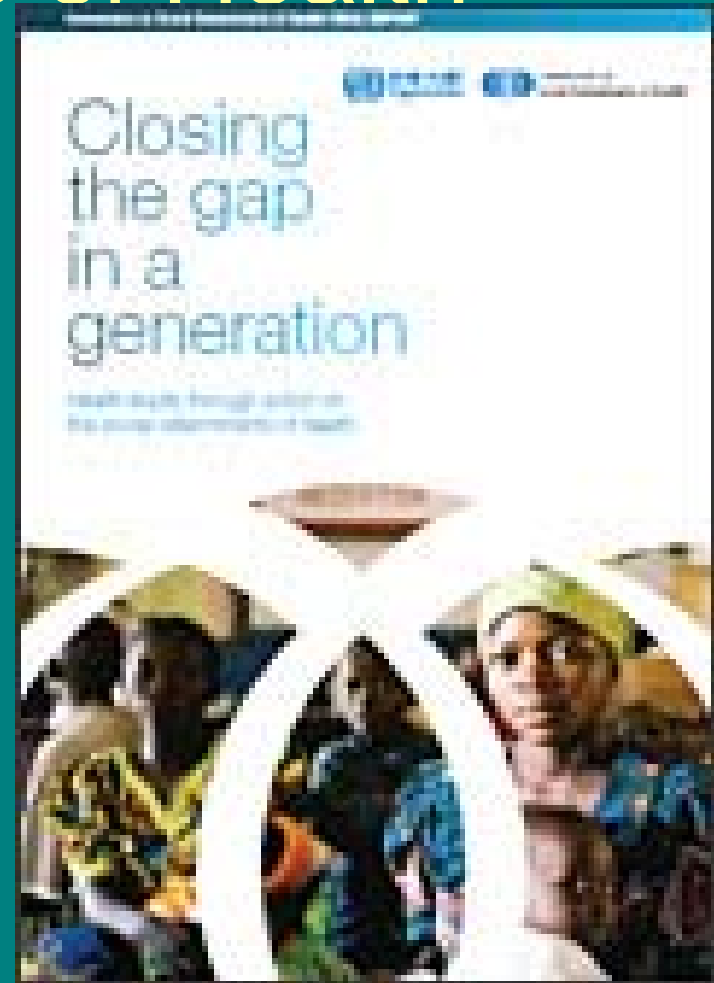
Why the need for integrated projects

- Health and well being reflects complexity of our lives – employment, education, environmental quality, housing, social relationships, freedom from violence
- Process of urbanisation worldwide creates pressures in urban and rural areas
- Change is happening fast Globalisation is increasing rate of change
- Economic development often leads to social dislocation
- No one sector can cope with the complexity
- Multi-sector projects may lead to more innovative planning
- In poor countries to meet Millennium Development Goals

Improvement in Social Determinants of health is vital to health and equity

Commission on the Social Determinants of Health

- Launched 28th August 2008 by Dr. Margaret Chan, Director General, WHO in Geneva
- "*Health inequity really is a matter of life and death*" Margaret Chan





Commissioners


- Sir Michael Marmot (Chair)
- 18 others representing academics, politicians, civil society, senior public health bureaucrats




"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."





A conference on  **Closing the gap
in a
generation**
Health equity through action on the social determinants of health

 Based on the work of
Commission on Social Determinants of Health

Prime Minister Gordon Brown gave a strong endorsement to the CSDH report and stressed the importance of equity as a goal of government in Nov 2008



Basic logic: what good does it do to
treat people's illnesses



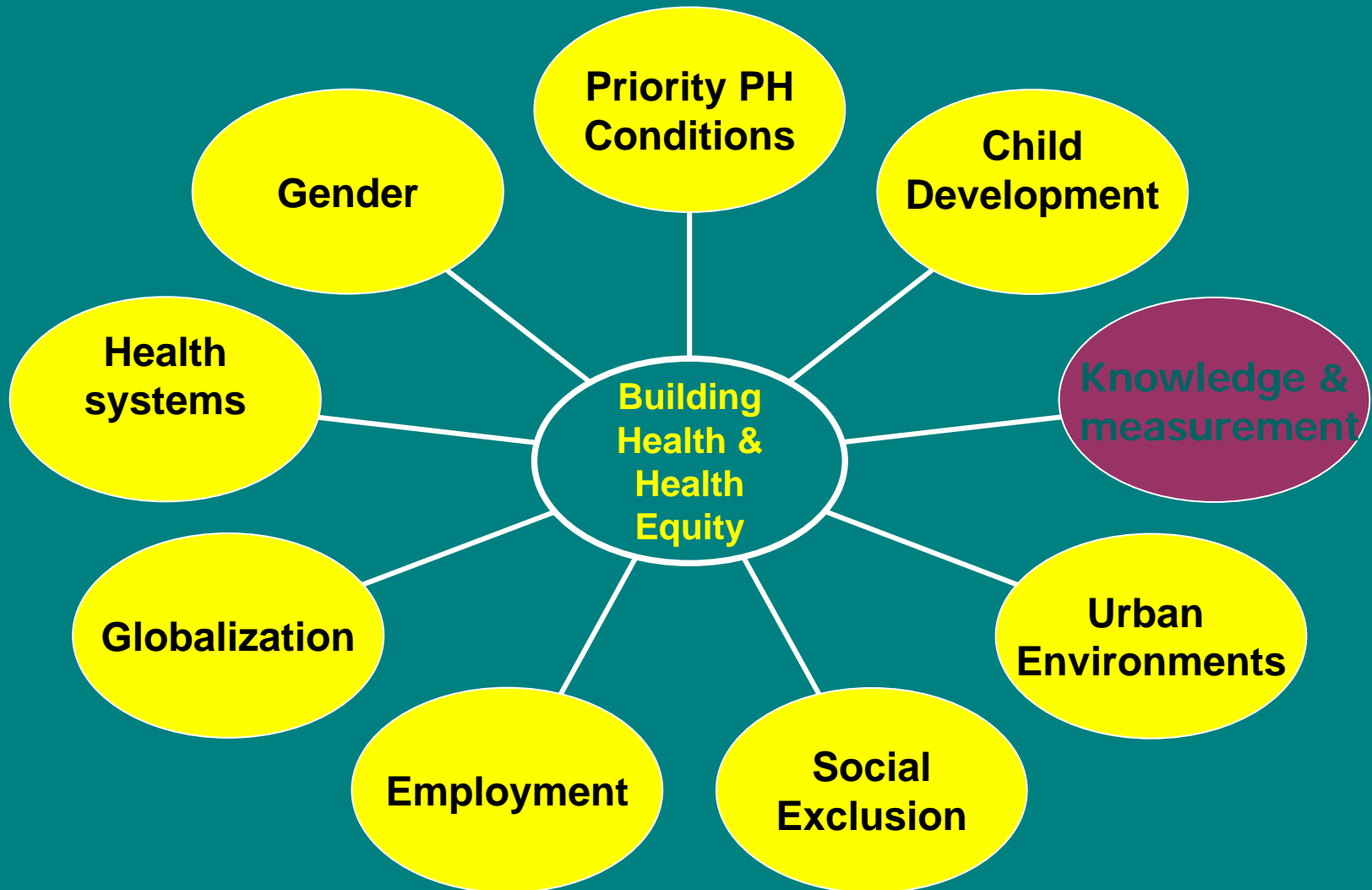
then give them no choice to go back to or no control
over the conditions that made them sick?

