SESSION 2-7

# « Vulnerable communities and crisis»

Wednesday, September 11th

Room : E 107 à 16h30

## Nacima Baron

**Town** : PAris, France

**Job Title** : Professeur des Universités

**Company** : LAboratoire Ville Mobilité transports

**Title of the presentation** : « Vieillissement, inégalités, crise en Europe du sud Comment les villes espagnoles abordent les nouveaux défis sanitaires »

**Abstract** :

Thème : Vieillissement démographique, inégalités socio-spatiales, impacts de la crise économique et des politiques d'austérité en Europe du sud (dans les villes espagnoles notamment) produisent des effets majeurs sur le système sanitaire espagnol. Problème : La communication porte sur une lecture territoriale (et urbaine) de ce véritable choc sanitaire et répond aux questions suivantes : - comment évoluent les conditions d'accès aux soins dans les territoires locaux, en particulier pour deux publics vulnérables, les personnes âgées et les immigrés ? - comment l'évolution de l'offre sanitaire dans les territoires influe-t-elle sur le creusement des inégalités ? La méthodologie repose sur une cartographie rigoureuse de la territorialisation de l'offre et de la demande de soins dans l'aire urbaine de Madrid (on développera les volets de la santé de proximité et de l'aménagement hospitalier, en soulignant le basculement du système public au logiques privées), en lien avec un suivi de l'application des politiques d'aide à la dépendance dans cette agglomération.

## Stig H. Jorgensen

**Town** : TRONDHEIM, Norway

**Job Title** : No indicated

**Company** : Norwegian University of Science and Technology (NTNU)

**Title of the presentation** : « Self-Reported Health Status And Illness In A Poor Area In Accra, Ghana. »

**Abstract** :

Abstract SELF-REPORTED HEALTH STATUS AND ILLNESS IN A POOR AREA IN ACCRA, GHANA. A worldwide urbanization and intra-urban dynamics create welfare growth, life possibilities and health improvements. Urban social system implies competition that magnifies inequalities. Disadvantaged people are sorted into poor neighbourhoods by segregation and marginalization processes. The paper aims to investigate whether people living in an area of multiple deprivations in Accra, Ghana, report a disproportionate good health in relation to their living conditions. Self-reported illness pattern and relations to overall health are focused. An interviewer administrated questionnaire was answered by 595 heads of household, 18-76 years, based on judgemental stratified sampling. Peoples' self-reported health indicates their own, direct health related quality of life expression, and is of interest in people oriented urban development processes. "Urban slum health" is influenced by the informal nature of this exposed settlement with harsh living conditions including cramped quarters, substandard housing, tenure, outdoor and indoor air pollution and inadequate sanitation. The social environment relates to social stress, disorganization and forms of vague social control as well as various risk behaviours. The results showed a differentiated health situation in a non-homogenous area population, with internal inequalities. A majority report overall health disproportionate to living conditions. 72% of the respondents reported 'very good' or 'good' health. Barely 2% assess their health as 'very bad'. There is a weak relationship between health and life satisfaction. A logistic regression model showed that an income measure was most influential on health (OR = 1.65), followed by (low) education (OR = 1.09). The respondents will answer the survey 'strategically' based on judgements about their perceived benefits from the study. Nevertheless, the study does not suggest that this poor area performs uniformly as "worst" in terms of health and illnesses. This apparently paradox is discussed. The most frequently reported illness was malaria (47%), followed by headache (15%), stomach problems and respiratory problems. Biases in the survey approach such as self-selection, desirability answers and situational factors are discussed. Some health planning implications are addressing poor peoples' priorities and needs for improvements to a minimum standard of physical conditions, housing and sanitation. A more tolerant society may influence stigmatization and prejudice of people living in such social systems. Enhanced public respect may reduce devaluation and underrating of disadvantaged groups and their abilities, dignity and self-esteem. Key words: determinants of health, social and territorial health inequities, intra-urban dynamics, public health

## Jean-Marie Kalau

**Town** : Lubumbashi, Congo

**Job Title** : No indicated

**Company** : Observatoire du changement urbain de l'université de Lubumbashi

**Title of the presentation** : « Prévenir le VIH/SIDA en République Démocratique du Congo ; et si la solution passait par les parents ? »

