SESSION 1-1

« **Urbanization and health change** »

Wednesday, September 11th

Room : D 111 à 15h00

Matthieu Duboys de Labarre

Town : Cenon, France

Job Title : No indicated

Company : Centre Emile Durkheim CNRS, Univ Bordeaux Ségalen Science Po Bordeaux

Title of the presentation : « Empowerment, food habits and solidarity economy: an intervention research. »

Abstract :

This intervention research encompasses several social fields and issues: health and nutrition, solidarity and food aid, link between town and agriculture. It is therefore supported by a consortium of partners involved: A.N.D.E.S. (a French network of social and solidarity food stores), a team of researchers in social sciences which includes anthropology, sociology, economy and political sciences (UMR 5116, UMI 3189, EA 4247, UMR 7206, UMR 5185), a team of epidemiologists (UMR NORT1260) and French public authorities (French ministries of health and agriculture, Regional Agency of Health, Regional Agriculture Administration, local and regional councils, town councils in Aquitaine and Poitou-Charentes Regions). The action that we intend to assess is original in two ways. First, via an innovative supplying mode, it aims at establishing relations between recipients of social food stores and local producers, inducing a revalorized relationship to food among people in precarious situation; second, through food workshops in order to generate meaning and pleasure in relation to food. The innovative aspects of this programme is the evaluation of the relationship between the development of a sustainable food production and supply system (development of local production through short distribution channels) and the subsequent expected improvement of populations' food habits. Its ambition is to assess the impact of this link upon both the reduction of health inequalities and local development. Besides, the underlying philosophy of this programme is the notion of empowerment : empowerment of food recipients who are able to control their food consumption and as citizens who solidarize with producers. Empowerment of farmers for whom such a programme places them in a process of economic resilience while valorizing the social links generated by their labour. Finally, a political empowerment for partners of the civil society who support this project and relay it within political and institutional instances at local, national and European levels. Assessment is performed along three stages (t0, t1 and t2): before the action, during the action and after

the action. Both qualitative (semi-directive interviews) and quantitative data (food frequency questionnaire) are systematically collected from the field of intervention. As for the second objective, which is to understand the logics that led to the emergence and implementation of this intervention, we perform interviews with project developers (members of the association and of 15 solidarity food stores, institutional partners and farmers) as well as institutional and political representatives (at local, national and European levels). Three groups had been formed (one where households benefit entirely from the action – local fruit and vegetables plus culinary workshops –, the second where households only get the food – local fruit and vegetables –, and the third one is the control group – benefiting from conventional food aid only). A positive result of this programme show how promotion of local economic development, by supporting sustainable agriculture and actions aiming at reducing nutritional inequalities, strengthen one another in a virtuous circle. This means that concerns about economy, ecology and public health could be addressed simultaneously.

Eduardo Simoes

Town : Columbia, United States

Job Title : Chair, Department of Health Management and Informatics

Company : University of Missouri School of Medicine

Title of the presentation : « Prioritizing for Planning and Action in Public Health »

Abstract :

Title: Prioritizing for Planning and Action in Public Health Topics: Innovative use of surveillance data for public health prioritization. The concerned problem: Because funds available to public health programs are limited, programs need to be prioritized. We developed two prioritization methods that are easily understood; utilize readily available surveillance data, while identifying priorities using criteria that balance the impact of indicators related to health outcomes and interventions, and community preferences. Methods: We used data about 12 chronic disease risk factors and 32 groups of disease and health conditions from Brazil's public health surveillance to prioritize programs. The prioritization models include data from 2000 to 2011 on 27 capital cities in Brazil. The models ranks risk factors and disease groups by using a final and weighted score based on the product, sum or average of scores for seven criteria: magnitude, severity, urgency, disparity, intervention effectiveness, intervention cost, and community preference. Within each criterion original indicators are re-scaled and standardized to create scores that are dimensionless and comparable. The risk factor prioritization model uses seven indicators: deaths attributable to risk factors; prevalence of risk factors; risk factor prevalence trend; disparity based on the ratio of risk factor prevalence between low to high education attainment; level of intervention effectiveness to reduce a risk factor; intervention cost and