Final Report: Value Base

- Need for more health equity because *“it is right and just”* & a *human right*
- Quality and distribution of health seen as a judge of the success of a society
- Empowerment central

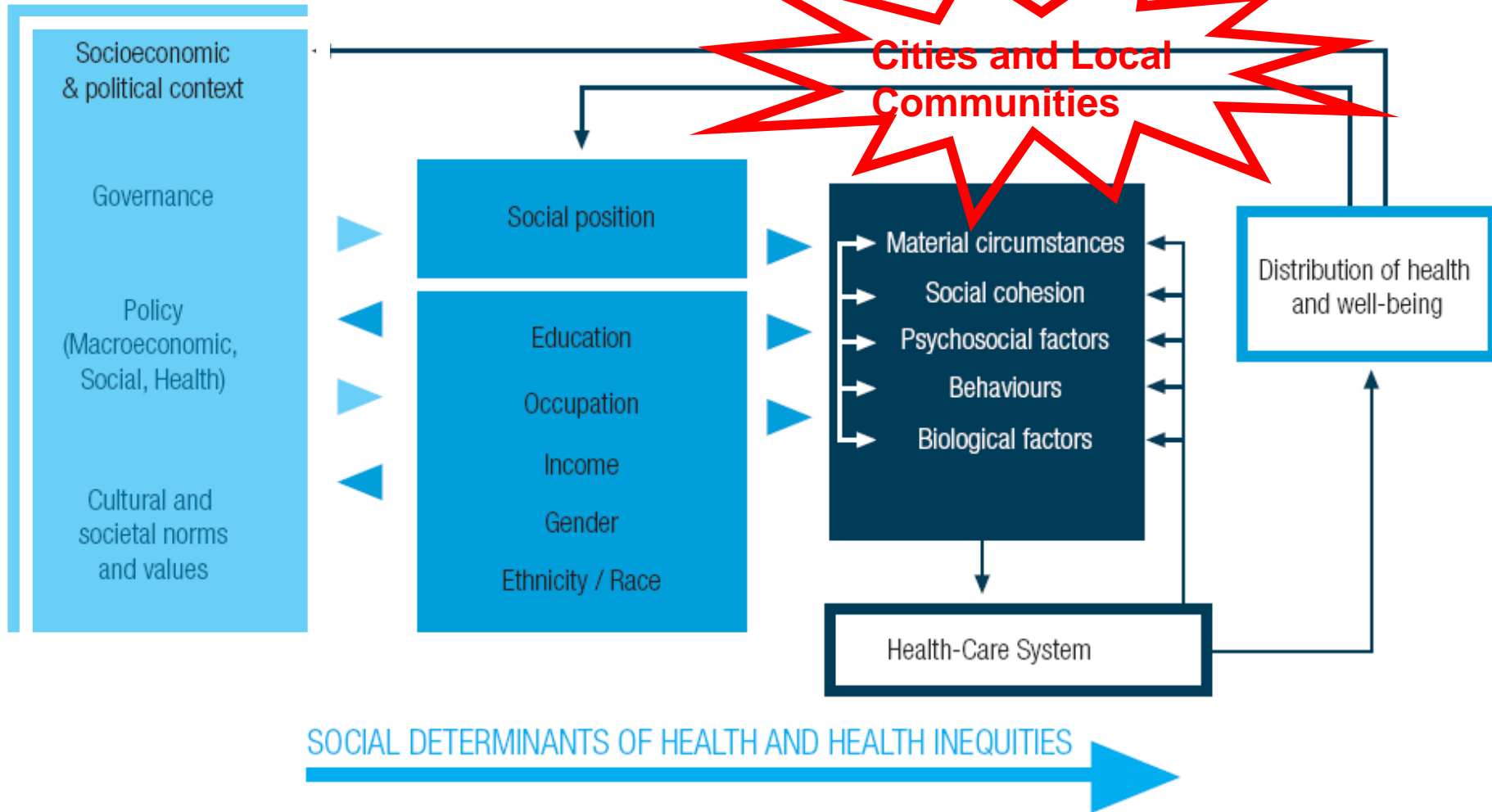


KNOWLEDGE NETWORK THEMES



KN reports downloadable at http://www.who.int/social_determinants/en

Figure 4.1 Commission on Social Determinants of Health conceptual framework.



Source: Amended from Solar & Irwin, 2007

CSDH Report: Action Areas

Daily Living Conditions

- Equity from the start
- **Healthy places- healthy people**
- Fair employment –decent work
- Social protection across the life course
- Universal health care

Power, Money and Resources

- **Health Equity in All Policies**
- Fair financing
- Market responsibility
- Gender equity
- Political empowerment – inclusion and voice
- **Good global governance**

Knowledge, Monitoring and Skills

- Monitoring, research, training
- Building a global movement

Full report downloadable at http://www.who.int/social_determinants/en/

Healthy Places – Healthy People

- Central role of local government
- New models of participatory governance needed to plan cities that are designed so that physical, social and natural environments reduce risk and promote health
- Sustained investment in rural areas to make them viable for flourishing living
- Development of adaption and mitigation strategies for environmental change that take into account social and health equity

Need for Healthy Governance

- CSDH KN Urban Settings recommends that local government needs “mandate, powers, jurisdiction, responsibilities, resources and capacity for healthy urban governance”
- In Rich countries governance often siloed and not able to tackle complexity and fast nature of change
- In all settings greater need for citizen voice

Key health issues for cities identified by CSDH

- Growing inequities and health inequities
- Obesogenic environments: energy dense food and low exercise
- Violence and crime
- Alcohol
- Road traffic injuries and air pollution
- Mental health (e.g depression expected to be second leading cause of disability in 2030)
- Participatory and empowering models of governance
- Need for low carbon communities & sustainability

Unequal world

- Inequity in health outcome between countries and within countries and within cities
- Inequity in access to and quality of health, education and other services
- Inequities in access to fair employment

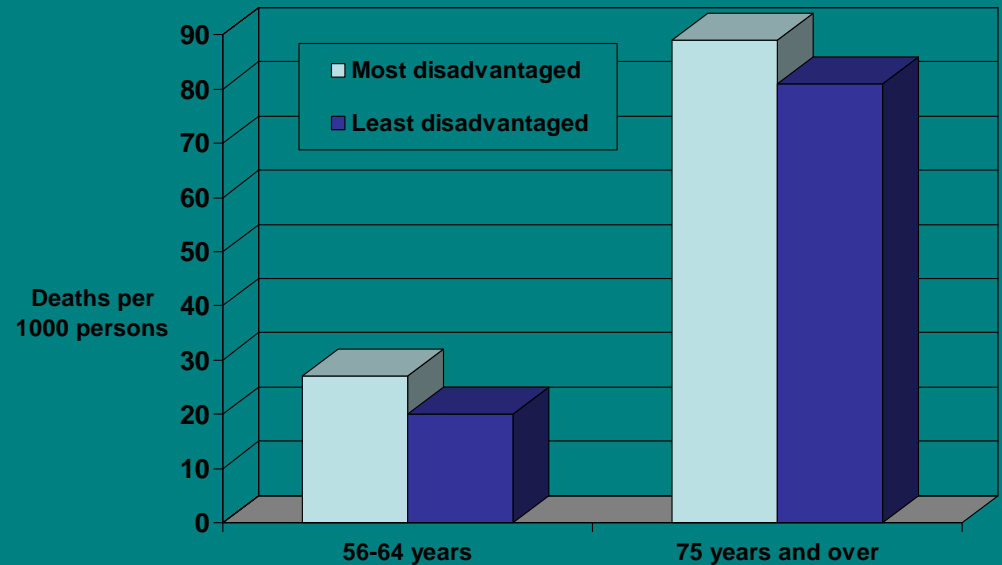
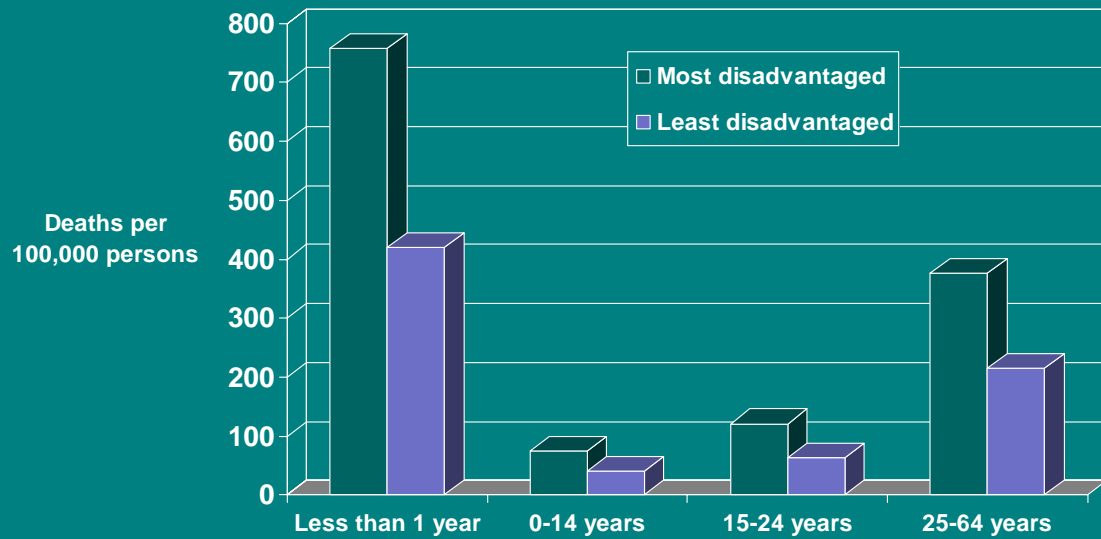


