CITIES, HEALTH AND WELL-BEING

NOVEMBER 2011

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Urban Governance for Health Equity

URBAN AGE

Urban Governance for Health Equity

Urban Age Conference

16 November 2011

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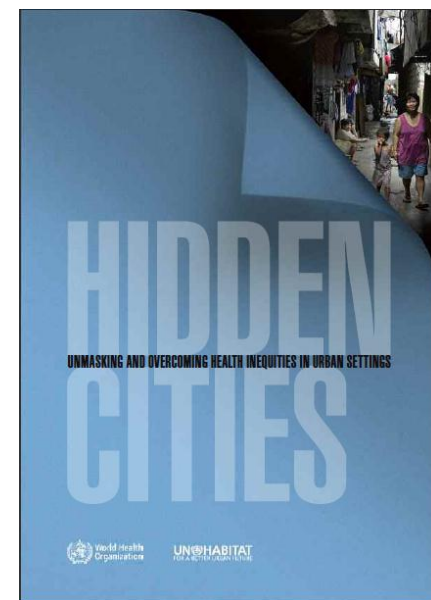
Urban Governance for Health Equity

- <u>Place matters</u> - within-city health inequities define healthy city

- <u>Institutions matter</u> – urban planning shapes places
  - Health Impact Assessment (HIA)

- <u>Science matters</u> – currently ignoring new place-based health science of cities; *adaptive management* alternative?
  - Examples: San Francisco Bay Area & Nairobi, Kenya

Toward more healthy & equitable cities

- <u>Century of the City</u> = global health is urban health

- Urban residents enjoy better health compared to rural, <u>but within-city inequalities mask spatial differences</u>

- <u>Health in Cities:</u>

    - documenting problems, less on solutions

    - <u>one disease, risk factor, or exposure</u>, but…

- **Why do we continue to treat people, & send them back into the living & working conditions that made them sick in the 1ˢᵗ place?**

URBAN HEALTH MATTERS
WORLD HEALTH DAY 2010
IOOOCITIES
IOOOLIVES
Promote urban planning
for healthy behaviours and safety

World Conference on
Social Determinants of Health
RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011
All for Equity
World Health Organization

HIDDEN CITIES
UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS
World Health Organization   UN@HABITAT

Urban Health Equity

- <u>Health Inequities</u> = differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.

- <u>Health Equity</u> = focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

