

# CITIES, HEALTH AND WELL-BEING

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*The Social Determinants of Health and Health Equity in Cities*



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# The concrete road to freedom? The social determinants of health and health equity in cities

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*17<sup>th</sup> November 2011, Urban Age Conference*

## WITNESS TO MORTALITY



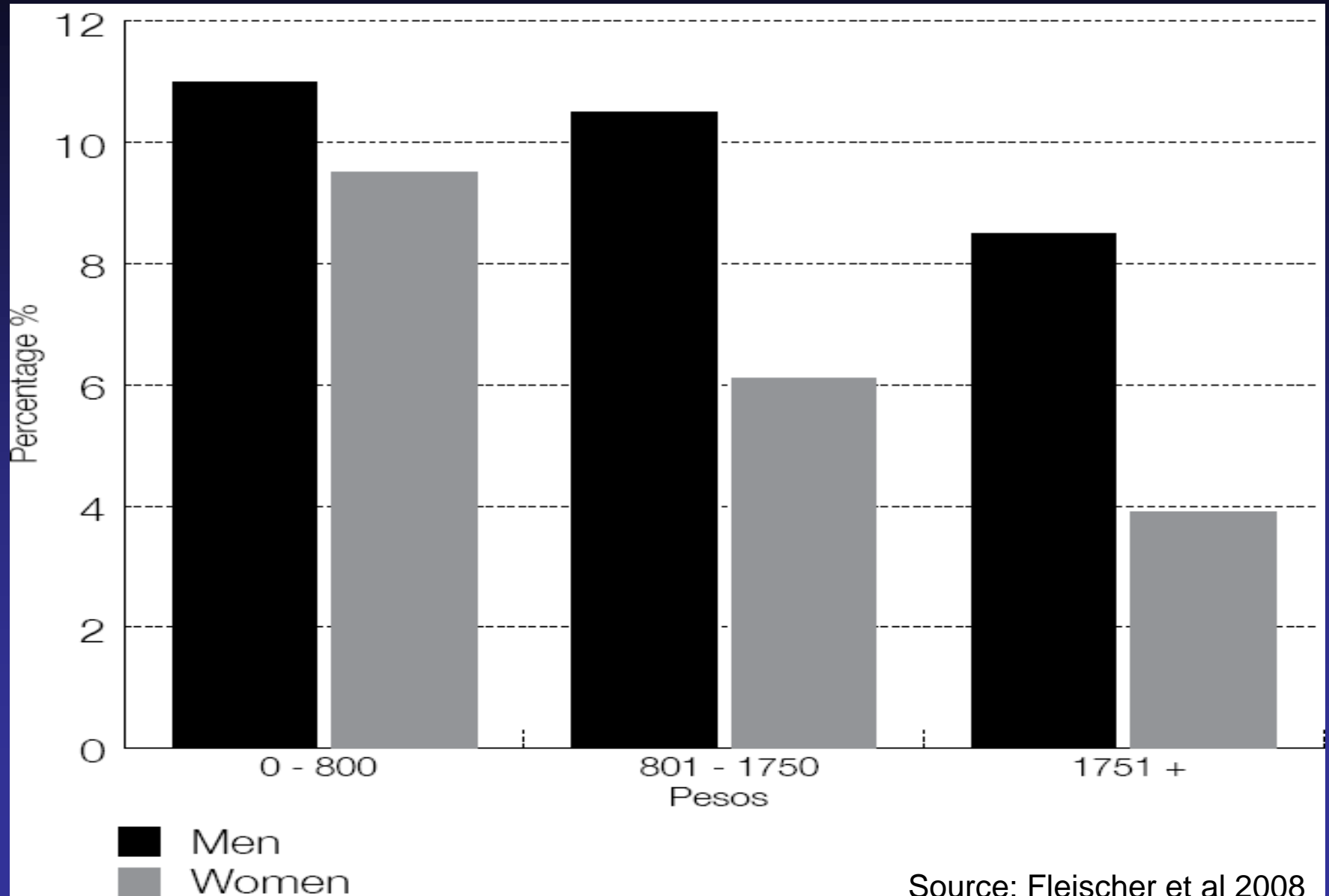
# Key messages

1. Economic and social policies drive (urban) health inequities
2. Dearth of evidence that demonstrates the impact of public policy on health inequities
3. The architecture of governance is inadequate to address the complexity of urban health equity
4. The urban health equity agenda is about the political economy of urban health

# Life expectancy at birth (men)

<b>Glasgow (working class area)</b>	<b>54</b>
Australian Indigenous	59
India	61
Philippines	65
Lithuania	66
Mexico	72
US	75
UK	76
Australian average	77
<b>Glasgow (affluent area)</b>	<b>82</b>