International comparison of health indicators (2003)

Country	Life expectancy at birth	Under 5 mortality rate/1000 live births	GNP (per capita)
Low income economies	58.0	126	450
Middle income economies	70.0	38	1,902
High income economies	78.0	7	28,550

Source: World Bank 2005

Age-specific mortality rates by socioeconomic position – male (Draper et al 2004)

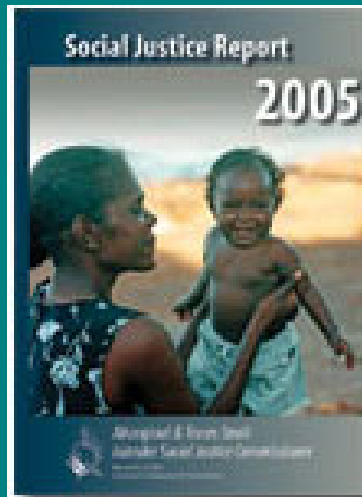


Australia **CLOSE THE GAP**

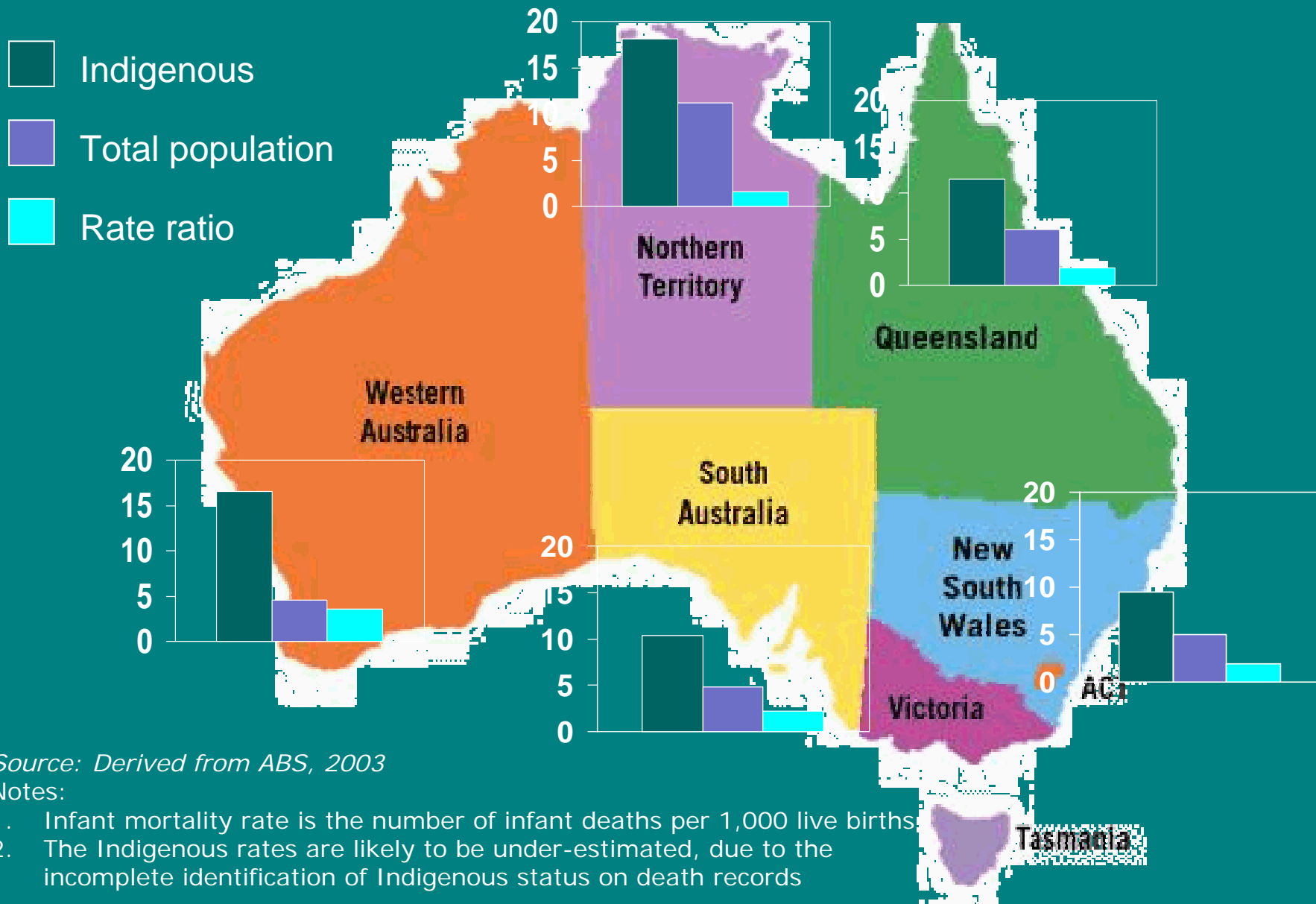


Oxfam
Australia

- 17 year gap between Indigenous Australians and non-Indigenous



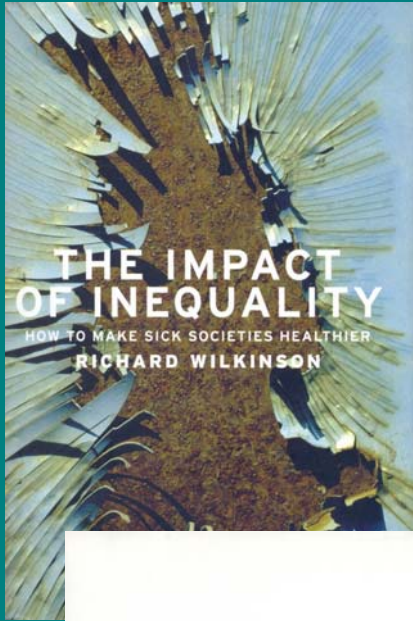
Infant mortality rates, Indigenous and total populations and rate ratios, selected jurisdictions, 2000-2002



Source: Derived from ABS, 2003

- Notes:
1. Infant mortality rate is the number of infant deaths per 1,000 live births
 2. The Indigenous rates are likely to be under-estimated, due to the incomplete identification of Indigenous status on death records

Epidemiology of Inequality



THE HEALTH OF NATIONS: Why
Inequality Is Harmful to Your Health

Ichiro Kawachi and Bruce P. Kennedy

"The book America has been literally dying for! Give it to the rich and powerful, give it to the poor and downtrodden. Help heal our society."
—Richard Wilkinson, author of *Unequal Societies*



- More equal societies are healthier
- More equity leads to more just social policies
- Less crime more cohesion