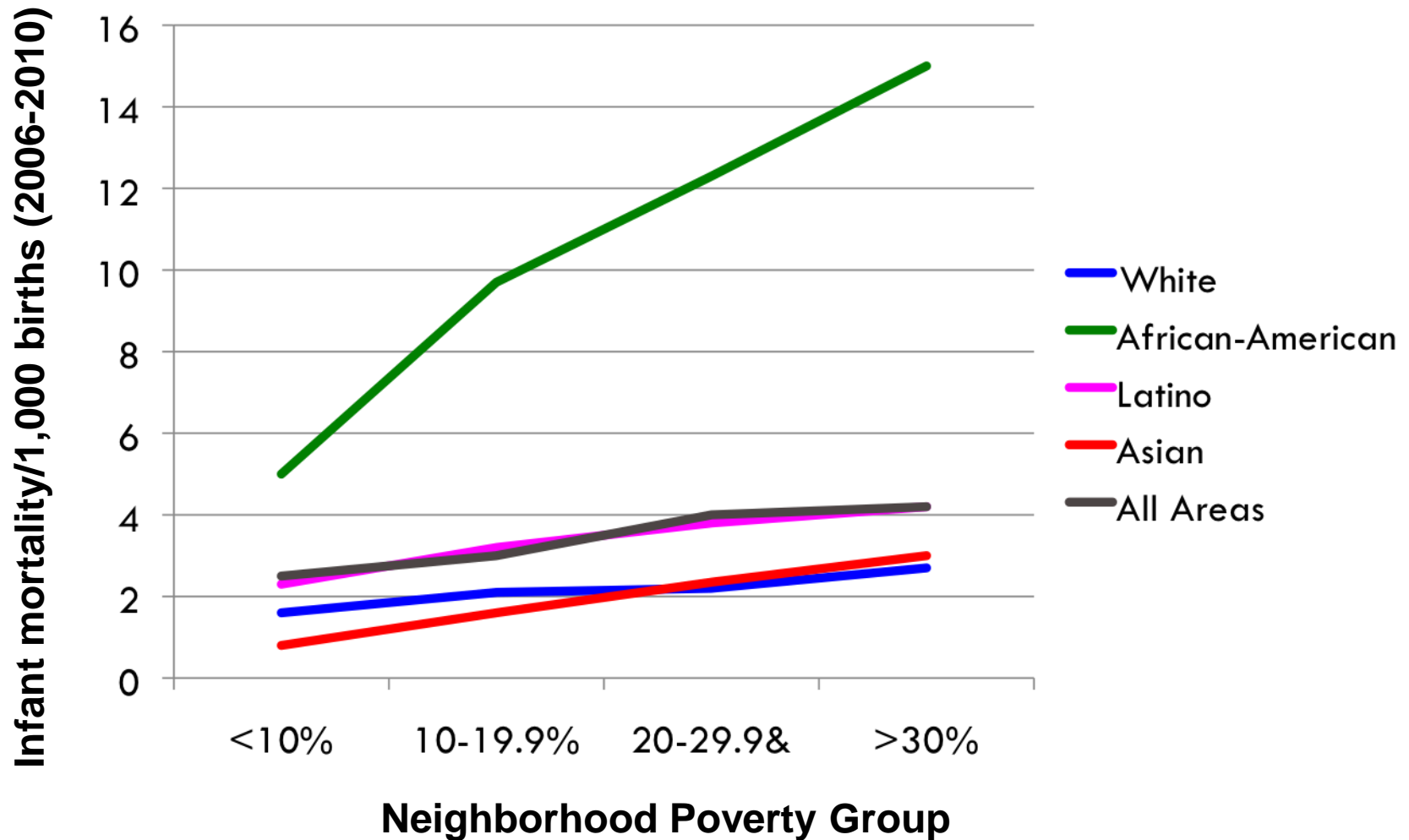# Healthy governance ≠ health in cities

- <u>Governance</u> = not just government, but norms, routines, institutions and evidence-base for generating collective action.
  - <u>Includes processes for:</u>
  1. Identifying/framing new policy issues
  2. Generating evidentiary standards/objectivity strategies
  3. Constituting some social actors as 'experts'
  4. Adjudicating uncertainty/different knowledge claims
  5. Public accountability & transparency
  6. Implementing & monitoring decisions
  7. Processes for learning & adjusting policy

Healthy & Equitable Governance in the San Francisco Bay Area

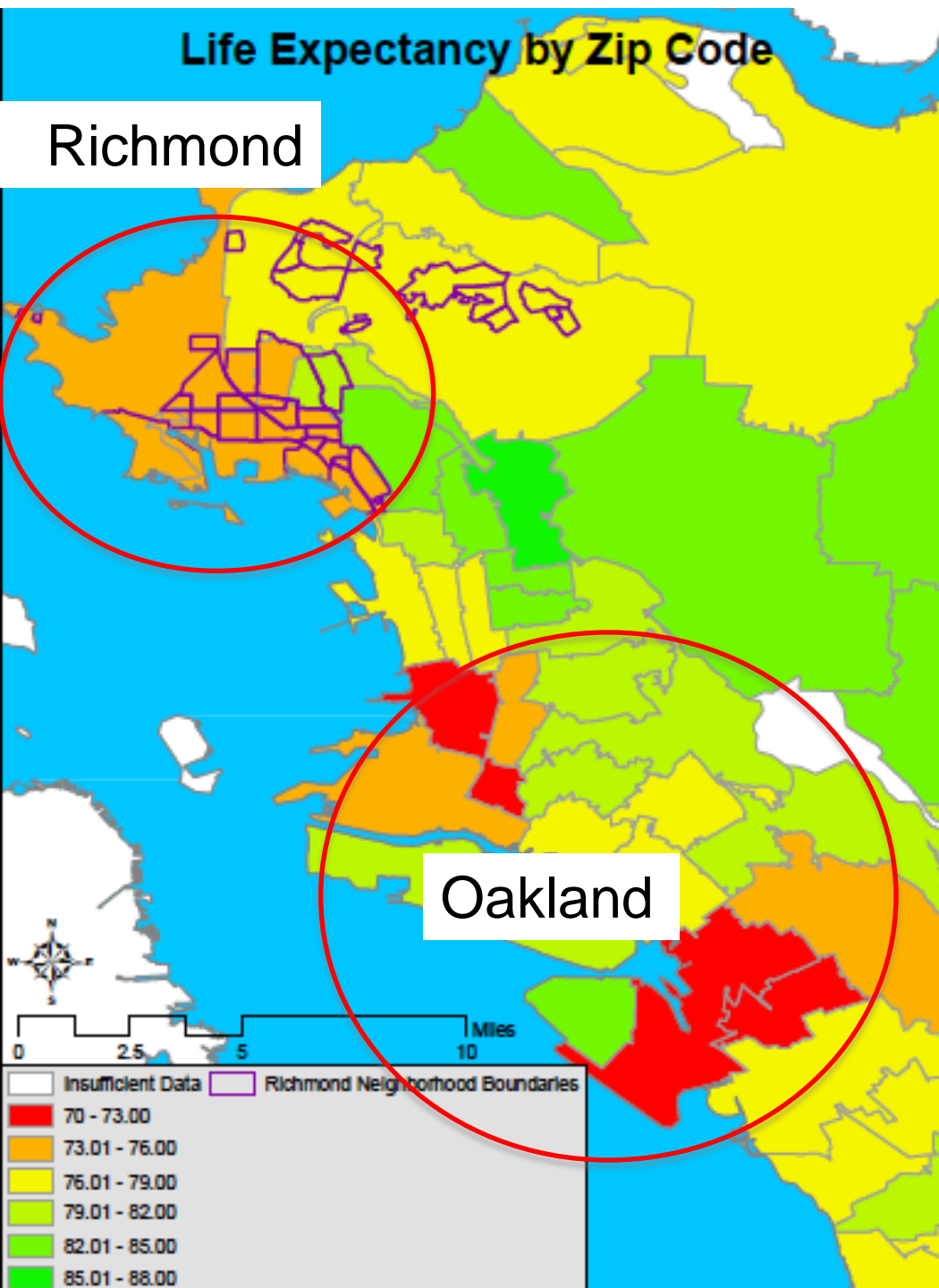# Infant mortality San Francisco Bay Area: place poverty & ethnicity