# Social gradient in diabetes, Buenos Aires



# Complex value propositions and theoretical approaches



World Health  
Organization



Commission on  
Social Determinants of Health

# Closing the gap in a generation

Health equity through action on  
the social determinants of health



**“Social injustice  
is killing people  
on a grand  
scale”**

# Cant afford not to address health inequities

Between 2003 and 2006:

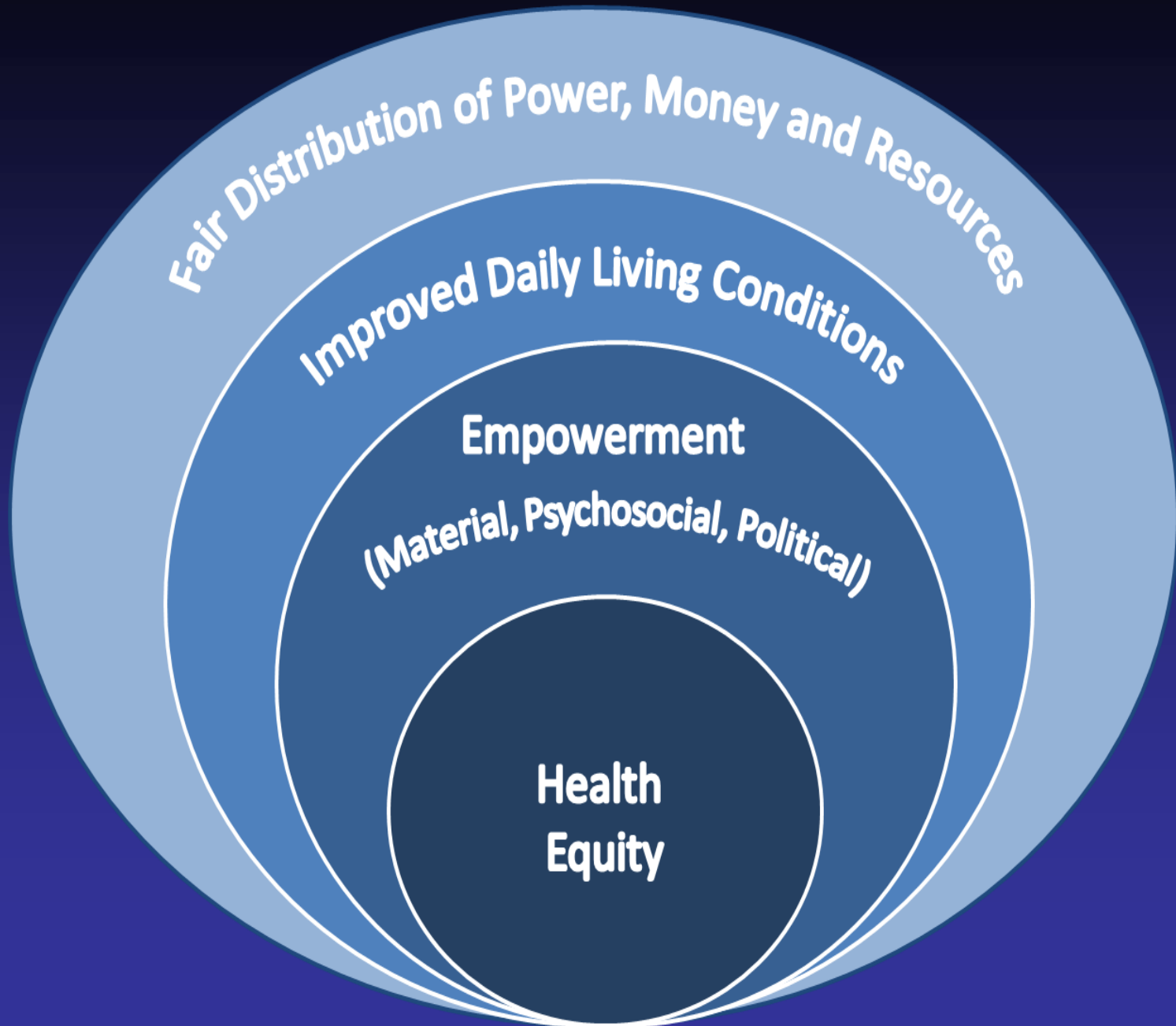
- The combined costs of health inequalities and premature death in the United States were \$1.24 trillion
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion
- 31% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities