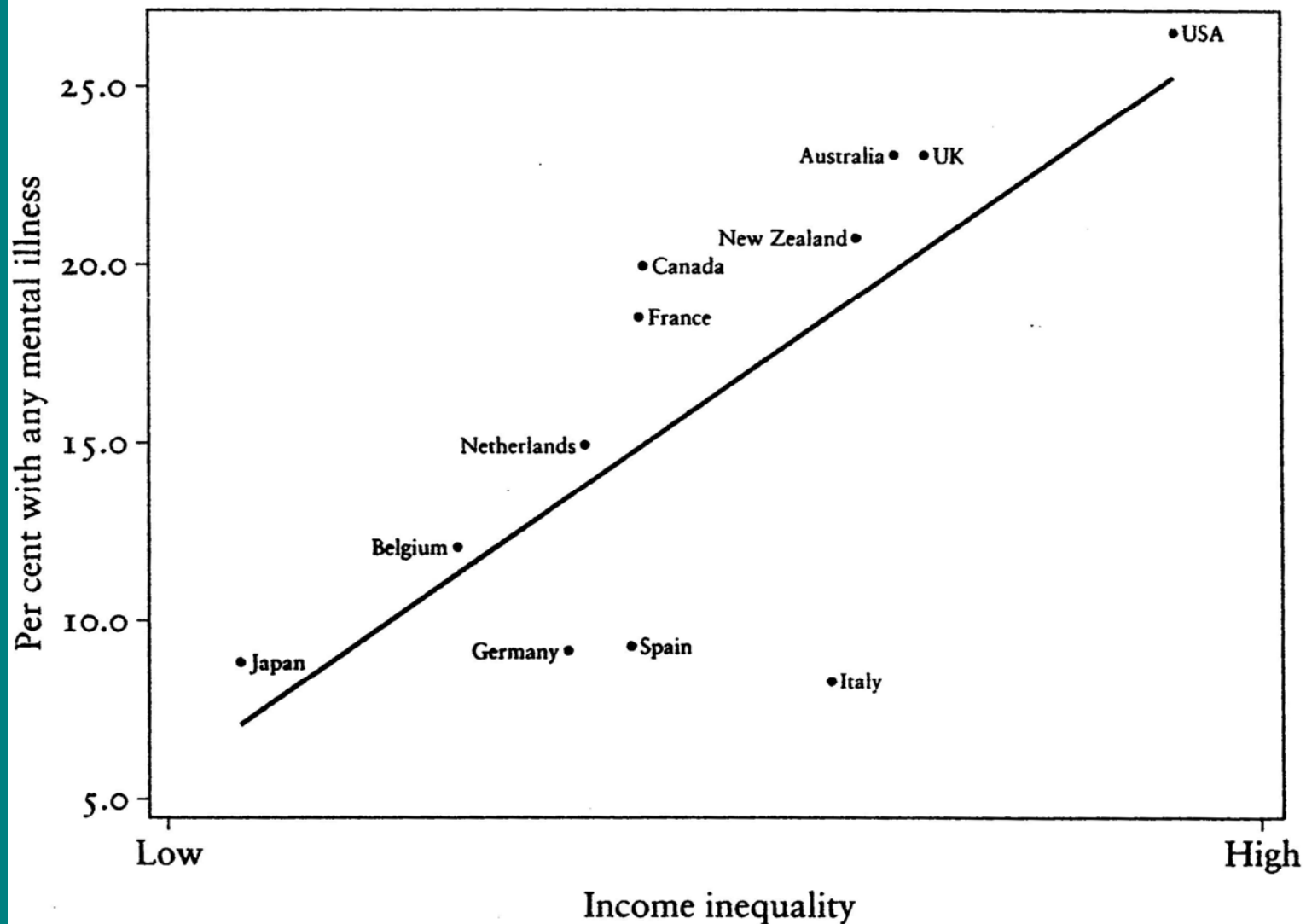


Figure 5.1 *More people suffer from mental illnesses in more unequal countries.*

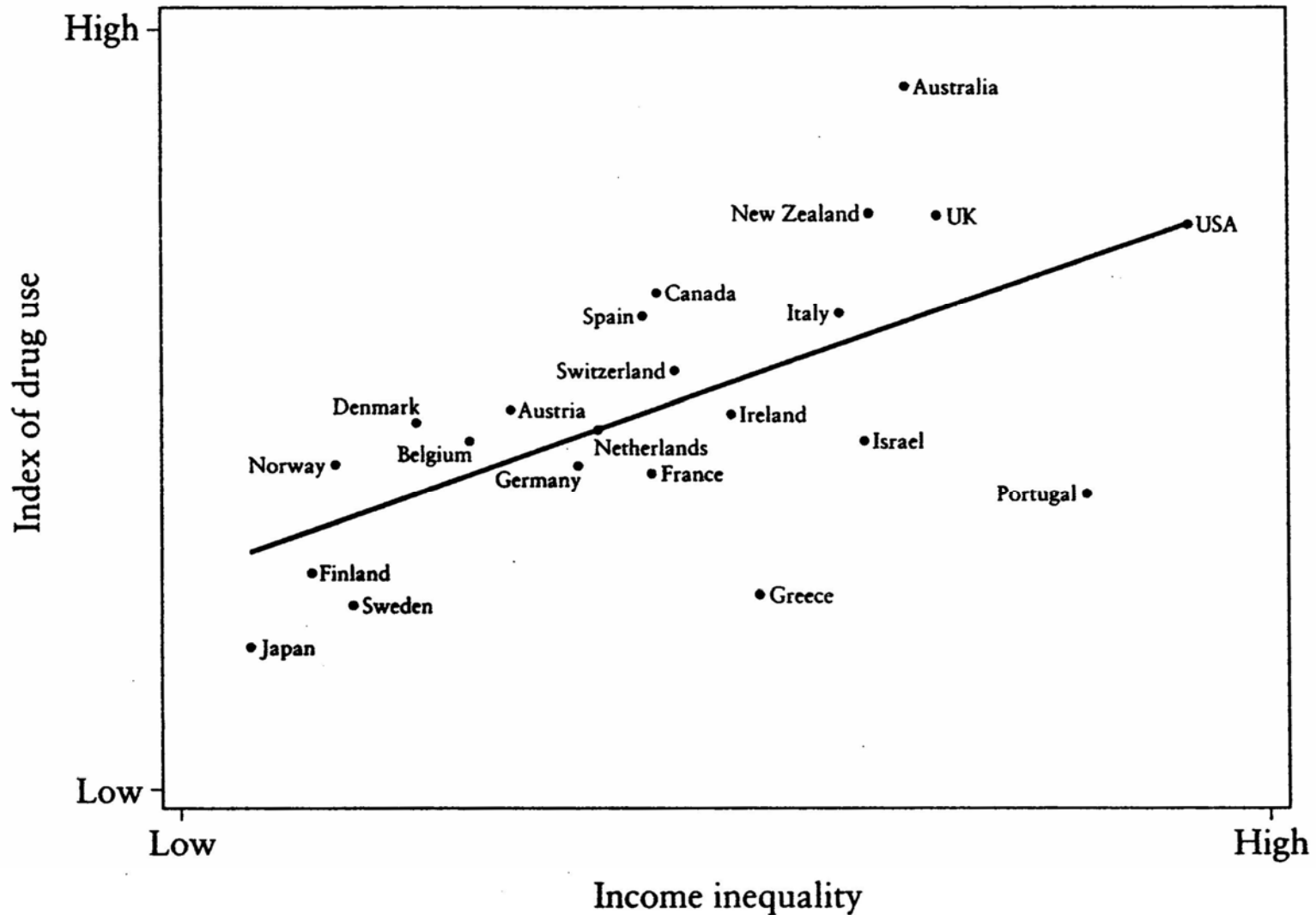
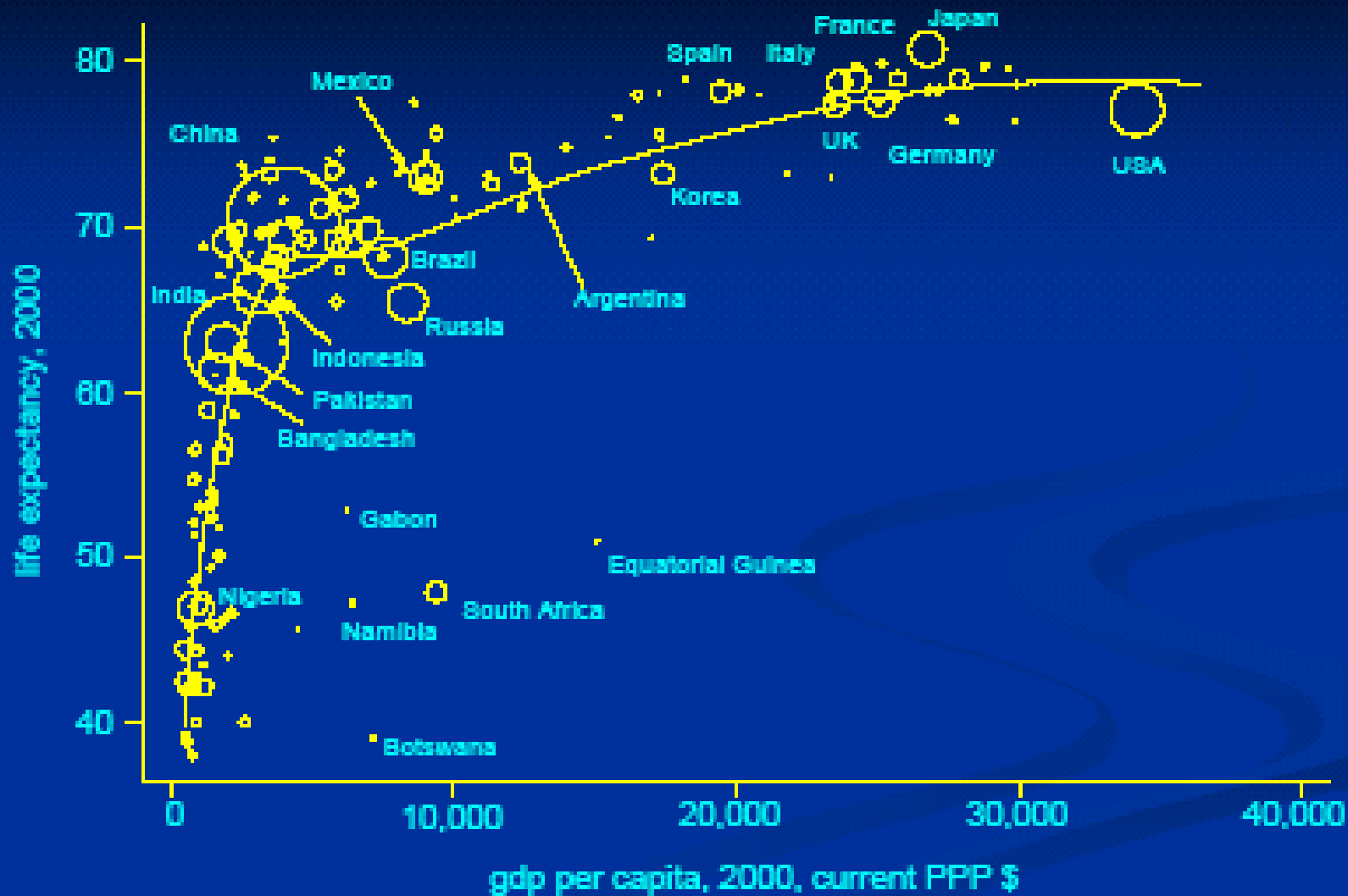


