

Pr. Gérard J. Salem,

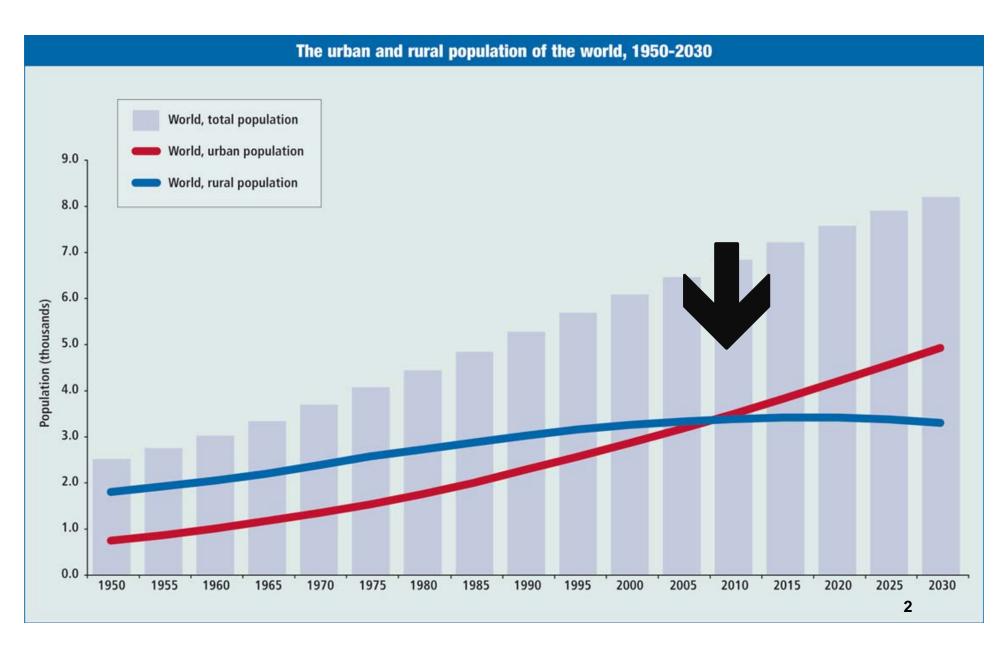
**University Paris Ouest- Ceped** 

8th Global Conference on Health Promotion Helsinki, 2013,

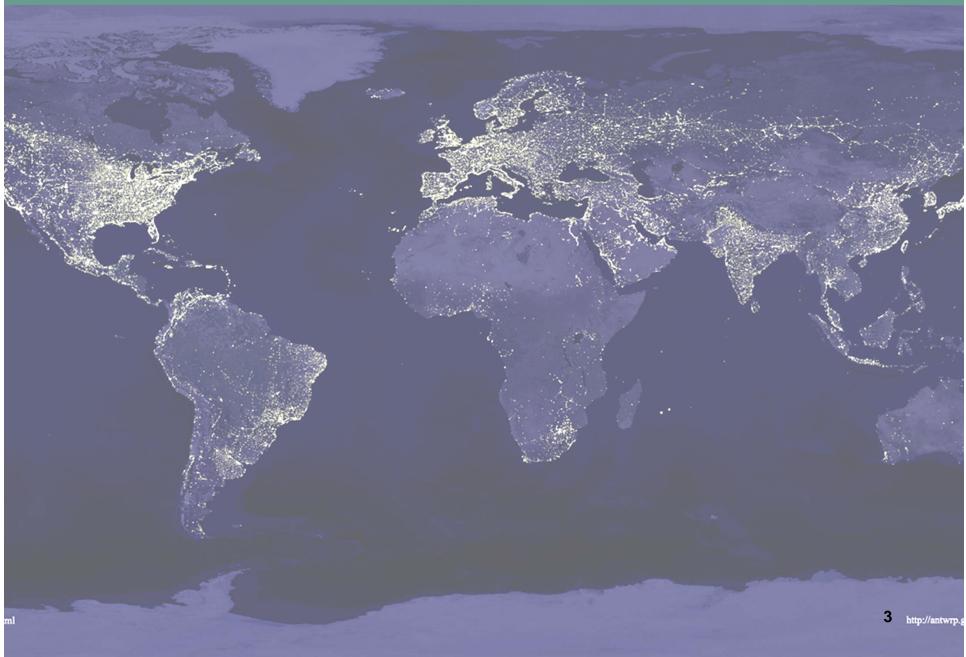
June 10th- 14th, 2013

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## World Urbanization Prospects : 2007, the URBAN YEAR !