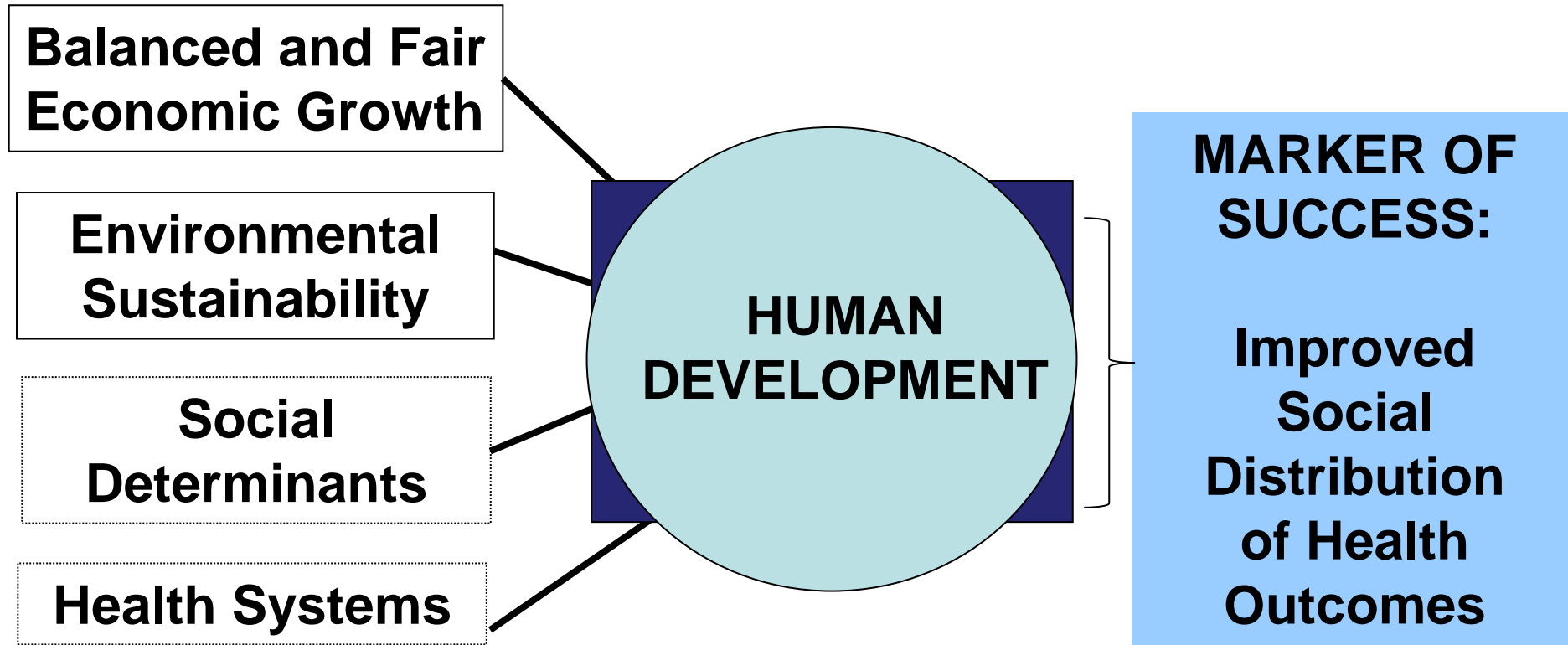
# Economic growth matters...

	Life Expectancy at birth	GDP per capita (PPP US\$)
Japan	81.5	26,940
Sweden	80	26,050
Spain	79.2	21,460
Switzerland	79.1	30,010
France	78.9	26,920
Greece	78.2	18,720
<b>UK</b>	<b>78.1</b>	<b>26,150</b>
<b>Costa Rica</b>	<b>78</b>	<b>8,840</b>
US	77	35,750
Cuba	76.7	5,259