Figure 5.3 *The use of illegal drugs is more common in more unequal countries.*

The Millennium Preston Curve



(Source: Angus Deaton)

US compared to Costa Rica

Indicator (2005)	US	Costa Rica
Life expectancy at birth	77	79
IMR	7	11
Happy Planet Index (NEF)	28.83 (rank 150th)	66.0 (rank 3 rd)
Gross National Income per capita (US\$)	41,440	4,470
Health expenditure per capita (US\$)	5,711	350

“When inequities become too great the idea of community becomes impossible.”
(Raymond Arons)

Healthy Cities provides a means of tackling health equity in local communities – nutcracker effect



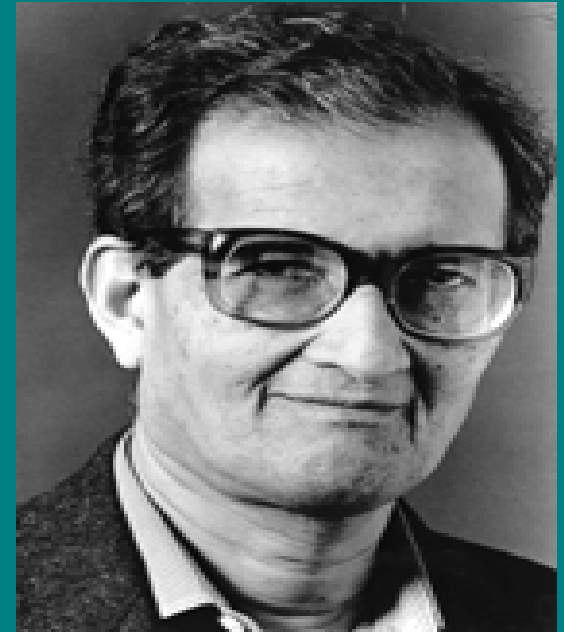
What can Healthy Cities Approaches offer?

- Can't influence major economic decisions that determine levels of inequity – but Healthy Cities can be a voice for equity
- Health & Equity in all policies within cities/communities
- Empowerment for local people where possible

EMPOWERMENT

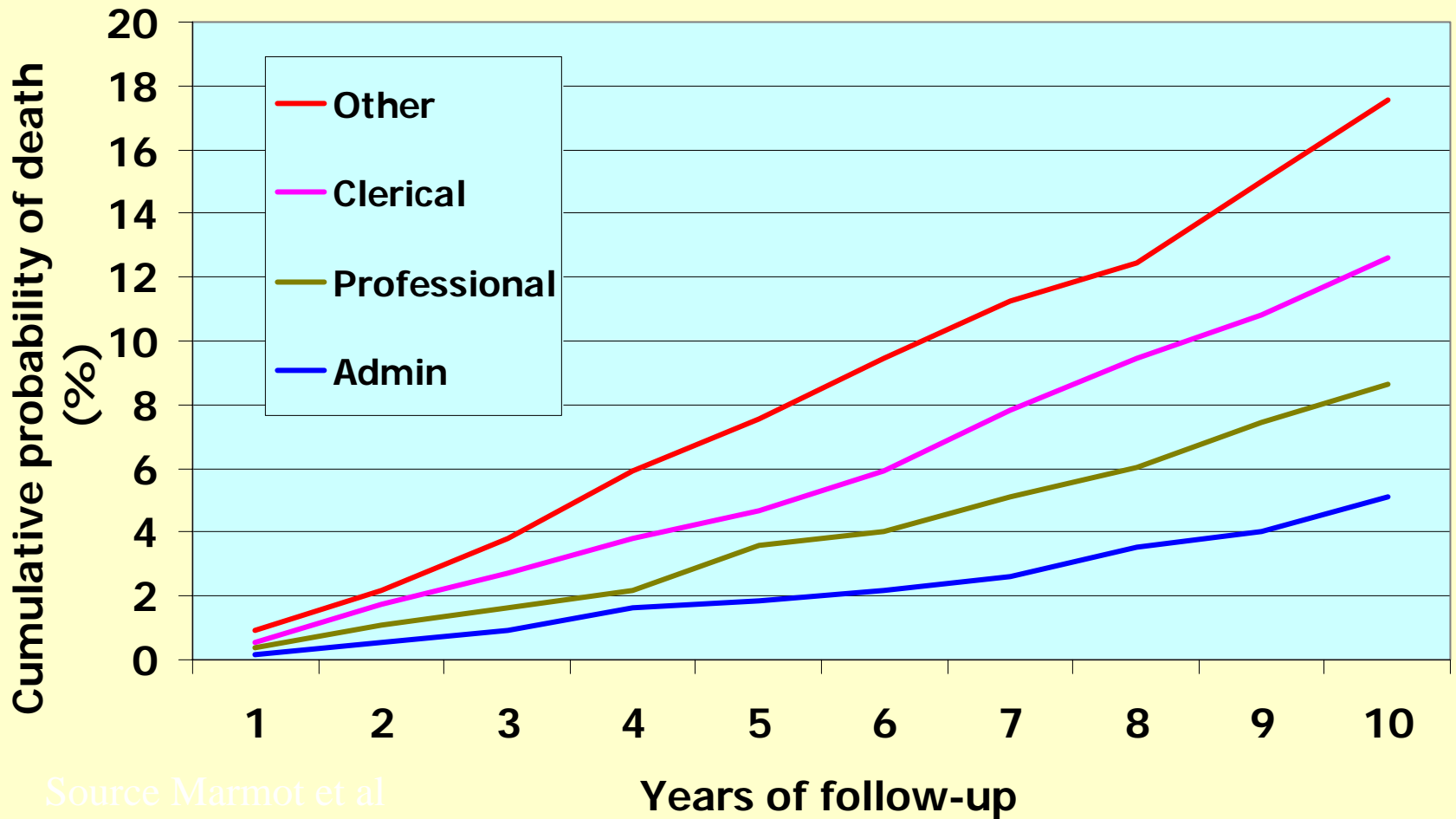
“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead... we not only value living well and satisfactorily, **but also appreciate having control over our lives.**”