□ 1- Urban Health ?

2- Urban process and Health Dynamics

1- Impacts of Urbanisation on Infectious Morbidity

1) High Human Population Densities :

- 2) Spatial and Social Heterogeneity
- 3) Spaces are open and interconnected

11- Impacts of Urbanisation on Chronic and Degenerative Diseases

Urban diet

- → overweight, obesity, and ....stunting
- ➔ Diabetes

Urban pollutions and hazards, water, air, industrial risks, traffic injury, etc

→ cancer, disability, etc.

**Urban Stress and Habits** 

→ HBP, Cancers, stress, mental disorders, etc.

## 12- Cities as main places of «Health Transitions»?

- Demographic transition
- Epidemiologic transition
- Nutritionnal transition
- An history written in advance??

## 2- Urban process and Health Dynamics

□ Is it really an universal phenomena?



General view of Venice, Veneto, Italy (45\*35' N, 12\*34' E). http://www.yannarthusbertrand.org

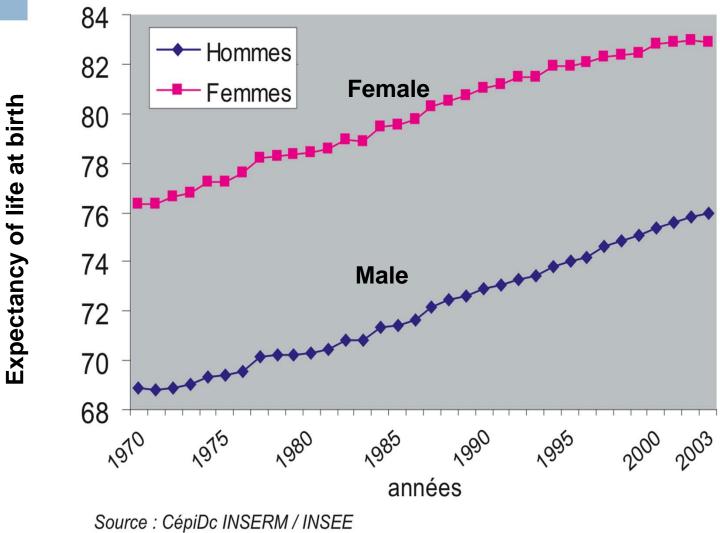


DOGON VILLAGE NEAR BANDIAGARA, Mail (N 14\*23' W 3\*39') http://www.yannarthusbertrand.org 2- Urban process and Health Dynamics

□ Is it really an universal phenomena?

Need comparative approaches between Cities
ex : France

#### Inter-urban comparisons : the exemple of France



Traitement et Infographie : Espace Santé et Territoires, 2008

#### France :

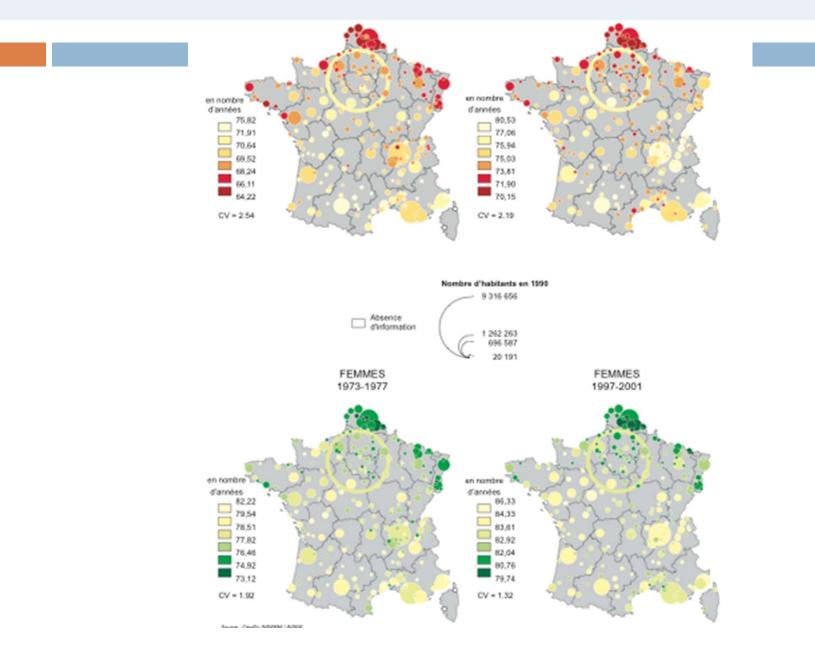
### Size of the city and Male Expectancy of Life : 1973-2001