# Health inequities are socially produced



# People-centred development



**The conditions in which people are  
born, grow, work and age affect  
health and health inequities**

**Urban planning and design:  
can improve health equity and  
environmental sustainability**

# Living environment by neighbourhood income: England



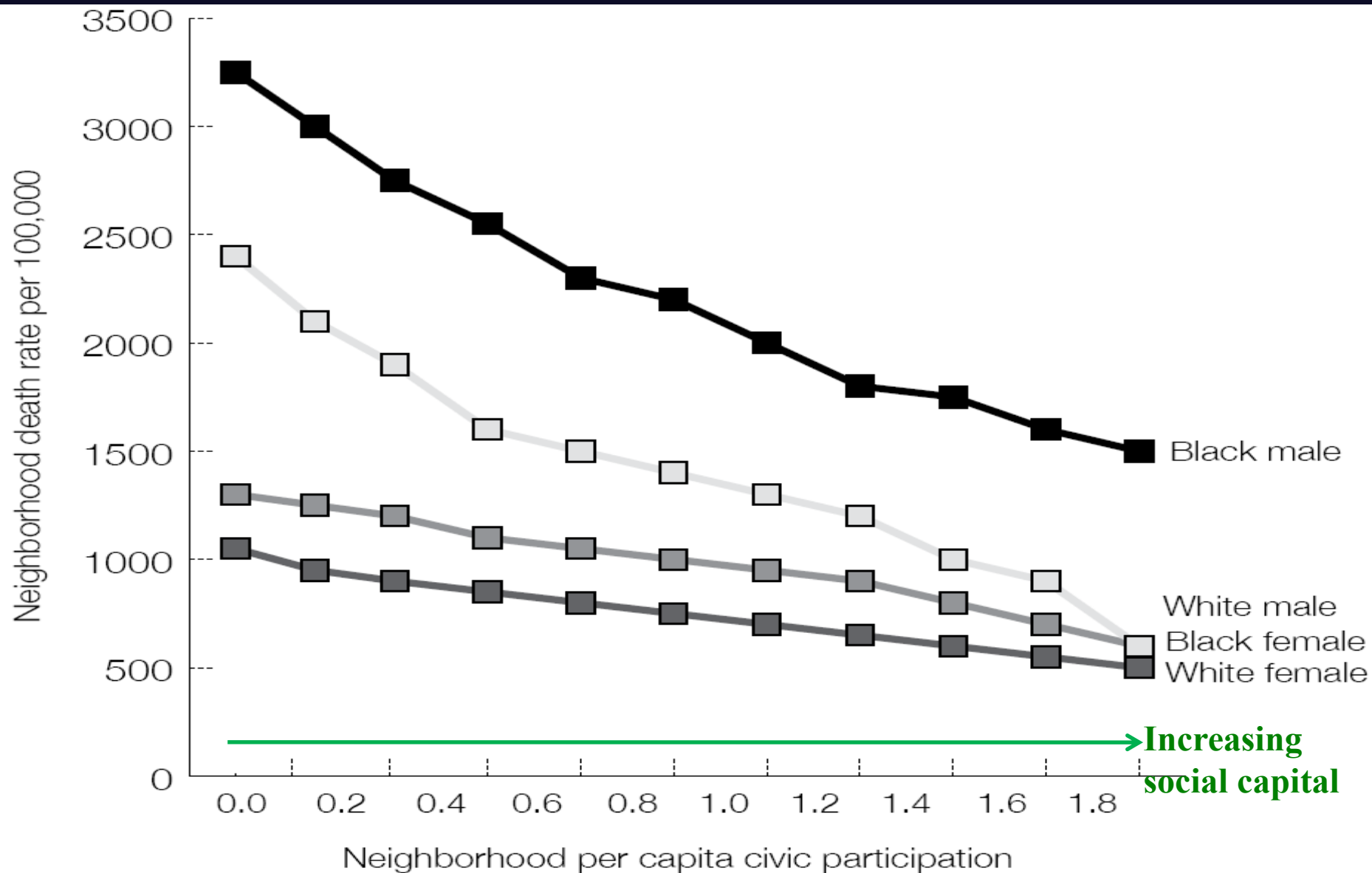


# The Nutrition Transition (starts in cities and is socially graded)



Some levers:  
Retail planning  
Food service sector

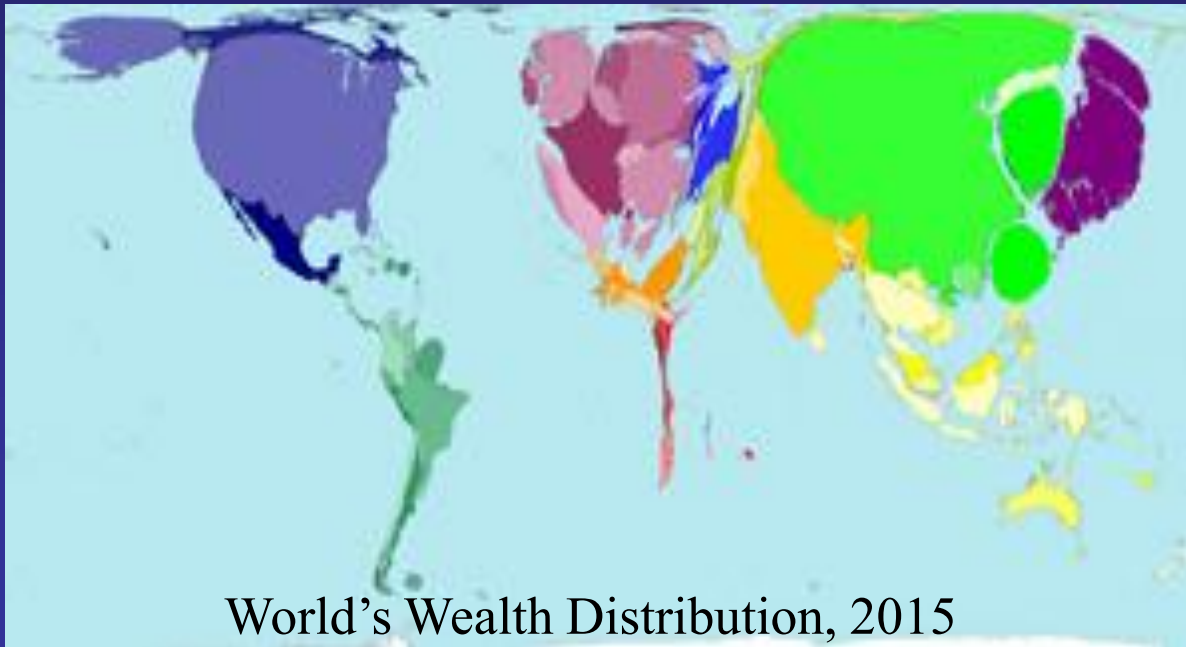
# Improve health equity through better social cohesion