community preference. The model based on disease groups and health conditions uses thirteen indicators: number of deaths, number of hospitalizations, number of days hospitalized, years of potential lives lost, number of deaths before age 70, case-fatality, linear trend in the number of deaths, linear trend in the number of hospitalizations, ratio in the number of deaths between those who have at least a high school education and those who don't, ratio in the number of hospitalizations between those who have at least a high school education and those who don't, cost of prevention health services, effectiveness of prevention health services and community preferences. Results: We identified six priority risk factors out of 12 possible for the combined data of 27 capital cities in Brazil: 1) physical inactivity; 2) diagnosed with hypertension; 3) smoking; 4) heavy drinking; 5) diagnosed with Hipercholesterolemia; 6) had not screened fro hypertension in past 2 years. We identified ten priority diseases and health conditions out of 32 possible for the combined data of 27 capital cities in Brazil: 1) heart disease, 2) Pneumonia and Influenza, 3) Other infectious disease, 4) assault / homicide 5) Stroke / Other Cerebrovascular disease, 6) health infant Issues

Julian Somers

Town : North Vancouver, Canada

Job Title : Professor

Company : No indicated

Title of the presentation : « Vancouver At Home: Randomized Controlled Trials Investigating Housing First With a Focus on Substance Use »

Abstract :

Background. The confluence of homelessness, mental illness, and substance use presents new and complex challenges to cities. Solutions require coordination and collaboration between health, social, and housing service providers and involving people who have direct personal experiences with homelessness. Housing First has emerged as a highly promising model of service for people who are both homeless and mentally ill. However, the effectiveness of this model is less well established for people with substance use disorders. The present paper describes experimental results from a program of research in Vancouver Canada that is examining the significance of substance use among people who are both homeless and mentally ill. Specific areas of focus include: the prevalence and type of substance use within a homeless mentally ill cohort; associations between substance use and mental health status; impacts of substance use on prior homelessness and on housing stability after randomization to Housing First; and the significance of substance use in relation to emergency department use and criminal convictions. Methods. The Vancouver At Home study was mounted in 2009, and includes two randomized controlled trials that have introduced housing and support services based on the Housing First model and compares

these with treatment as usual (TAU) in the city of Vancouver Canada. Participants (n=507) met eligibility criteria regarding homelessness and current mental illness and were followed for 24 months with data collected via interviews and from administrative sources. Participants with less severe needs were randomized to either: a) scattered site Housing First with Intensive Case Management or b) TAU. Participants with more severe needs were randomized to a) scattered site Housing First with Assertive Community Treatment, b) congregate Housing First with on site supports, or c) TAU. Results. Prior to recruitment in our study, participants with substance use disorders had longer durations of homelessness. Participants who reported daily drug use had more severe mental disorder symptoms than others. Post randomization, substance dependence was not associated with residential stability, emergency department visits, or criminal offending. Discussion. Our retrospective findings confirm that substance use is associated with unique health and social risks among people who are homeless. Our experimental results indicate that substance use disorders are not associated with key outcomes from Housing First, including residential stability, emergency department use, and crime, suggesting that the presence of substance use does not alter participants' ability to derive benefit from these programs. Housing First adopts a strongly client-centered approach, and clients are free to access health and social services based on their wishes and expressed needs. Our findings have implications for considering the importance of autonomy among people who experience homelessness and mental illness, and the potential value of enabling people to direct the course of their recovery.

Rajitha Wickremasinghe:

Town : Colombo, Sri Lanka

Job Title : No indicated

Company : University of Kelaniya

Title of the presentation « Potential health impacts of the Metro Colombo Urban Development Project in Sri Lanka »

Abstract : No indicated