Amartya Sen (1999) *Development as Freedom*



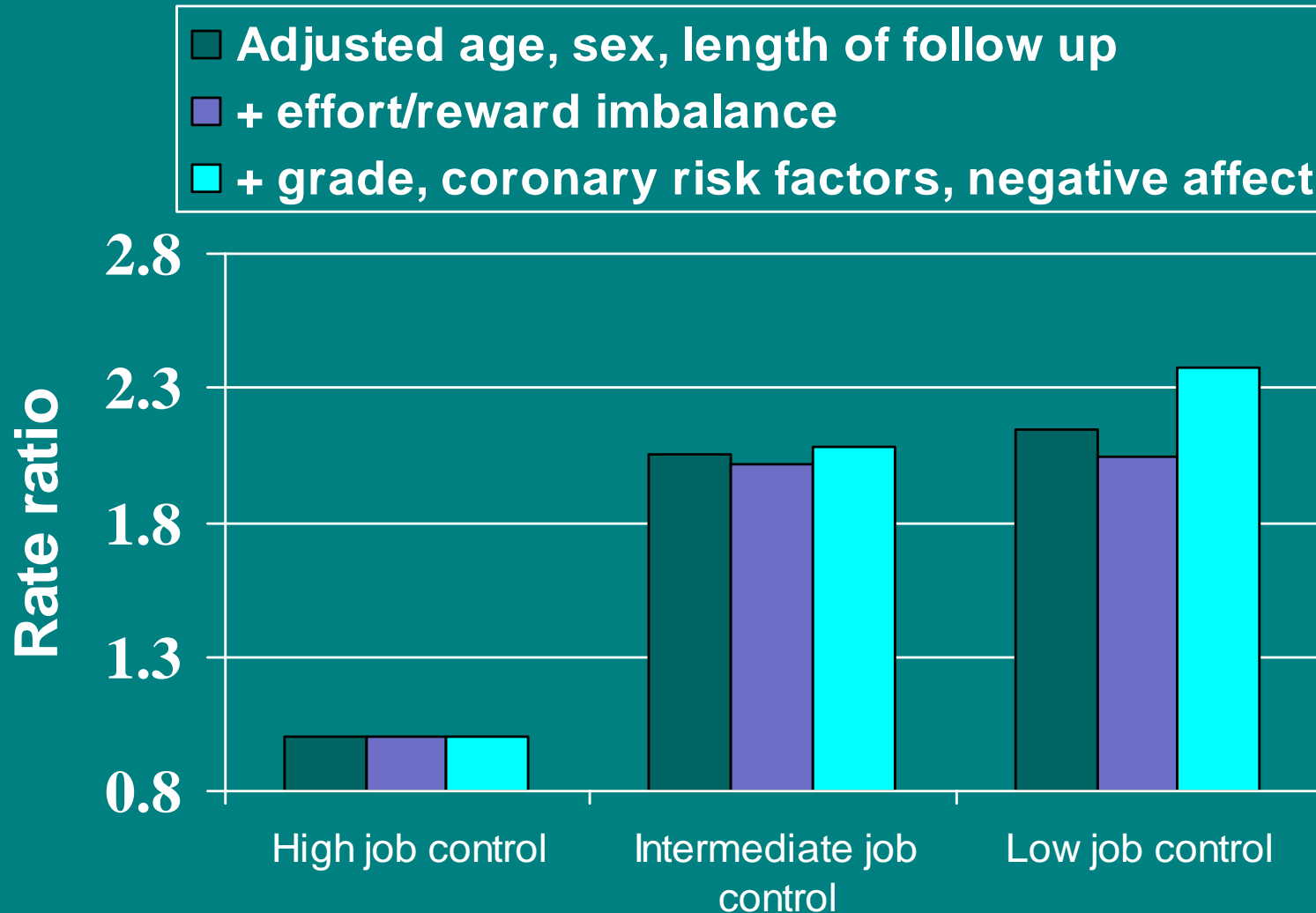
- Material
- Psychosocial
- Political

Findings



Source Marmot et al

SELF-REPORTED JOB CONTROL AND CHD INCIDENCE WHITEHALL MEN AND WOMEN

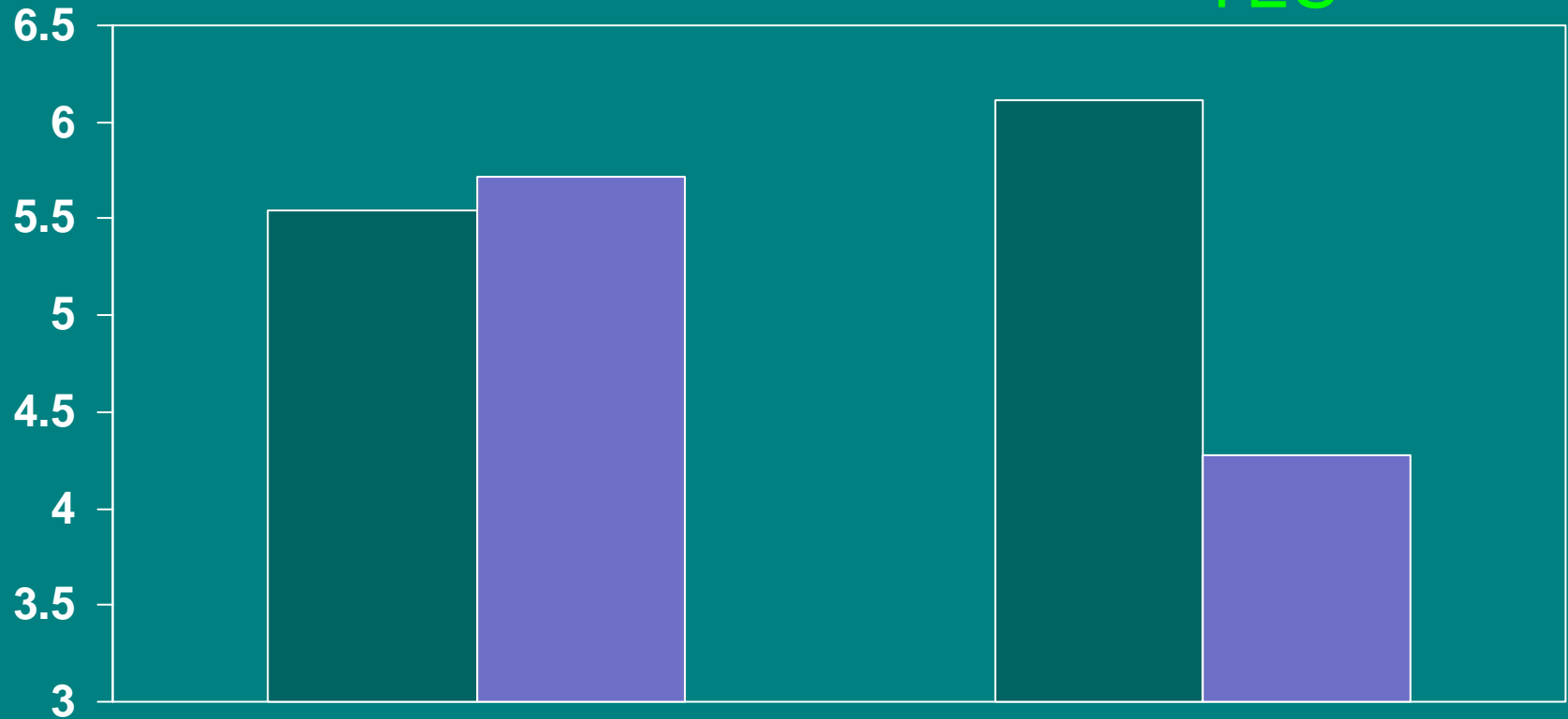


NUMBER OF MAZES SOLVED IN 15 MIN: INDIAN CHILDREN 11-12 YEARS

Caste announced?