# Power, money and resources

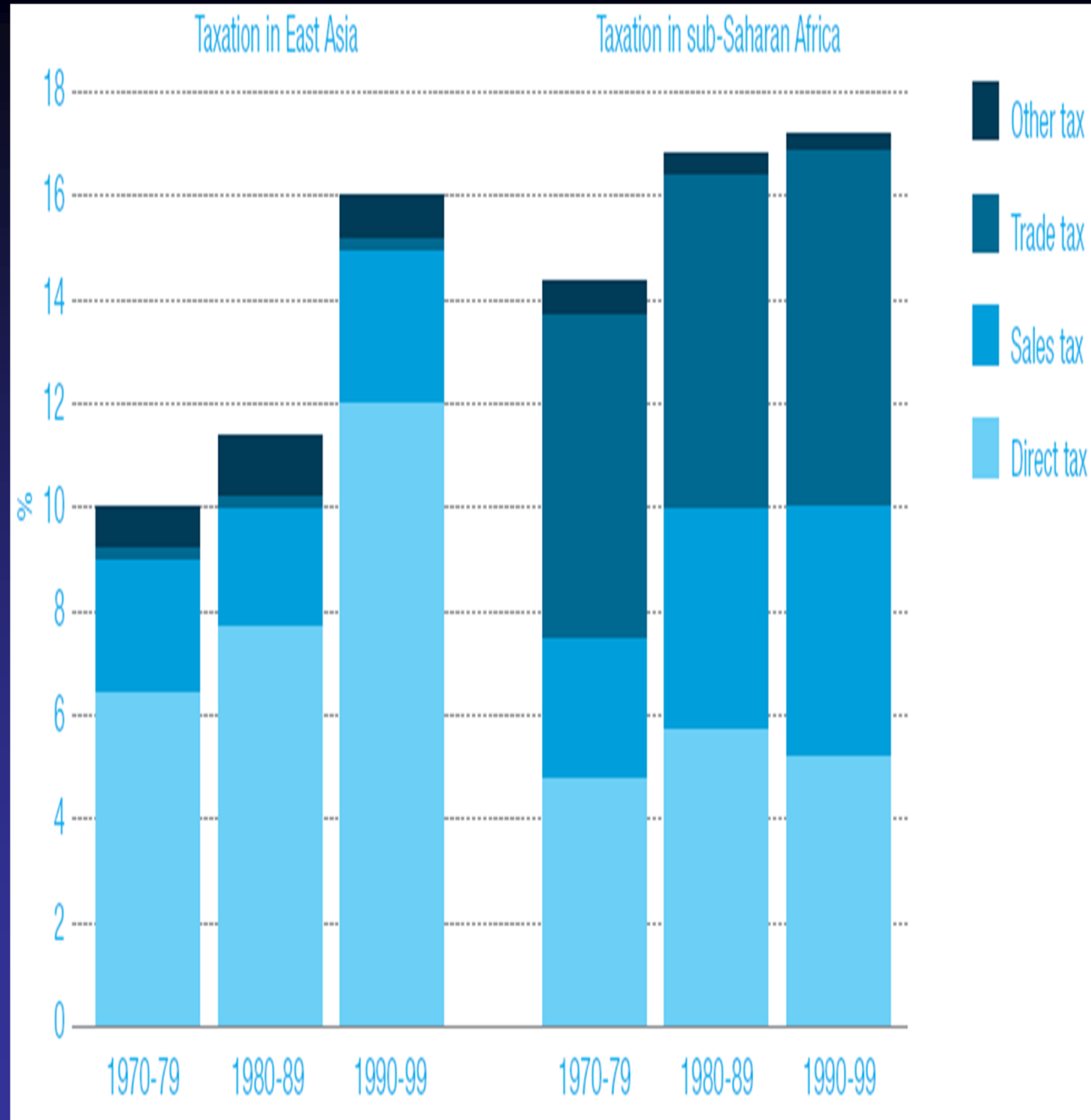
*“in a world that is so divided by inequalities in wealth and opportunity, it is easy to forget that we are part of one humanity”*

Desmond Tutu in HDR, 2007.