#### HOMMES

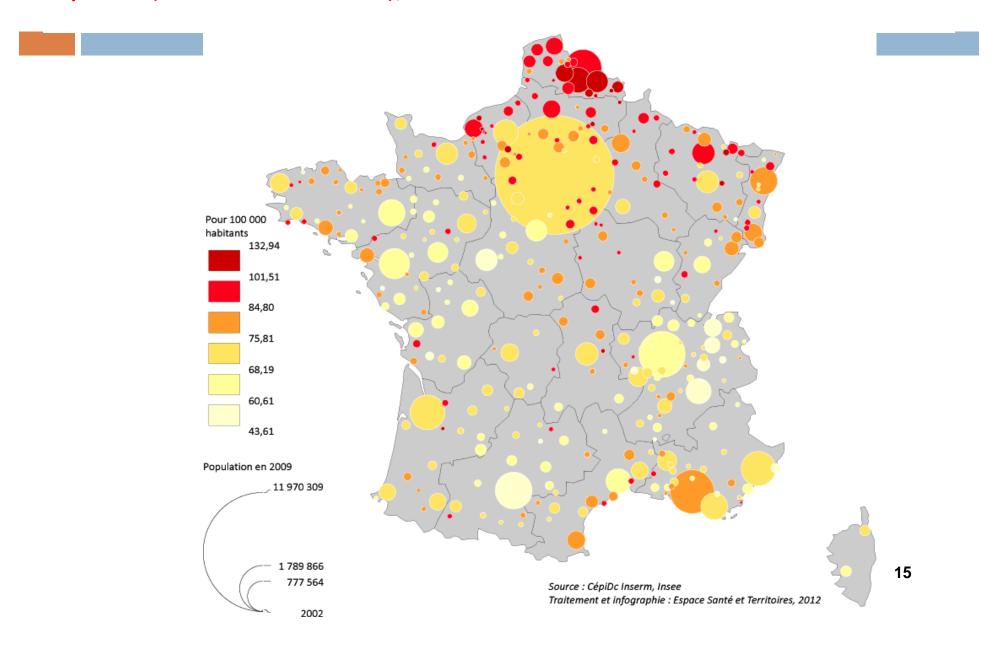
Catégories UU	1973-1977	1980-1984	1988-1992	1997-2001
Communes rurales	69,57	71,37	73,66	75,55
UU 2 000-5 000 hab	69,24	70,79	72,99	74,79
UU 5 000-10 000 hab	69,03	70,71	72,94	74,86
UU 10 000-20 000 hab	69,18	70,49	72,68	74,72
UU 20 000-50 000 hab	69,39	70,78	73,01	74,80
UU 50 000-100 000 hab	69,53	71,04	73,28	75,02
UU 100 000-200 000 hab	69,01	70,95	72,84	75,41
UU plus de 200 000 hab	69,50	70,87	73,14	75,51
UU Paris	70,84	72,24	73,94	76,98
France entière	69,66	71,20	73,33	75,53

Source : CépiDc INSERM / INSEE Traitement et Infographie : Espace Santé et Territoires, 2008