NO

YES



(Source: Hoff & Pandey, 2004)

High Caste Low Caste

Canada: Cultural Continuity Factors

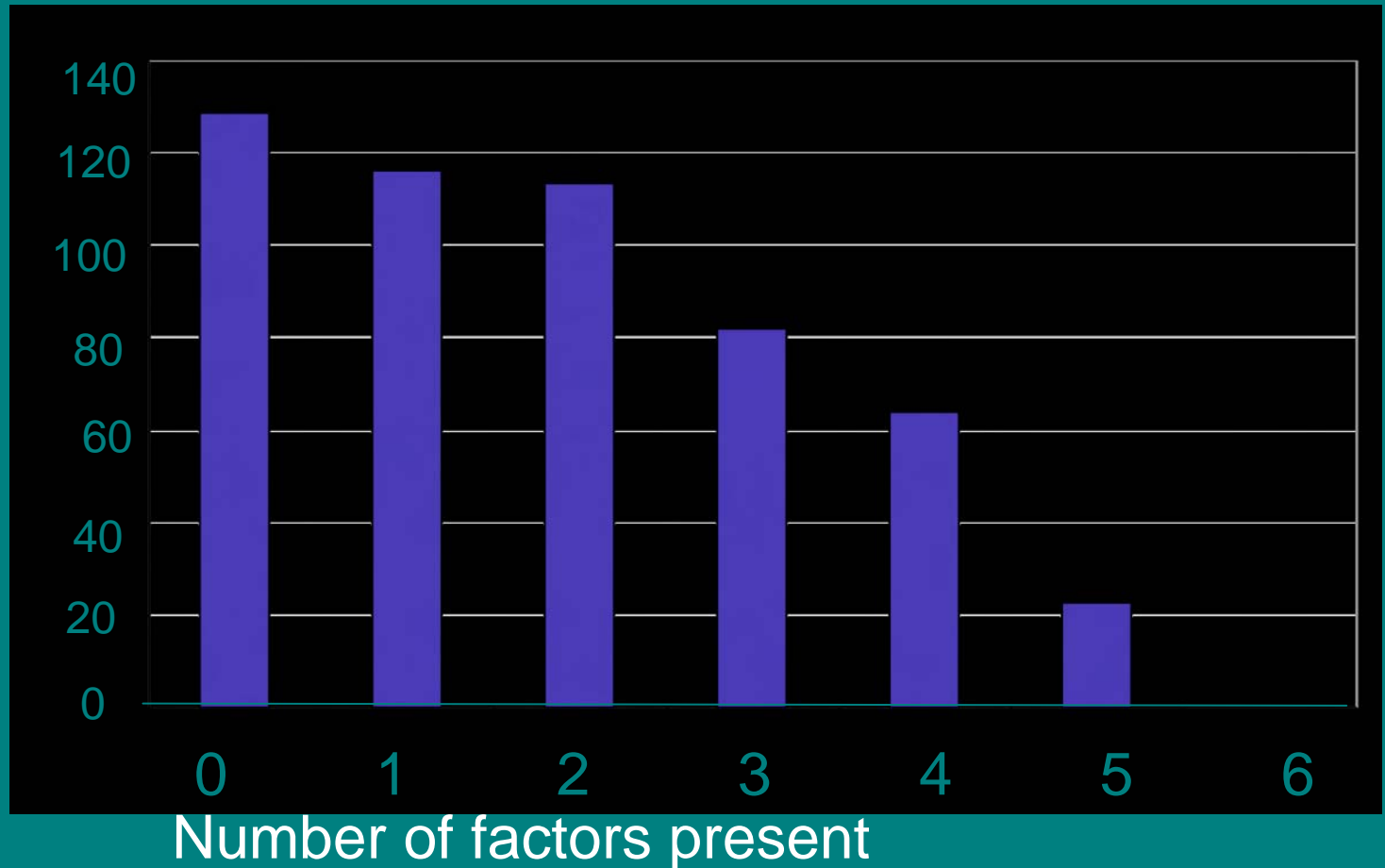
Why some groups of Canadian Indigenous peoples had higher rates of suicide than others

1. Self-Government
2. Land Claims
3. Education
4. Health Services
5. Police/Fire Services
6. Cultural Facilities
7. Women in Government
8. Child & Family Services
9. Traditional Language use

Source: Chandler & Lalonde
Horizon, 2008:10,1: 68-72

Youth Suicide Rate by Number of Cultural Continuity Factors Present (1987-1992)

Rate per
100,000



Chandler &
Lalonde, 2008: 71

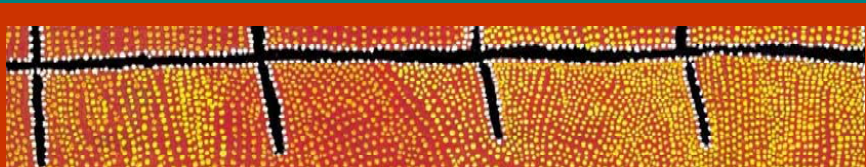
Aboriginal reports of racism

- 153 Aboriginal people living in Adelaide
- Non-random sample
- Interviews conducted by Aboriginal project manager and Aboriginal interviewers



Racism in at least one institutional setting

Never/ hardly ever	Sometimes	Often/ very often
16	30	54



Racism in at least one informal setting

Never/ hardly ever	Sometimes	Often/ very often
16	42	42



- “You could be the only person on the back of the bus and no one will sit with you if you’re Nunga...everyone else will stand up around you”(002)
- “If I’m going into the shop and like there might be one or two before me, then about three or four come and then she goes onto them I’ll just say ‘I’m not just a shadow standing here. I was here before them’” (056)
- “People are always watching you and watching what you’re doing and, you know. Watching where your hands are and shit. Like I said now I just go and show them my bag anyway, as I’m walking out. Just you know...even if they don’t ask” (Belinda, 30yrs)
- “You get called ‘black mongrel’ when you’re walking along’ (Mary, 51 yrs)



An empowering approach will ask:



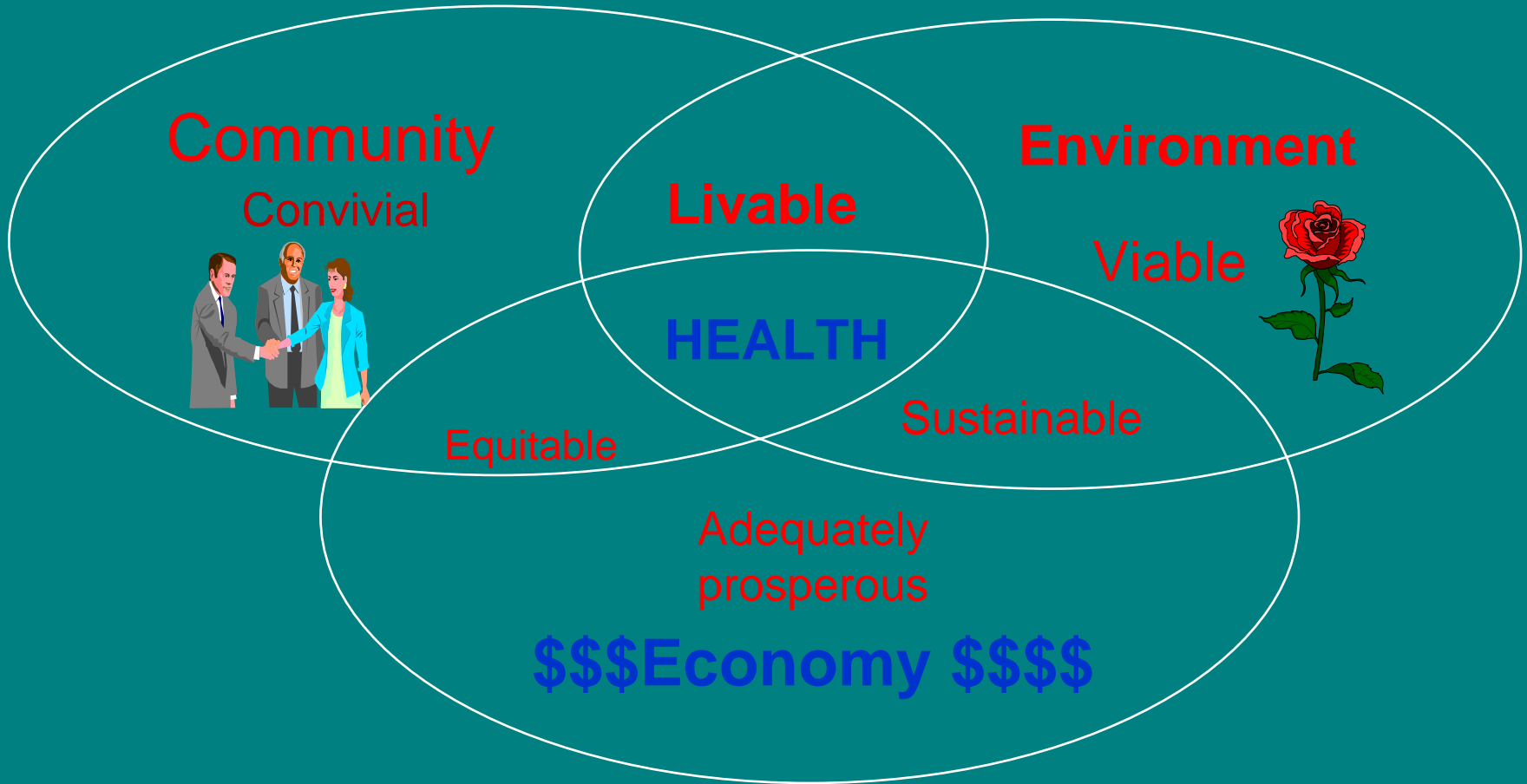
- What could help people to be healthier?
- How can the environment change to be more supportive & empowering?
- How can citizens be involved in making the change?

