SYMPOSIA 13

« **Determinants of health inequalities**»

Thursday, September 12th

Room : Salle des conférences à 16h30

Satariano Bernadine

Town : Sliema, Malta

Job Title : PhD student

Company : Durham University

Title of the presentation : « The extended family, the neighbourhood environment and how they influence the wellbeing of deprived families living in different marital status. Qualitative findings from research in two Urban Maltese Communities. »

Abstract :

Keywords: Family, Neighbourhoods, Wellbeing, Qualitative, Deprived areas Abstract This research explores aspects of neighbourhoods and the extended family and their influence on the wellbeing of the nuclear family in Malta at a time when the social context for family life is rapidly changing due to the introduction of divorce, the passing of the cohabitation law and proposals for gay couples to adopt children. Malta is one of the most Catholic countries in the world so the country is facing major changes to the family as a social institution. Some research from other countries suggests that social networks kinship and the neighbourhood community are two dominant factors which affect the wellbeing of the family in its various marital stata. This qualitative study reports the experiences of ten families coming from two deprived localities in Malta. The findings show that a very close knit neighbourhood influences the wellbeing of the inhabitants more than a neighbourhood where the residents do not know each other. In one very close-knit neighbourhood, some interviewees felt that their neighbourhood is invasive and they are looked down by the other neighbours since they do not conform with the Roman Catholic conventions of family life. This seems to put in question the idea that close bonding ties in neighbourhoods are not always beneficial to wellbeing. The role of the extended family on the nuclear family is felt by the majority to be more pronounced and its effects can either enhance or destroy the wellbeing of these families. Language of communication: English

Jason Corburn

Town : Berkeley, United States

Job Title : Professor

Company : UC Berkeley

Title of the presentation : « Informal Settlements and Health Equity »

Abstract :

Informal settlements, often called slums, are the norm in many cities of the global south. In Sub Saharan Africa, over half the residents live in rapidly growing informal settlements. Local, national and international organizations have tended to try to eliminate slums through evictions and clearing, or in limited cases, upgrade them through improvements in housing, land rights/tenure, infrastructure services and/or economic and environmental programs. Rarely have informal settlements been the subject of comprehensive improvement strategies focused on the social and physical determinants of health. Slum health projects tend to target one disease, one treatment strategy or one risk factor. This paper will highlight lessons from a comprehensive informal settlement improvement program in Nairobi, Kenya, that takes an integrated approach to the multiple determinants of health. We will review the planning processes that include slum dwellers in the prioritization of health issues, intervention strategies, development benefits and the scaling of place-based interventions into municipal and national policy. On a planet of cities, a new science of slum health is essential for global survival and sustainability.

Diana Corman

Town : SOLNA, Sweden

Job Title : researcher

Company : Centre for Epidemiology and Community Health

Title of the presentation : « The impact of contextual exposure on small area mortality differentials in Greater Stockholm. A multilevel analysis 2001-2009. »

Abstract :

The aim of the study was to analyze the contextual effects of material deprivation on mortality in small areas of Greater (metropolitan) Stockholm. The study shares a common design and methodology with studies on health inequalities in the city of Turin, Italy (research leader Chiara Marinacci) within the framework of the EU funded INEQ-CITIES