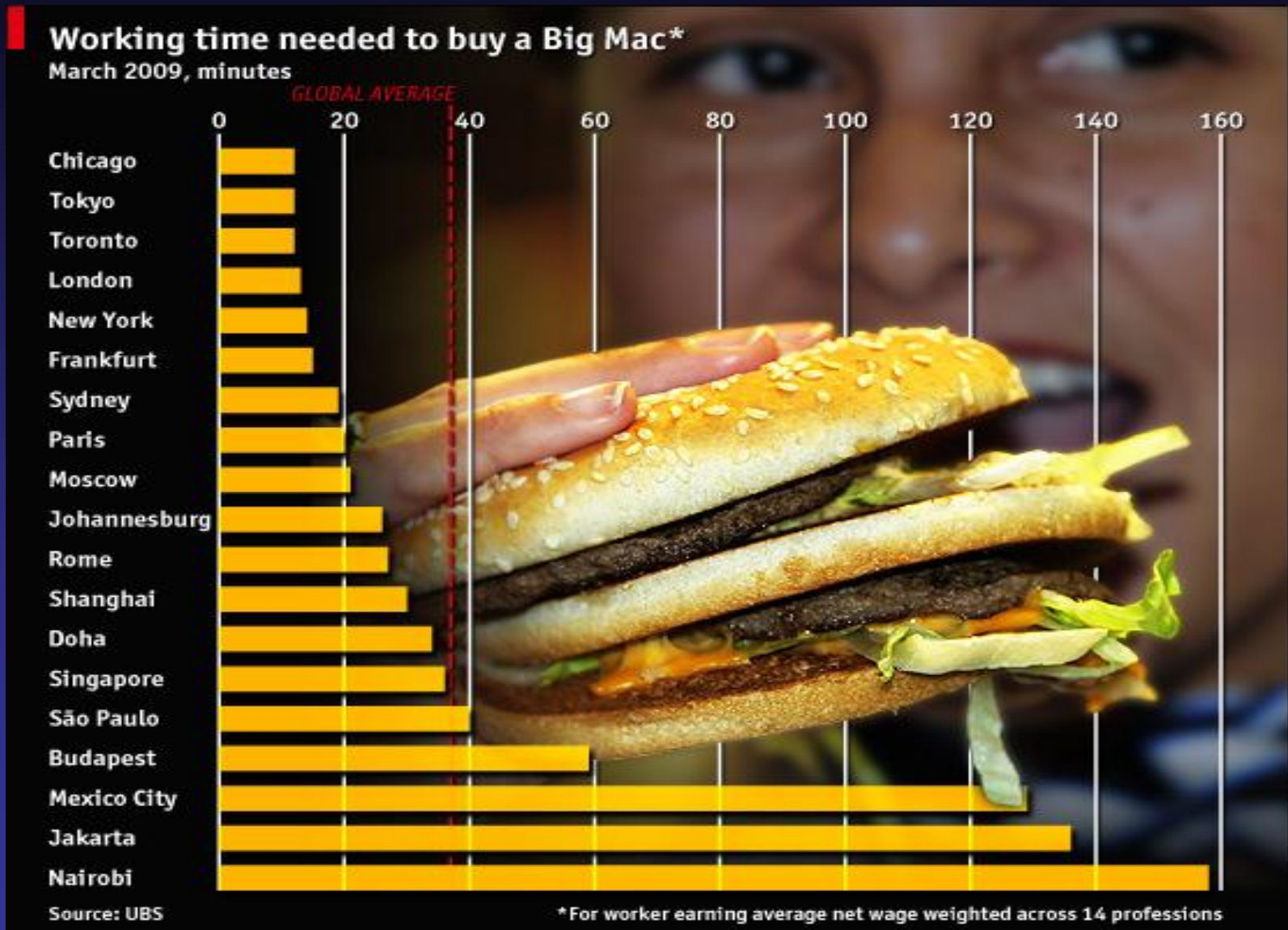


World's Wealth Distribution, 2015

Trade agreements that reduce tariffs can impact on public spending in countries with weak capacity for direct taxing



