Creating Healthier Cities

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The Centre seeks to improve health in cities, and to reduce barriers to accessing factors essential to health, such as appropriate health care and quality housing. We are committed to developing and implementing concrete responses within health care and social service systems and at the level of public policy.
Sharing high quality health equity data with everyone: Ontario Community Health Profiles

Centre for Urban Health Solutions

Through engagement and partnerships we co-create tailored solutions to the most pressing urban health issues
Research on Urban Health

Problem Description

Solutions
Solutions Research

Best Polices & Practices
How has our science helped?

- Ensure programs/policies are relevant
- Ensure programs/policies are effective
- Tailoring ‘best practices’ to local settings
- Ensure inequalities are addressed
- Ensure money is well spent
- Preventing harm when little to no existing evidence
Key Messages

- Good health is elusive for a growing proportion of the population living in cities.

- Health care is responsible for a small proportion of good health; rather social and economic sectors drive population well-being.

- Cross sectoral solutions should be pursued as a strong strategy to improve population health in cities.
"a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity". (WHO) Health includes the idea of “social well-being”.

Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group". It is an approach to health that aims to improve the health of an entire human population.
Determinants of Health

Health care & genetics are a relatively small % of what determines health. Environment and social/economic factors are important determinants of health.

- Publicly financed universal access to selected health services (e.g., skilled birth attendants, childhood or Hep B vaccines)
- Major diseases can be prevented via public policies (e.g., increased taxes on tobacco/alcohol, bans on tob/alc advertising)
Social Determinants of Health

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice and Strong Institutions
17. Partnerships for the Goals
Crowding: infectious diseases, impaired child development

Heat/Cold & dampness (poor ventilation & mold): respiratory problems & allergies, high cholesterol and blood pressure, mortality

Indoor air (poisoning): respiratory, cancer (second hand smoke)

Structural (e.g., stairs): injuries, burns from fires

**Costs:** economic strain and poverty, fewer choices in location, forgoing other necessities of life
Housing is more than just shelter
(Shaw 2004)

Physical features
- No home
- Material & Physical housing effects on health - damp, cold, mold.

Psychological, meaningful
- Feelings of home, social status, build identity, ontological security.
- Insecurity & debt

Location, resources nearby, neighborhood features

These dimensions do not have to travel together but can have their own patterns and dynamics
Best practices for the most deprived:

Provide structurally sound housing; AND

Intersectoral involvement (housing, sanitation services, environmental improvement, etc.)

Integrating slum residents into the wider community (socially and economically)

Partnership, engagement and empowerment of local residents throughout the rehabilitation process
The Great Divide

Global income inequality and its cost

Health Inequities in cities
EQUALITY

EQUITY
Inequities have life & death consequences

Inequities affect everyone—rich & poor alike
All cause mortality from 282 mid- to large metropolitan areas

Growing inequalities affects everyone living in cities, not just the poor.

Excess deaths 140 per 100,000

Hundreds of stakeholders from 25 cities named growing gaps between rich and poor as the 2nd highest social challenge facing cities (behind poor living conditions).

Lynch et al., 1998
What can we do to solve this problem?

Causes of health & social inequalities are local

Therefore, solutions to health & social inequalities need to be tailored to settings/cities
Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.
Too often sectors work in silos

Missed opportunity to impact population health
WHAT IS A “HEALTH IMPACT ASSESSMENT”? Health Impact Assessment (HIA) is an evidence-based tool that incorporates public engagement before decisions are finalized for policies, plans, and projects, which helps create more equitable, healthier communities.
Target interventions toward those most in need to decrease inequities.
A. IT IS EASY TO USE. The tool is simple, practical and user-friendly, and the results it generates should facilitate a more intuitive understanding of urban health equity by decision-makers and technical staff at national and local levels.

B. IT IS COMPREHENSIVE AND INCLUSIVE. Urban HEART adopts a framework that takes into account health determinants and risk factors and their interactions across multiple levels and sectors in the urban environment, as they impact on communicable and noncommunicable diseases as well as violence and injuries. The tool addresses the concerns of multiple sectors and is inclusive enough to generate buy-in, participation and effective dialogue among key stakeholders.

C. IT IS OPERATIONALLY FEASIBLE AND SUSTAINABLE. The process of generating and analysing data and disseminating the results should entail minimal cost and should be within the institutional mechanisms of national and local governments. As much as possible, data should be obtained from existing information systems and regular records and reports. The tool includes core indicators that are universally utilized and generally comparable across urban settings. However, recognizing differences in local contexts, the tool also offers flexibility to cover indicators specific to the requirements of the local setting.