#### INEQUALITIES OF EXPECTANCY OF LIFE AT BIRTH IN FRENCH CITIES 1973-2001



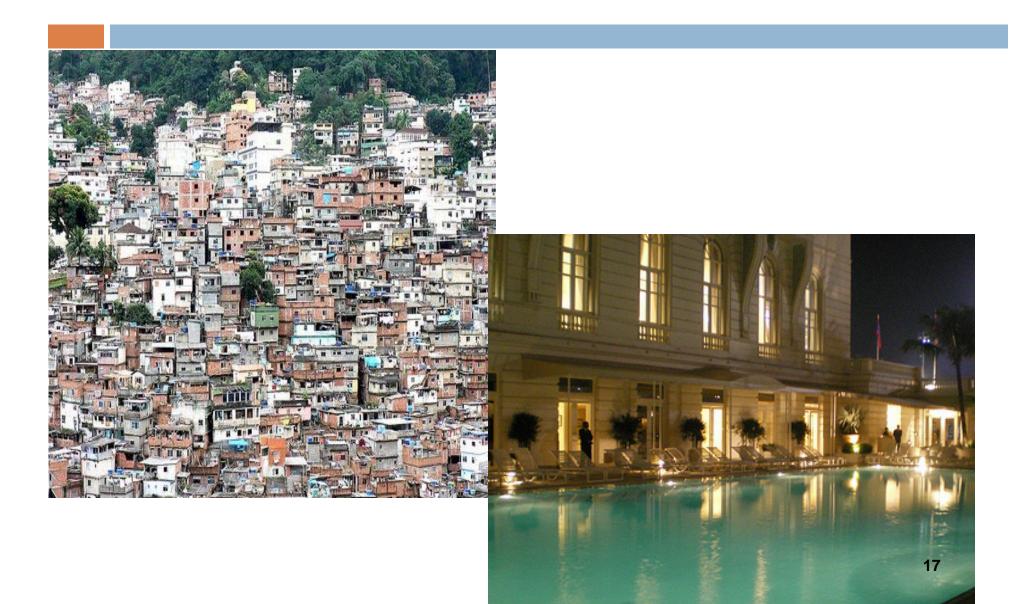
#### Standardized Rates of Avoidable Mortality related to Health Care System (urban areas scale), 2004-2008



# **PARIS : the best and the worst...**



## Rio de Janeiro: the best and the worst...

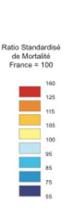


## 2- Urban process and Health Dynamics

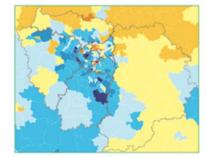
Need intra-urban approaches of Health inequalities

- Paris agglomeration (France)
- → Ouagadougou (Burkina Faso)
- → San Francisco (USA)

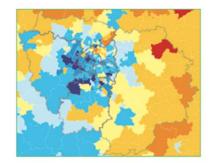
# Standardized Ratio Mortality in Paris Agglomeration 1973-1977/2004-2008