Jason Corburn - UC Berkeley - jcorburn@berkeley.edu

Life Expectancy by Zip Code

Richmond

Oakland

15 yr. difference in life expectancy according to where you live

Insufficient Data   Richmond Neighborhood Boundaries
70 - 73.00
73.01 - 76.00
76.01 - 79.00
79.01 - 82.00
82.01 - 85.00
85.01 - 88.00

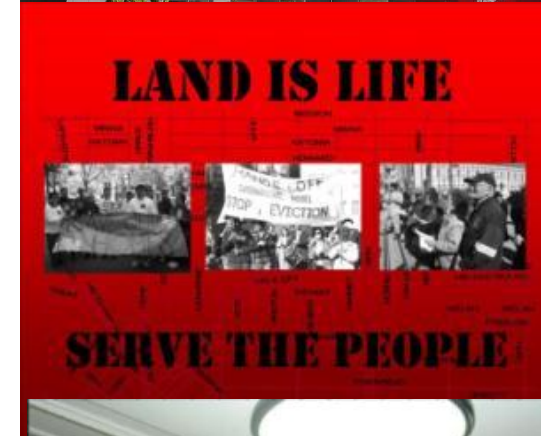tories/life-expectancy/ci_13913952
berkeley.edu

Health Impact Assessment

- <u>Community organizations</u> demand health analyses

- <u>Health Impact Assessment: SF Dept of Health + NGOs:</u>

  - Stress, disruption of child's education & displacement from social/family networks

  - Adverse impacts from noise, pedestrian injuries, residential segregation & lack of parks

  - Air quality – health impacts housing close to highways

<u>Outcomes:</u>

1) Developer redesigned project
2) Policy changes requiring replacement housing
3) Development Impact Fee for healthy infrastructure
4) New affordable housing law
5) New law mitigating air pollution near roadways

The Healthy Development Measurement Tool

HDMT Organization

Healthy City Element

Public Infrastructure

Health-based Rationale

Grocery stores are a necessary resource for individuals and families to have access to and eat healthy foods

Community Health Objective

Assure access to daily goods and service needs, including financial services and healthy foods

Baseline Data

Proportion of Population Within 1/2 Mile Access to a Full Service Supermarkets

Measurable Indicator

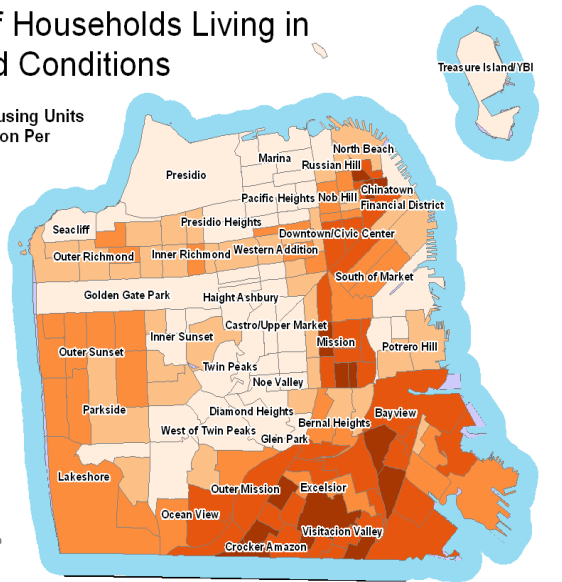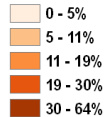Proportion of households within 1/2 mile from a full-service grocery store

Development Target

For residential uses, is the project within 1/2 mile of a full-service grocery store/supermarket?