**Abstract** :

Les méconduites graves et dommageables sur les enfants, adolescents et autres jeunes adultes (viol et violences sexuels) ainsi que celles relevant du fait de ces acteurs (prostitution, non usage correct du préservatif, sexualité précoce pour les jeunes femmes notamment...) constituent le lot quotidien dans les milieux urbains congolais par ailleurs fortement multiculturalisés. Pour faire simple, l'on s'accorde à dire que ces méconduites sont dues en partie à la qualité des prestations des parents, adultes, personnalités en présence ou inefficacité du contrôle social. Cependant, distinguer les agissements des parents qui ont sous leur charge ces enfants, adolescents et autres jeunes adultes relève de la gageure. Comment relever les aspects ou dimensions des prestations parentales problématiques en ce qui concerne notamment les professionnelles de sexe dans un pays comme la République Démocratique du Congo traversant par ailleurs une situation de SIDA endémique sur un fond de misère généralisé ? Cette proposition méthodologique décrira quelques stratégiques de mise en confiance nécessaires pour délier les langues, stimuler celles qui hésiteraient et les techniques d'approche de la question dans ce contexte. Elle suggère une démarche croisant les principales possibilités méthodologiques qui s'offrent pour déterminer les comportements sexuels à risque en fonction des facteurs sociaux et familiaux ou psychosociaux ; à savoir l'approche par les personnes ressources et l'utilisation de l'outil conceptuel pour identifier les populations cibles. Elle indique qu'avec l'avènement des sociétés modernes (urbanisation, prolongation de la scolarisation, mondialisation...), la préparation de l'adolescence ou de la jeunesse pose un problème des référents valorisés.

## Ted Schrecker

**Town** : Ottawa, Canada

**Job Title** : Clinical scientist

**Company** : Bruyère Research Institute

**Title of the presentation** : « Places for healthy aging: Mapping metropolitan opportunities and hazards »

**Abstract** :

With the rapid aging of populations in high-income countries, healthy aging is an emerging theme in metropolitan health, with the age-friendliness of cities dependent on characteristics and policies in multiple domains outside the health system (1). From a health equity perspective, a particular area of concern is whether/how these elements of age-friendliness are unequally distributed across metropolitan areas. For example, does a socioeconomic gradient exist in the extent to which districts within cities are conducive to healthy aging? "Maps link the territory with what comes with it" (2, p. 10), visually conveying information in a way accessible to both specialists and non-specialists. Here we present initial findings and cartographic products (illustrated by Figures 1 and 2) from a multidisciplinary effort to produce an atlas of opportunities for healthy aging in the city of Ottawa, Canada (population: 883,000). The atlas draws on a large and distinctive repository of data generated by the award-winning Ottawa Neighbourhood Study (http://neighbourhoodstudy.ca; co-author Kristjansson, principal investigator), which generated boundaries for 107 "natural neighbourhoods". We make use as well of additional data sets from a variety of administrative sources, including primary health, transportation and urban planning data mapped using postal codes or geocodes, and analytical work on socioeconomic gradients in walkability by co-author Grant (3,4). Because understanding of how place-related characteristics influence prospects for healthy aging is at an early stage, our aim is primarily descriptive. The atlas will serve (a) as a resource for policy and advocacy; (b) as a basis for generating hypotheses about why some places are healthier for aging than others: (c) where differences such as socioeconomic gradients exist (as identified using data like Figure 2), for generating hypotheses about why they do so, and about what can be done to eliminate observed inequities. Reported findings will also reflect explorations of the relations between the determinants of age-friendliness and the available data sets, in order to establish indicators that can measure relative success. References (1) Menec VH, Means R, Keating N, Parkhurst G, Eales J. Conceptualizing age-friendly communities. Canadian Journal on Aging 2011;30(3):479-93. (2) Wood D. The Power of Maps. New York: Guilford Press; 1992. (3) Grant TL, Edwards N, Sveistrup H, Andrew C, Egan M. Inequitable walking conditions among older people: examining the interrelationship of neighbourhood socio-economic status and urban form using a comparative case study. BMC Public Health 2010;10:677. (4) Grant TL, Edwards N, Sveistrup H, Andrew C, Egan M. Neighborhood walkability: older people's perspectives from four neighborhoods in Ottawa, Canada. Journal of Aging and Physical Activity 2010 July;18(3):293-312.