1973 - 1977

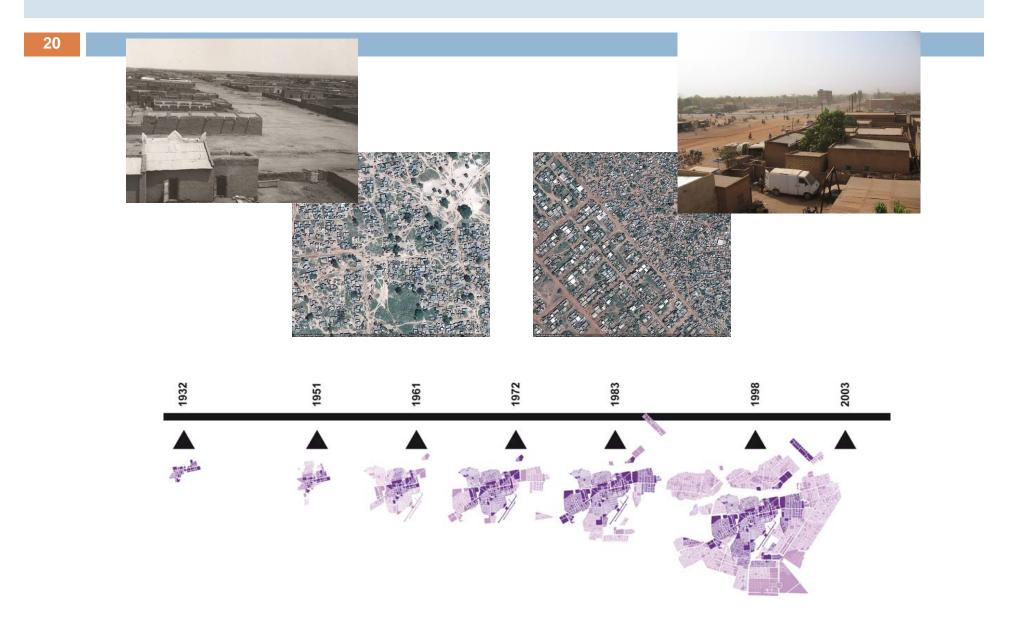


2004 - 2008



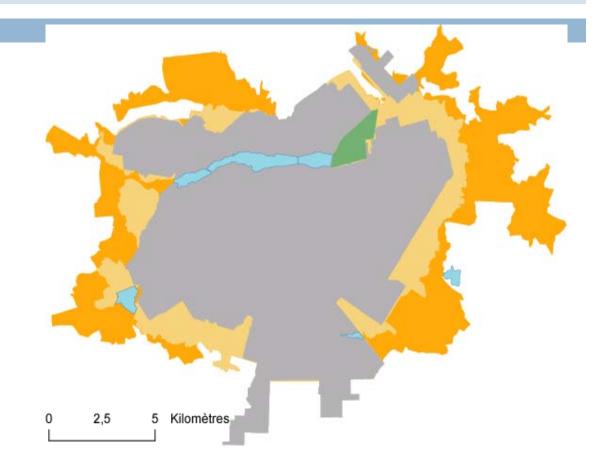
Source : CépiDc INSERM / INSEE Traitement et infographie : Cépidc INSERM, Lab. Espace Santé et Territoire, 2012

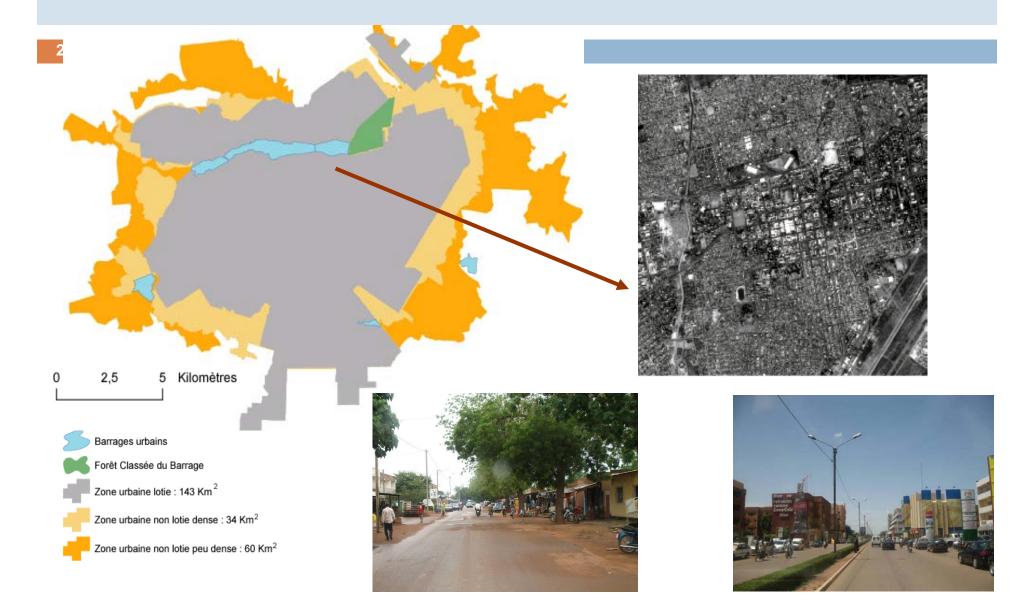
## Burkina Faso, Ouagadougou Spatio-temporal development



- □ 237 km<sup>2</sup> in 2005
- A double process of urbanization:
- legal (143 km<sup>2</sup>)

  - $\square$  illegal(94 km<sup>2</sup>)