Thehdmt.org

San Francisco intra-city inequities: social determinants of health

Proportion of Households Living in Overcrowded Conditions

Percent Occupied Housing Units with More than 1 Person Per Room
- 0 - 5%
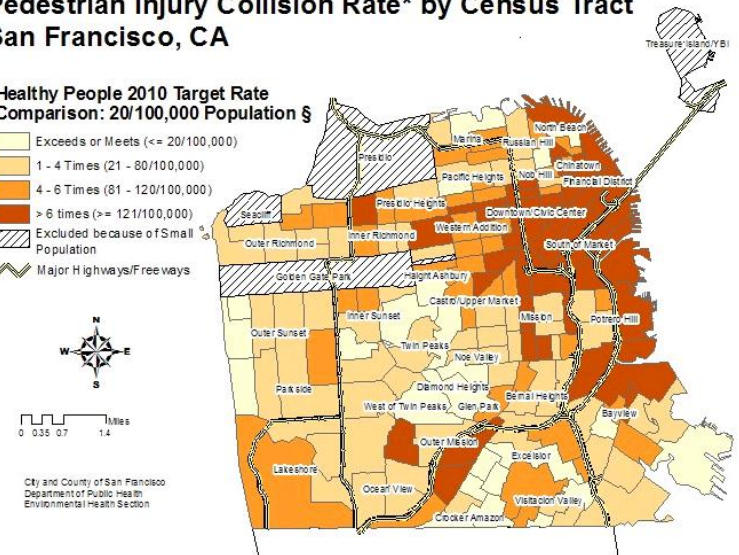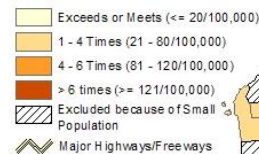- 5 - 11%
- 11 - 19%
- 19 - 30%
- 30 - 64%

Source: 2000 Census

City and County of San Francisco
Department of Public Health
Environmental Health Section

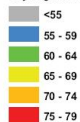Pedestrian Injury Collision Rate* by Census Tract San Francisco, CA

Healthy People 2010 Target Rate Comparison: 20/100,000 Population §
- Exceeds or Meets (<= 20/100,000)
- 1 - 4 Times (21 - 80/100,000)
- 4 - 6 Times (81 - 120/100,000)
- > 6 times (>= 121/100,000)
- Excluded because of Small Population
- Major Highways/Freeways

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*Based on 2001-2005 collision data provided by the California Highway Patrol, Statewide Integrated Traffic Records System (SWITRS) and 2000 population data provided by the U.S. Census

Transportation Noise Map 2008

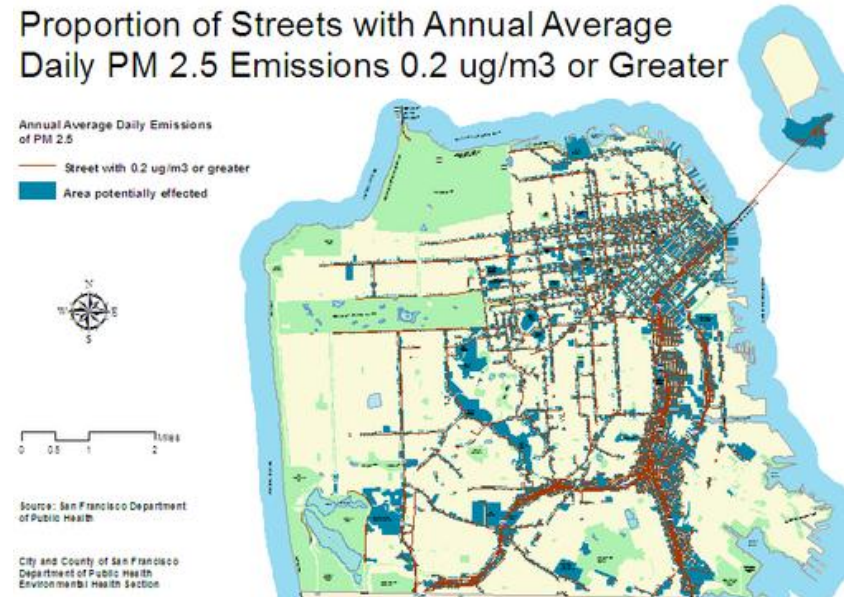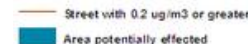Day-Night Noise Level (Ldn)
- <55
- 55 - 59
- 60 - 64
- 65 - 69
- 70 - 74
- 75 - 79