project led by professor Carme Borrell, Barcelona, Spain. In addition to analyzing socio-economic differences in mortality at individual level we measured the contextual effects of living in more deprived small areas on mortality. Material deprivation was measured at individual and at two geographic levels (as an average of the index of material deprivation at district and smallest administrative area units (former census tracts). The indicators of material deprivation used are measures of low education, indices of social position (unemployment status) and proxies for economic disadvantage Spatial segregation was defined as a measure of dissimilarity based on information on primary education at neighborhood level and census tracts level. A cohort of 1 157 785 men and women aged 25 years and older who lived in metropolitan Stockholm were followed for mortality starting 2001 and through 2009. The cohort experienced 121 029 deaths during this period, 65 211 among women and 55 818 among men (Table 1). The population information comes from individual-based population registers for metropolitan Stockholm. For the hierarchical models data was aggregated into 1007 census tracts and 38 districts. The analyses used multilevel Poisson models, with 1.16 million individuals considered as level I, former census tracts (n=1007) as level II, and districts (n= 38) as level III units, in SAS 9.2 and MLwiN. The mean population of census tracts was 1162 and 31925 per district. The fixed and random parameters were estimated using iterative generalized least squares and Markov Chain Monte Carlo estimations. Main results: In the empty model at three levels (individual, census tract and neighborhood), the values for the intercept were 0.126 for men and 0.116 for women, with corresponding relative risks of mortality of 1.13 and 1.12 when all the fixed covariates had value 1. As expected, the variability coming from the district level (0.026) was smaller than the variability coming from the census tracts (0.29). When covariates were introduced in the model the random coefficients at district level decreased from 0.026 to 0.004 in the full model), but the relationship between the random coefficients for the different hierarchy levels remained (Table 2). When the deprivation index was introduced in the model, the census tract intercept and variance were reduced. As expected, mortality increased with deprivation, even after controlling for age and education. The spatial segregation indicator was significant and positive for men's (but not women's) mortality risks. Most of the socioeconomic differences in mortality are captured by the differences at the individual level. Nevertheless, multilevel analysis enables disentangling area effects from individual effects. Key words: material deprivation, segregation, health inequalities, small area mortality differentials, multilevel analysis.

Rainer Fehr :

Town : Hamburg, Germany

Job Title : No indicated

Company : Universität Bielefeld

Title of the presentation : « Promoting urban health in Germany»

Abstract :

Claudia Hornberg :

Town : Hamburg, Germany

Job Title : Chercheur

Company : No indicated

Title of the presentation : « Promoting urban health in Germany»

Abstract : No indicated

Jo Vearey

Town : Johannesburg, South Africa

Job Title : Senior Researcher

Company : African Centre for Migration & Society, University of the Witwatersrand

Title of the presentation : « Migration, inequality and urban health in SADC: learning from Johannesburg »

Abstract :

Issues The Southern African Development Community (SADC) is associated with high levels of population mobility, a high prevalence of communicable diseases – notably HIV and TB - and increasing urban populations yet appropriate urban health responses are lacking. The city of Johannesburg, South Africa, presents a unique space within which to explore the complex relationship between migration and mobility, urban health and inequality within SADC. Johannesburg is one of the most unequal cities globally and presents a complex web of interlinked urban health challenges, including HIV and TB. Internal South African migrants and cross-border migrants from elsewhere in the region contribute to a growing population of the 'urban poor' in the city; many reside in unsafe, substandard, informal housing in the central-city and periphery, are reliant on fragile livelihood activities, and face challenges in accessing basic services – including public healthcare. Methods Drawing from on-going research exploring regional (SADC) and local (Johannesburg) responses to migration and

health, a social determinants of health lens is applied to unpack the lived experiences of diverse migrant groups in Johannesburg. These experiences are assessed in relation to (currently limited) governance responses to migration and health in the city, including the role of various spheres of government – including local government and regional bodies, and non-governmental actors. Results Regional responses to migration and health in urban contexts are lacking. It is clear that migrant residents in the city are often hidden and marginalised, and experience an urban health penalty, including increased risks of acquiring HIV and TB. Pro-poor policy and programme responses are urgently needed to improve their living and working conditions in the city, to address inequality and associated inequities in health, and to facilitate continuity of treatment for those that move. It is important that both research and programmatic responses engage with the heterogeneity of migrant groups in the region and in the city. There is an urgent need for improved multi-level and intersectoral action to improve the lived experiences of migrants in the city. Improved responses that engage with the concept of healthy urban governance are required. Local government is urged to (1) work with multiple stakeholders – including migrants themselves – to unpack the complexity of lived experiences in the city, (2) apply its developmental mandate to leverage intersectoral and multi-level action to address urban health, migration and inequality in Johannesburg; and (3) motivate national government to engage in developing regional responses to migration, urbanisation and health. Key words: migration; urbanisation; inequality; social determinants; SADC