Heterogeneity of legal zones





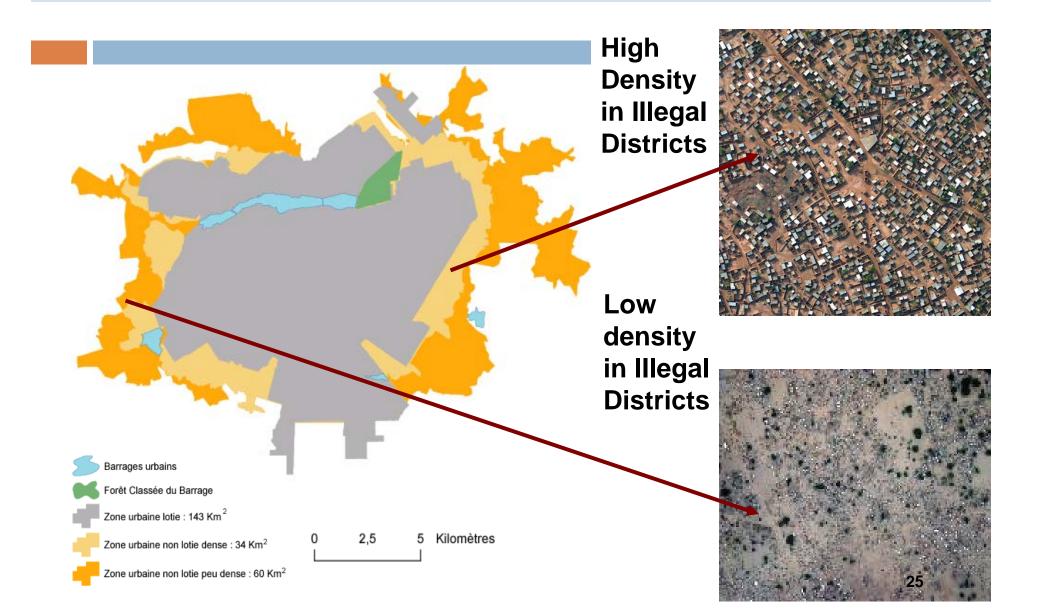
0 2,5 5 Kilomètres Barrages urbains Forêt Classée du Barrage Zone urbaine lotie : 143 Km<sup>2</sup> Zone urbaine non lotie dense : 34 Km<sup>2</sup> Zone urbaine non lotie peu dense : 60 Km<sup>2</sup>

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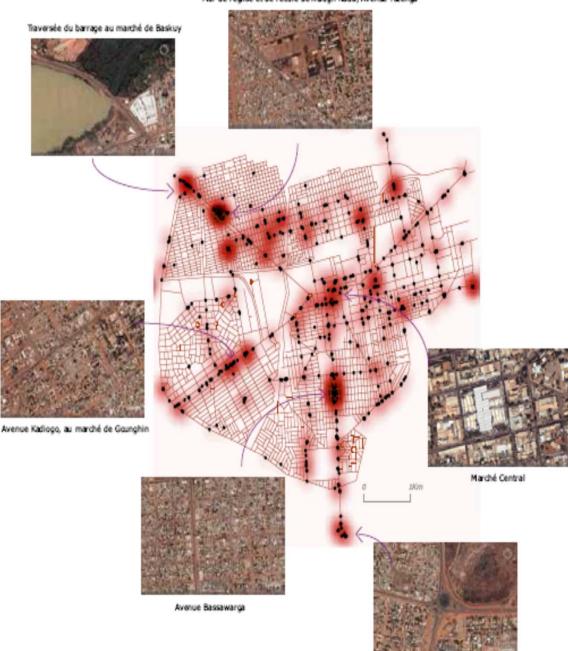
**Contrasts between legal and illegal settlements in the suburb** 