San Francisco Department of Public Health
Environmental Health

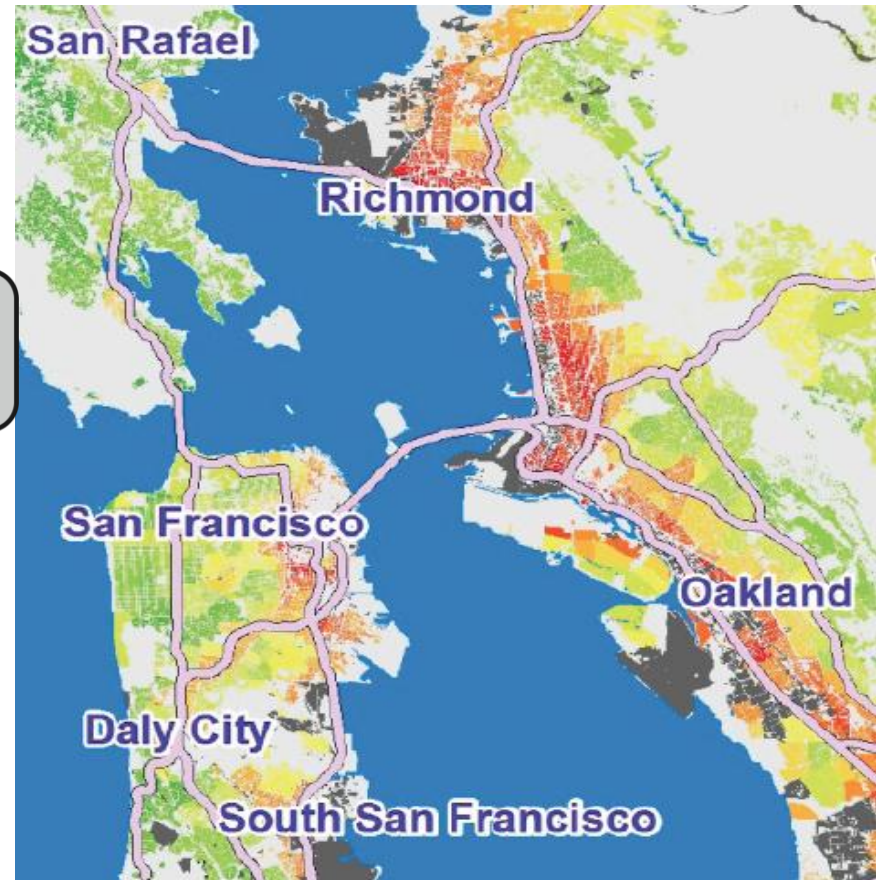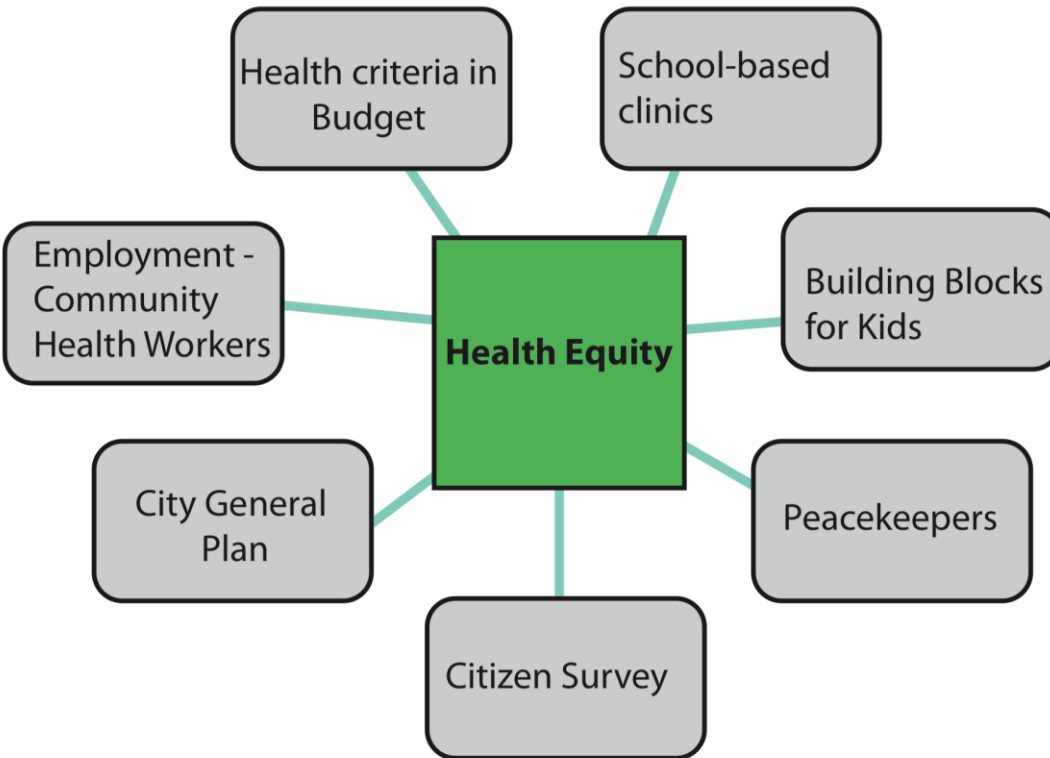Proportion of Streets with Annual Average Daily PM 2.5 Emissions 0.2 ug/m3 or Greater

Annual Average Daily Emissions of PM 2.5
- Street with 0.2 ug/m3 or greater
- Area potentially effected

Source: San Francisco Department of Public Health

City and County of San Francisco
Department of Public Health
Environmental Health Section

Health Equity in all Policies: Regional Planning

Building institutions for healthy urban governance in Nairobi's Informal settlements

Slum Dwellers International

University of Nairobi
Department of Urban and Regional Planning
School of the Built Environment
P.O. BOX 30197, Nairobi, Kenya
www.uonbi.ac.ke/ e-mail: durp@uonbi.ac.ke/