# Working conditions

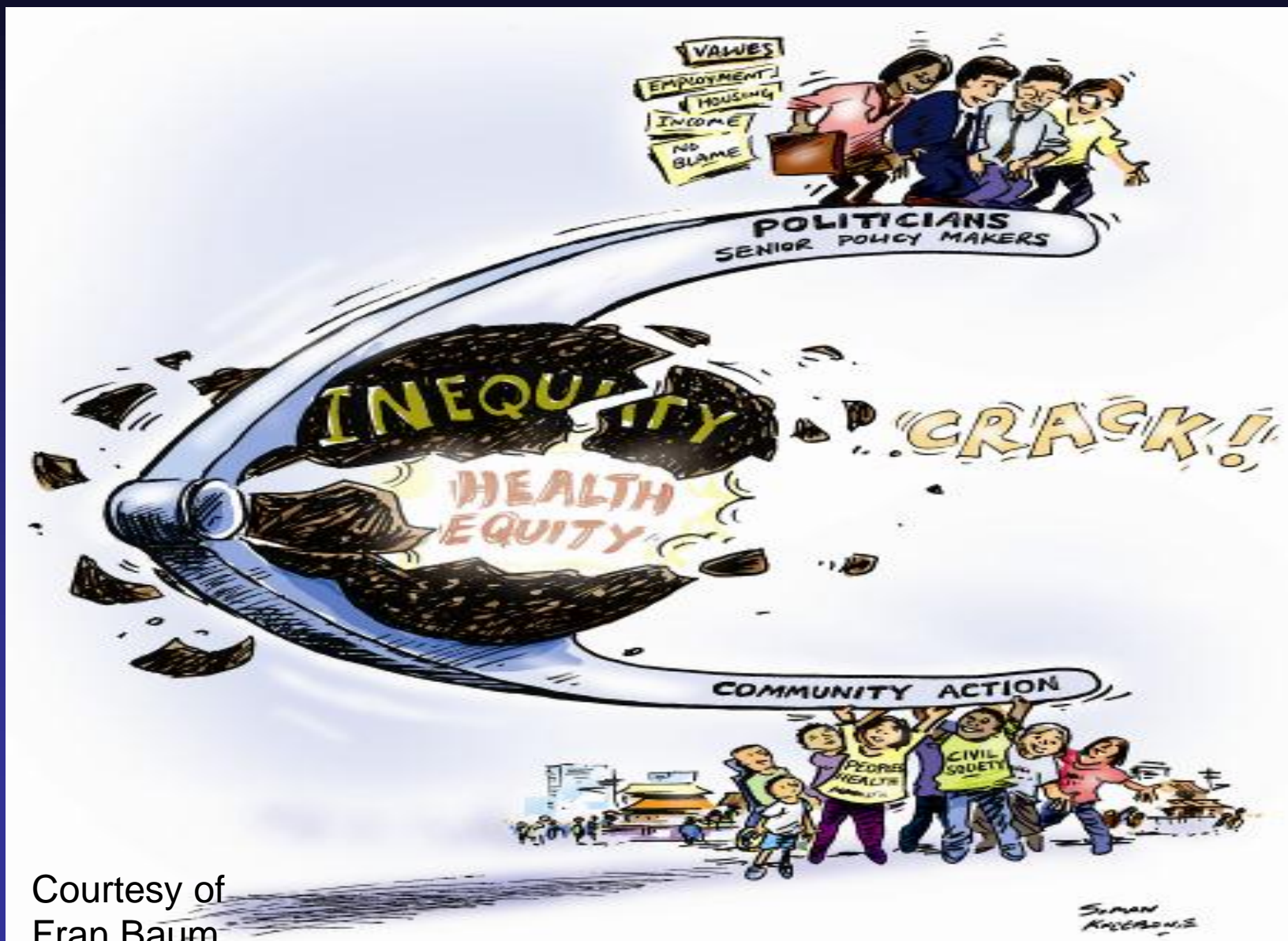








# Who has the power?



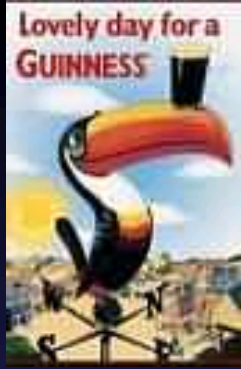
Courtesy of  
Fran Baum

# Cigarette plain packaging

- Australia's proposed introduction of plain packaging cigarette will be a landmark case, with health implications reaching far beyond Australian borders.
- While driven by the Minister for Health, the plain packaging policy relates also to trade, foreign affairs and commerce.
- Australia's draft legislation came under scrutiny at the WTO intellectual property (TRIPS) council meeting in June 2011, with some members concerned it could violate trademark rights.



# Temple of bars



## *Example of Temple Bar, Dublin city centre, Ireland*

Since the early 1990s, Dublin's inner city has been transformed by a major surge of private residential development - driven primarily by central government tax incentives aimed to inspire broader property-led regeneration of the inner city.

Development interests and central government instrumentalities became involved directly in newly emerging governing networks - the locus of power in urban policy shifted as local government and particularly local government planners were sidelined.

A major shift in the physical, socioeconomic and cultural fabric of the city.