Healthy Cities, Mental Health & Sustainability

Unhealthy Societies



Towards Healthy and Sustainable Living



(Hancock, 1994)

Key Threats to Sustainability

- Air pollution
- Solid waste pollution
- Water pollution
- Global warming
- Unsustainable economic activity
- Loss of biodiversity
- Over consumption

Challenge is to consider what can be done about these locally.

Commentaries on impact of neo-liberalism

- James – The Selfish Capitalist “set of values that increase our vulnerabilities to emotional distress”
- Pam Stavropoulos - The psychology of neo-liberalism as unhealthy
- Clive Hamilton Affluenza notes we are richer and not happier
- Growth in books on happiness which are based on the paradox.....

The paradox

“Yet as Western societies have got richer, their people have become no happier..” (Layard 2005:3-4)

“As residents of western liberal democracies we are confronted with a painful paradox – high levels of personal freedom and material affluence relative to much of the rest of the world, and high levels of personal depression” (Stavropoulos,2008)

Consumerism – Sustainability- Mental Health

- Competition to have latest gadget
- Constant comparison with fellow consumers
- Positioned as consumers not citizens
- Material objects become meaning in life and source of satisfaction
- Advertising is manipulative and often unhealthy for our collective good (e.g. alcohol to young people)
- Ecologically unsustainable – we need to break the addiction

Mental Health

Mental health is a state of complete physical, mental, spiritual and social well-being in which each person is able to realise one's abilities, can cope with the normal stresses of life, and make a unique contribution to one's community VicHealth The Melbourne Charter – 2008

Sustainability

Human development and achieving human potential require economic activity that is socially and environmentally sustainable in this and future generations Canadian PHA -1991

Healthy Cities Approach well placed to contribute to attainment of both – they are intimately related

Shifting society from its left to its right brain.....

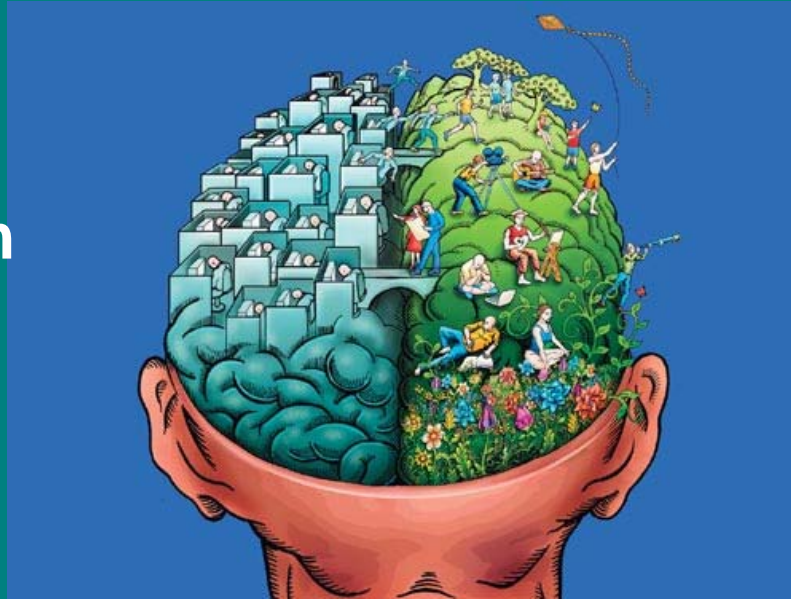
Economy

Economic
Development

Consumerism

Competition

Inequity



Sustainable

Equitable

Social connection:
good quality family
relations, convivial
work places, ,
neighbourly
communities

Tolerant, diverse
and accepting
communities

Can Healthy Cities be a
leader in this change?

Policy change to support Healthy Cities Approach

Health in all Policies

Health Equity Impact
Assessment

Australian National Healthy &
Sustainable Communities
Program

Healthy Cities puts Health in all Policies

- Vision and commitment to health equity
- Health and well-being & health equity adopted as goal of government
- Make all sectors aware of and accountable for their health, social and environmental impact
- Health equity impact assessment

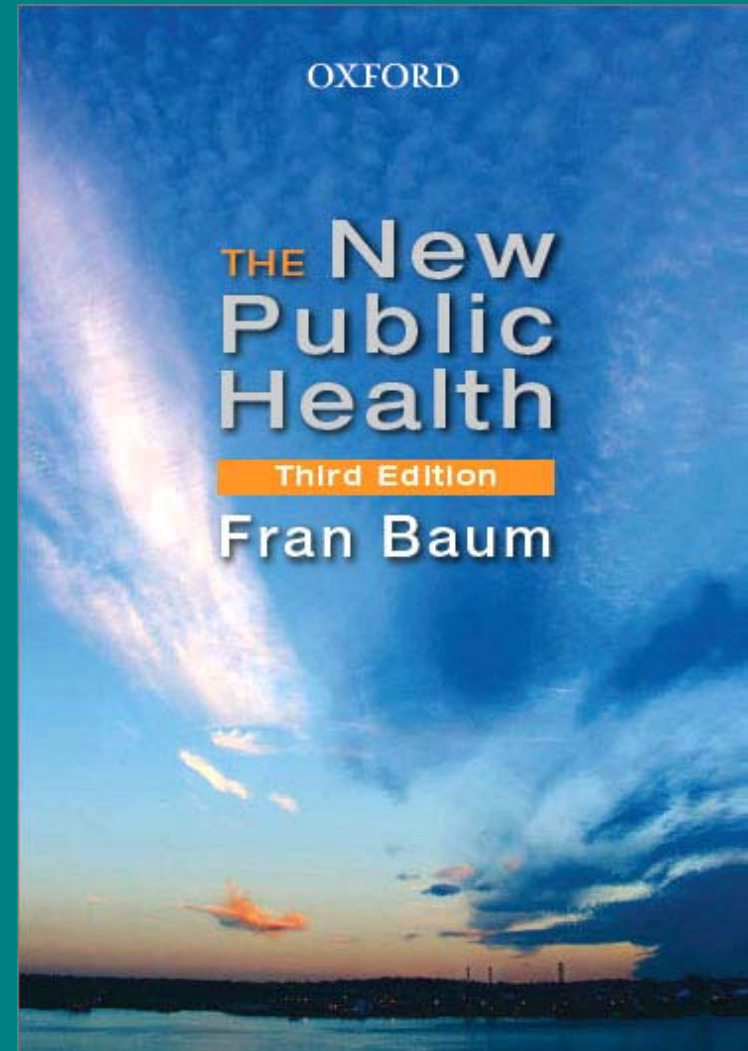


Australian Healthy & Sustainable Communities Program is needed

- Partnerships between state govt. local govt. and community
- Locally driven priorities with a program logic linking to key “downstream” issues including chronic disease
- Linking health and environment agendas and imagining a sustainable and mental healthy community
- Strong community engagement strategies that go beyond rhetoric
- Some innovative thinking e.g. linking communities of different SES status
- 10 year funding (with good review processes) aim to keep good staff and community engagement

Thank you!

If you want to
read more.....



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