MUUNGANO support trust

PAMOJA TRUST
CREATING VOICE AND SPACE FOR THE URBAN POOR

Enumeration, mapping & planning:
Making the invisible visible

Micro-savings

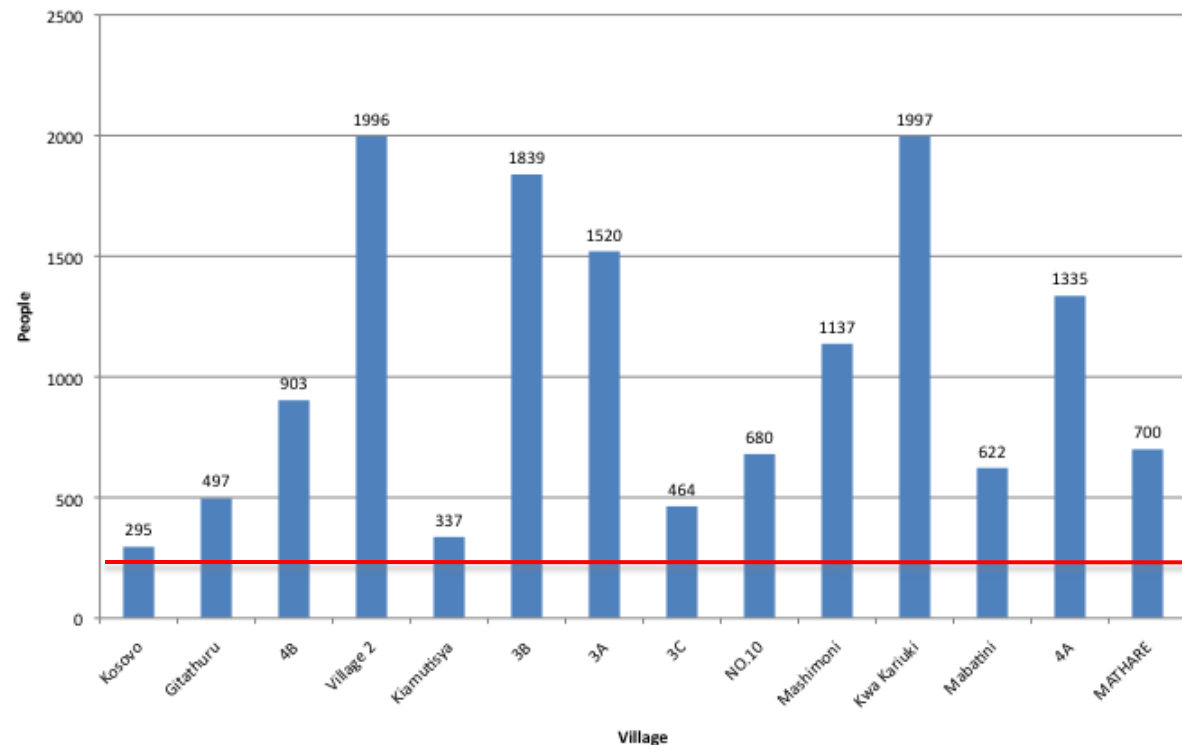Collaborative Planning:
Build on Assets

Household surveys

Mapping

Distribution of water points

250 people/water point = maximum under *Sphere Humanitarian Standards, http://www.sphereproject.org*

People Per Functioning Public Water Point

Village	People
Kosovo	295
Gitathuru	497
4B	903
Village 2	1996
Kiamutisya	337
3B	1839
3A	1520
3C	464
NO.10	680
Mashimoni	1137
Kwa Kariuki	1997
Mabatini	622
4A	1335
MATHARE	700