D. IT LINKS EVIDENCE TO ACTIONS. The tool and the results it generates should have the relevance and cogency to enable better governance and decision-making by stakeholders at national and local levels. The emphasis on the use of disaggregated data further facilitates identification of focused interventions.
HEALTH OUTCOMES

- Summary indicators
- Disease specific mortality/morbidity

SOCIAL DETERMINANTS OF HEALTH

- Physical environment and infrastructure
- Social and human development
- Economics
- Governance
<table>
<thead>
<tr>
<th>POLICY DOMAIN</th>
<th>INDICATORS</th>
<th>NEIGHBOURHOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHYSICAL ENVIRONMENT &amp; INFRASTRUCTURE</strong></td>
<td>Access to safe water</td>
<td>#1</td>
</tr>
<tr>
<td></td>
<td>Access to improved sanitation</td>
<td>Y</td>
</tr>
<tr>
<td><strong>SOCIAL &amp; HUMAN DEVELOPMENT</strong></td>
<td>Prevalence of tobacco smoking</td>
<td>G</td>
</tr>
<tr>
<td></td>
<td>Completion of primary education</td>
<td>G</td>
</tr>
<tr>
<td></td>
<td>Skilled birth attendance</td>
<td>Y</td>
</tr>
<tr>
<td><strong>ECONOMICS</strong></td>
<td>Poverty</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td>R</td>
</tr>
<tr>
<td><strong>GOVERNANCE</strong></td>
<td>Government spending on health</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Voter participation</td>
<td>R</td>
</tr>
</tbody>
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### FIVE STRATEGY PACKAGES OF INTERVENTIONS

<table>
<thead>
<tr>
<th>STRATEGY A</th>
<th>Incorporate health in urban planning &amp; development</th>
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<tbody>
<tr>
<td>• Introduce health-specific activities, programmes and interventions to complement existing projects that improve the housing and living conditions of the urban poor.</td>
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<tr>
<td>• Example: Develop and implement transport policies that promote active and safe methods of traveling to and from schools and workplaces, such as walking or cycling</td>
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<thead>
<tr>
<th>STRATEGY B</th>
<th>Emphasize and strengthen role of urban primary health care</th>
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<tbody>
<tr>
<td>• Expand the role of primary health care in urban settings, reaching out to groups and populations who live in informal settlements, slums, squatter sites and other excluded groups such as floating populations or illegal migrants.</td>
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<td>• Example: Initiate and support clean-up campaigns for vector control</td>
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<tr>
<th>STRATEGY C</th>
<th>Strengthen the health equity focus in urban settings</th>
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<tbody>
<tr>
<td>• Add on or build upon existing programmes such as Healthy Cities or other Healthy Settings programmes to emphasize the importance of reducing inequity and targeting health promotion to the urban poor and to build social cohesion and integration of excluded or marginalized groups.</td>
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</tr>
<tr>
<td>• Example: Map out parts of the city where the price and quality of food is inequitable and undertake special measures to reduce the inequity</td>
<td></td>
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<thead>
<tr>
<th>STRATEGY D</th>
<th>Put the health equity higher on the agenda of local governments</th>
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<tbody>
<tr>
<td>• Develop capacity and competence in assessing the health equity impact of development projects, urban plans and investment proposals.</td>
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<tr>
<td>• Example: Provide physical design and resources to support community efforts to improve water supply and infrastructure, construction of household latrines, improvement of drainage systems</td>
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<thead>
<tr>
<th>STRATEGY E</th>
<th>Pursue a national agenda</th>
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<tr>
<td>• Confront the challenges of and promote the opportunities created by urbanization to protect and promote health for all. Create an enabling national policy environment for secure tenure, fairer health opportunity and social safety nets to achieve health goals.</td>
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<td>• Example: Tobacco control regulations</td>
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Strengths & Challenges

- Designed to influence action (includes decision makers & links to solutions)
- SMART Cities data surveillance provides ongoing source of data
- Comprehensive & Inclusive & could be incorporated into SMART Cities engagement processes

- No guidelines built in for monitoring implementation which will be critical to avoid worsening of inequalities or failure of interventions
<table>
<thead>
<tr>
<th>Outreach</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Shared Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Community Involvement</td>
<td>More Community Involvement</td>
<td>Better Community Involvement</td>
<td>Community Involvement</td>
<td>Strong Bidirectional Relationship</td>
</tr>
<tr>
<td>Communication flows from one to the other, to inform</td>
<td>Communication flows to the community and then back, answer seeking</td>
<td>Communication flows both ways, participatory form of communication</td>
<td>Communication flow is bidirectional</td>
<td>Final decision making is at community level.</td>
</tr>
<tr>
<td>Provides community with information.</td>
<td>Gets information or feedback from the community.</td>
<td>Involves more participation with community on issues.</td>
<td>Forms partnerships with community on each aspect of project from development to solution.</td>
<td>Entities have formed strong partnership structures.</td>
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Reference: Modified by the authors from the International Association for Public Participation.
Documented Harms of Poor Engagement Processes

- Success of project relies on free labor of community
- Engagement stops after initial consultations
- Process of engagement discourages dissent
- If resistance happens, community groups face sanctions
- Community leaders lose credibility with failed engagement

Katz, Cheff, O’Campo 2015
Summary

• Promoting good health goes beyond a focus on the system of health care services

• Smart Cities can document how non-health sectors positively and negatively impact population health and health inequalities

• “Health in All Policies” is a ‘win-win’ strategy to address health & tools such as Urban H.E.A.R.T or HIA can promote cross sector collaboration to create healthier and more equal cities