# Participatory Governance

Fair representation of  
people affected by  
decisions

Supported community  
development

Recognised space for  
social action



Photo courtesy of Dr AV Buckner, Morehouse School of Medicine





THE AUSTRALIAN

ANU

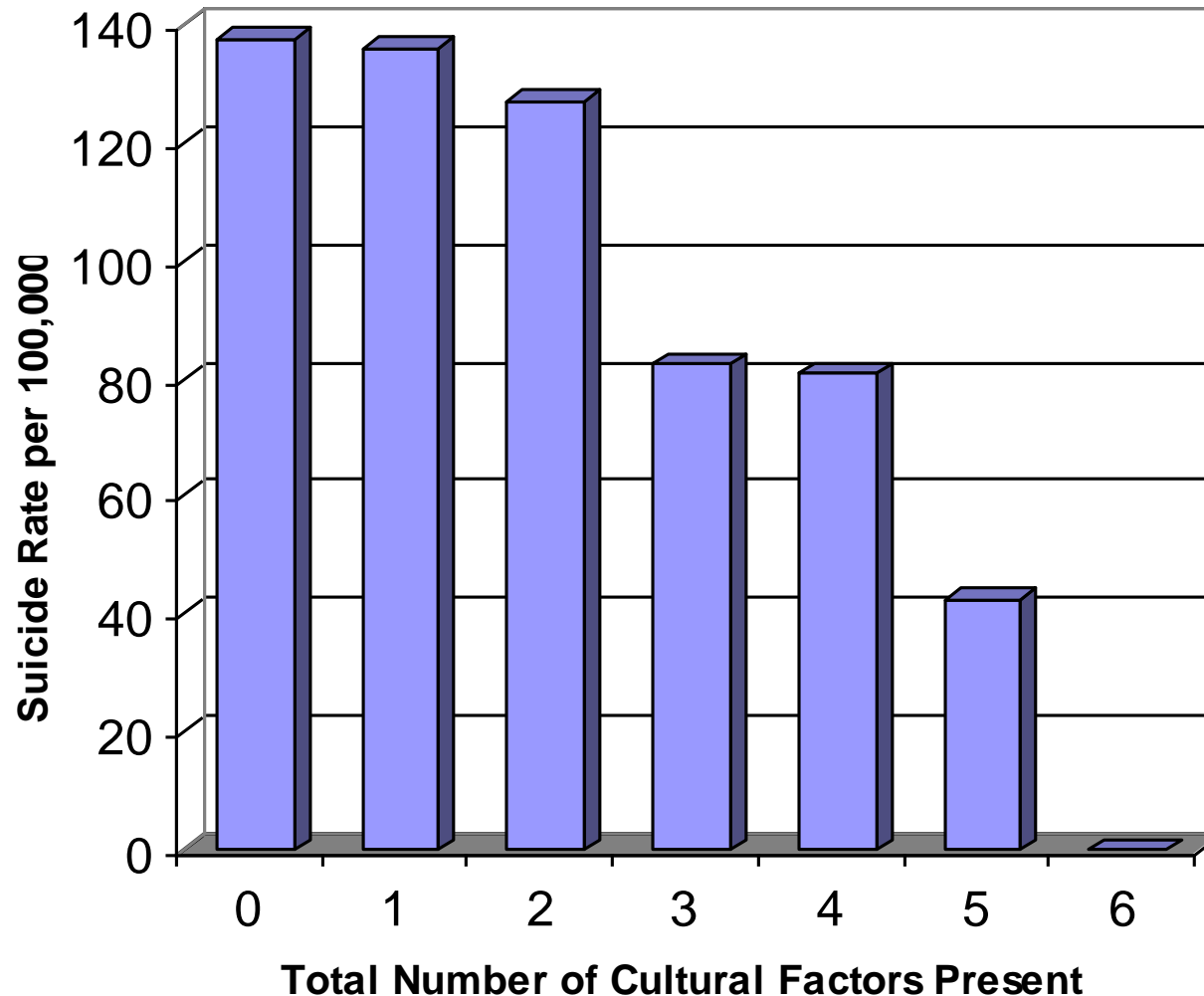


Slide: Daniel Becker, Synergos Brazil





# Indigenous control, Canada



Cultural Factors:

- Self-government
- Land claim participation
- Community controlled
  - Health services
  - Education
  - Cultural facilities
  - Police/fire services



# What's needed to make urban health equity core business for all sectors



[www.healthgaen.org](http://www.healthgaen.org)



# Global and local influence and power





# Explicit Policy Framework

1. Position health equity as a policy goal for local government
2. Achieve this, partly, through action on the social determinants of health
3. Embrace the complexity
4. Systematic consideration of the health equity effects of all local government policy, systems and processes

# Intersectoral working

## Health in all policies

- addressing **complex** health challenges
- health as a **shared goal**
- focus on a **specific issue**
- is **flexible**
- accommodates the needs of **other sectors**



# Data: determinants of health inequities

*No data, no problem, no action  
but*

*We do know what needs to be done*

Claire  
Delperdange



Inclusive data systems:

Useful data systems:

Framing the question/analysis:

"why are the uneducated behaving this way?" → "why are they uneducated?"

Implementation research: Collaborative knowledge production between *researchers, practitioners, policy makers*

# Disciplinary diversity in a time of complexity

- Clinical practice
- Epidemiology
- Planning
- Architecture
- Psychology
- Economics
- Sociology
- Political science
- Climate science

**“By health I mean the power to live a full, adult, living, breathing life in close contact with what I love”**

The letters and journals of Katherine  
Mansfield



**GRNUHE**

GLOBAL RESEARCH NETWORK  
ON URBAN HEALTH EQUITY

**Improving urban  
health equity  
through action  
on the social and  
environmental  
determinants  
of health**

Final Report  
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