Improving water infrastructure

- Informal pipe network
- Intermittent service
- Contamination from surface sewage
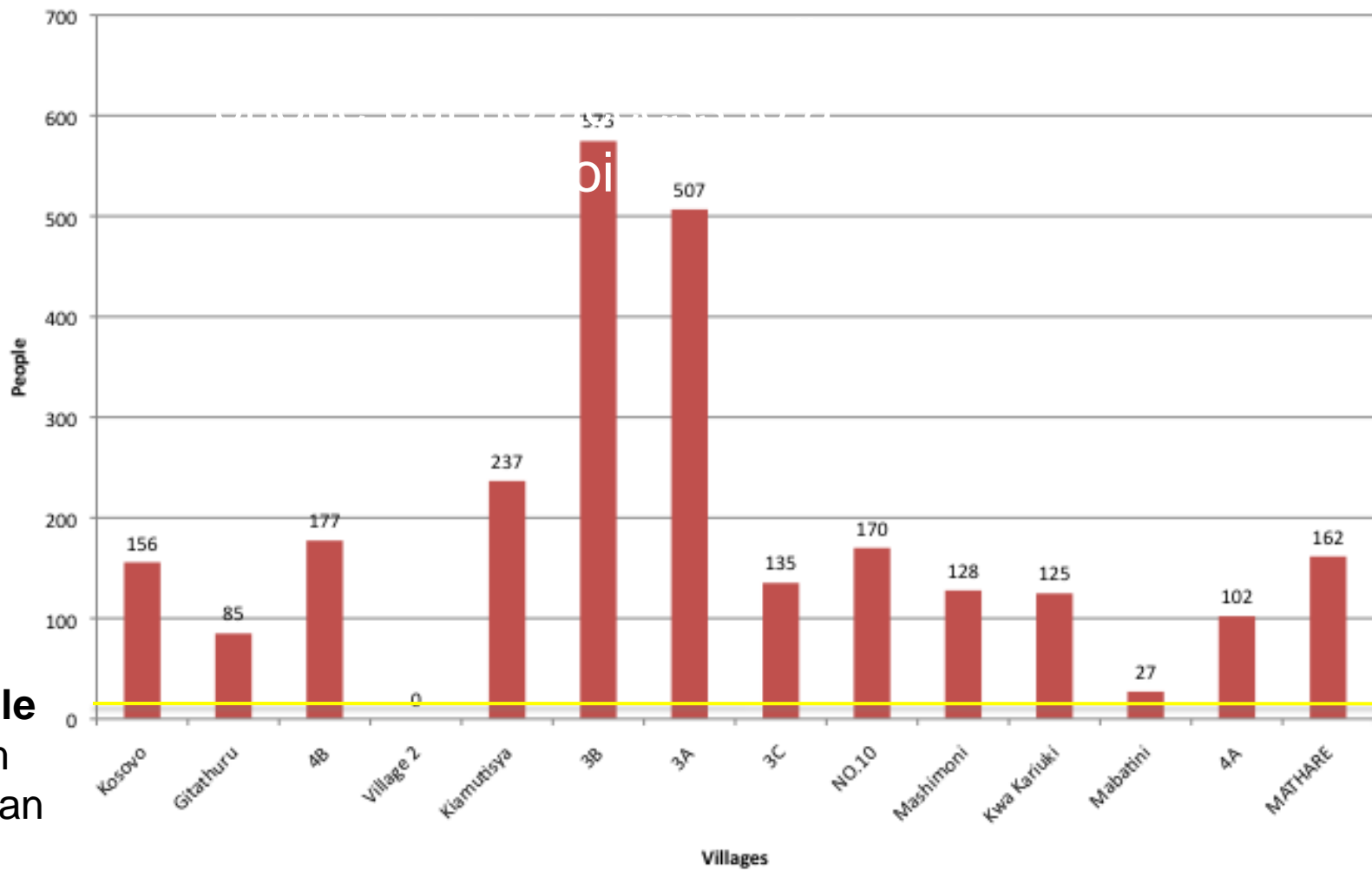- Local institution manage

Before   After

Mathare Valley - Toilet Locations

Legend:
- toilet
- 30m buffer
- structures
- major roads
- waterways

0 62.5 125 250 375 500 Meters

N

Sources: Open Street Map and enumeration surveys for 4B, Kosovo and No.10

People Per Functioning Latrine (individual + block)

20 people/toilet maximum humanitarian standard

Values shown on bars: Kosovo 156, Gitathuru 85, 4B 177, Village 2 0, Kiamutisya 237, 3B 573, 3A 507, 3C 135, NO.10 170, Mashimoni 128, Kwa Kariuki 125, Mabatini 27, 4A 102, MATHARE 162

Y-axis: People (0–700)
X-axis: Villages

Page last updated at 12:05 GMT, Wednesday, 7 July 2010 13:05 UK

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Fears of rape in Kenya's slums 'trap women'

Nairobi's slums are home to more than half the city's population

Fear of sexual violence is keeping poor Kenyan women away from communal toilets, and increasing the risk of disease, Amnesty International says.
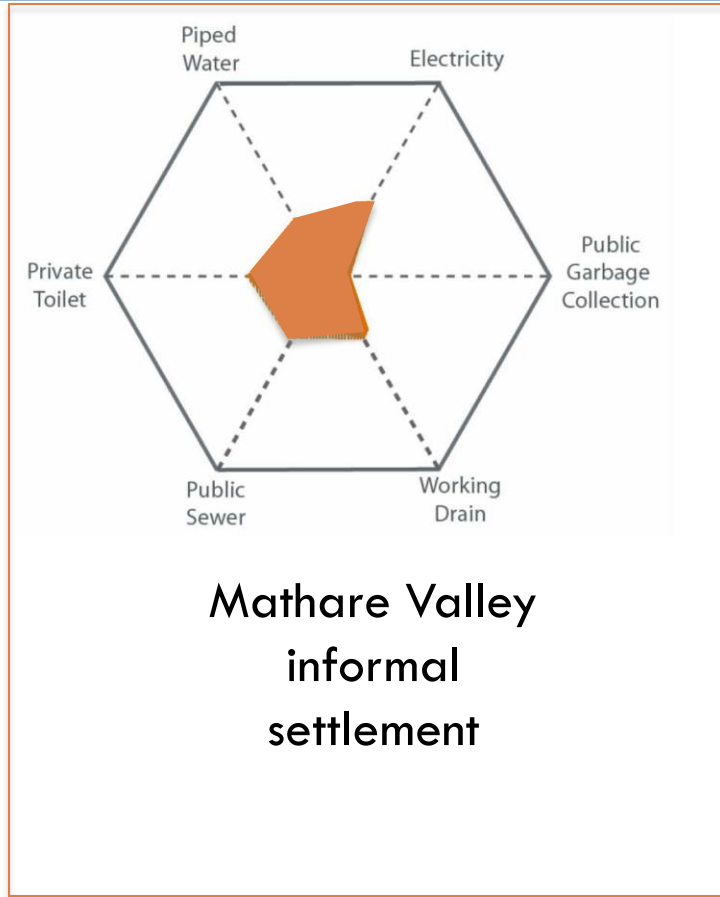
SEE ALSO

▸ Kenyan slum trials
   30 March 10 | Africa

▸ Kenya begins huge

Integrated upgrading: Informing Policy

Mathare Valley informal settlement

UN-HABITAT AND THE KENYA SLUM UPGRADING PROGRAMME

REPUBLIC OF KENYA

Ministry of Housing

KENYA INFORMAL SETTLEMENTS IMPROVEMENT PROGRAM
(KISIP)

Nature: "Why do so many scientists ignore the needs of our cities?"

"Its time to encourage scientists and universities to pay more attention to urban areas." *Nature*, Vol 467, 21 October 2010, p.883

Health and Wellbeing in the Changing Urban Environment: a Systems Analysis Approach
An Interdisciplinary Science Plan
October 2011

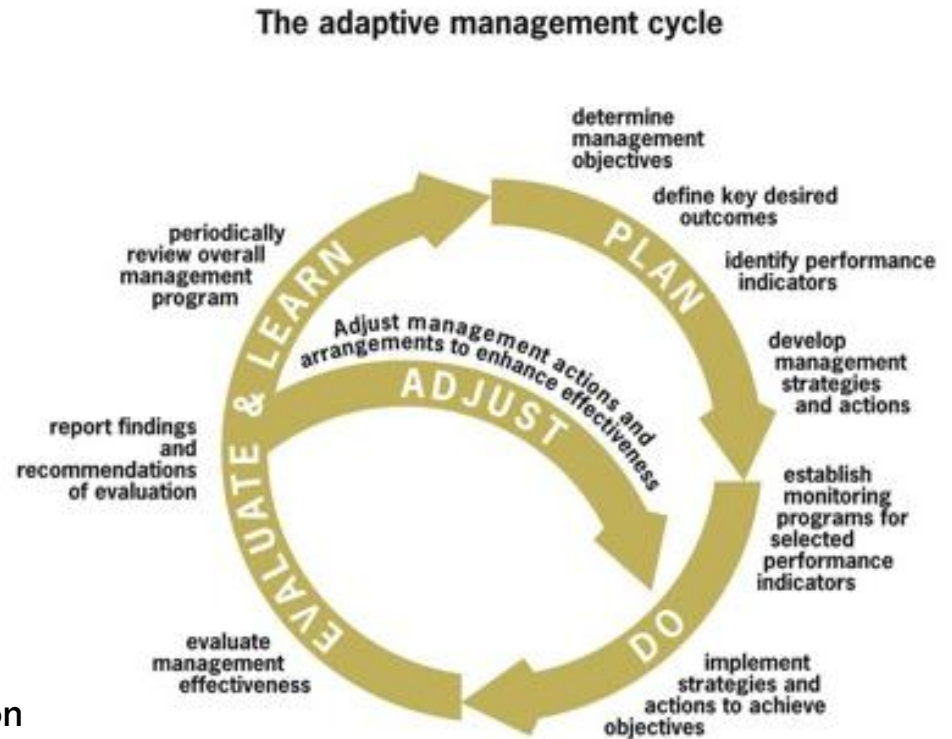# New Urban Science-policy for Health Equity: Adaptive management?

- <u>Traditional:</u>
  - Cross sectional data by few experts
  - Build predictive models
  - Aim for short-term system equilibrium
  - Top-down policies of control & enforce

- <u>Adaptive:</u>
  - Broad stakeholder involvement – professionals & community
  - Set management goals & act 1st
  - On-going, longitudinal data collection
  - Group monitoring, learning & evaluation
  - Adjust policies & avoid problem displacement

The adaptive management cycle

<u>Science is social process</u>: Complex & dynamic systems require process for making informed decisions under high degree of uncertainty

Towards Healthy & Equitable Urban Governance

1. <u>Policy matters</u> – deliberate national & urban policies created health inequities, and deliberate public policies are needed to reverse them

2. <u>Institutions matter</u> – projects, programs & data alone do not change social conditions

3. <u>Planning matters</u> – but must change to prioritize health equity

4. <u>New science matters</u> – can "*urban adaptive management*" contribute to co-produced evidence & policy learning that promotes greater health equity?

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