Mur de l'église et de l'école de Kologh Naba, Avenue Yatenga

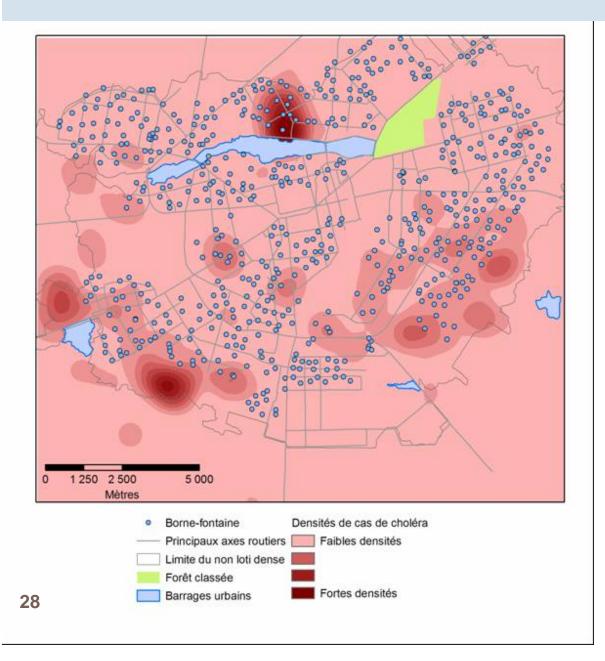


Trafic accidents in Ouagadougou

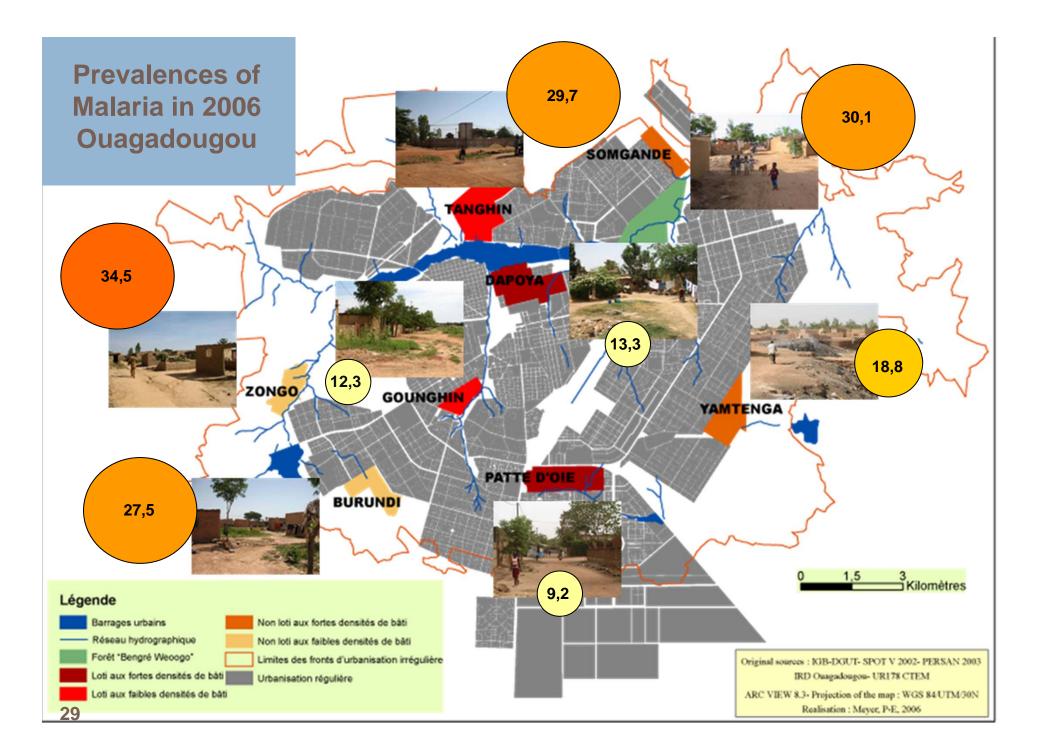
Rond point de la Patte d'Cle

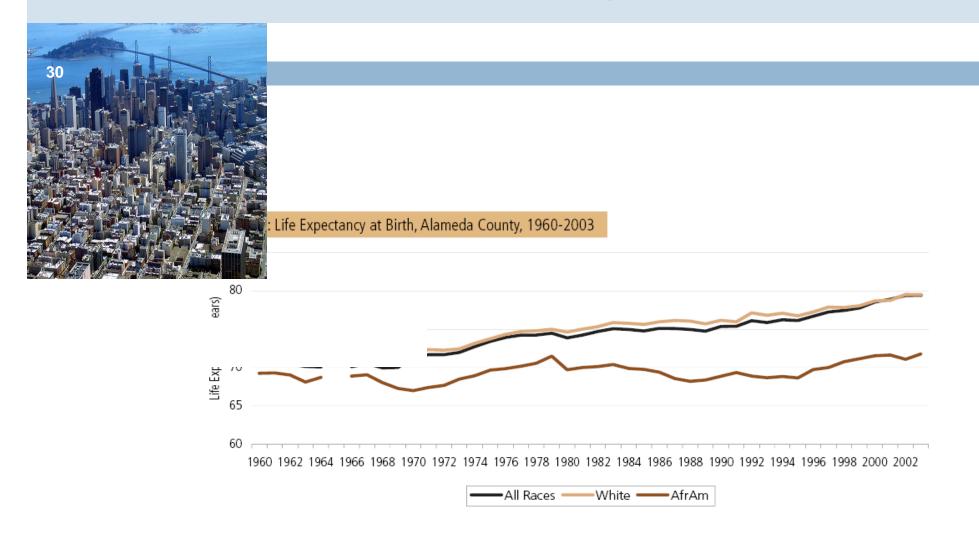
Problems of Hygiene and Sanitation in Ouagadougou (Burkina Faso)



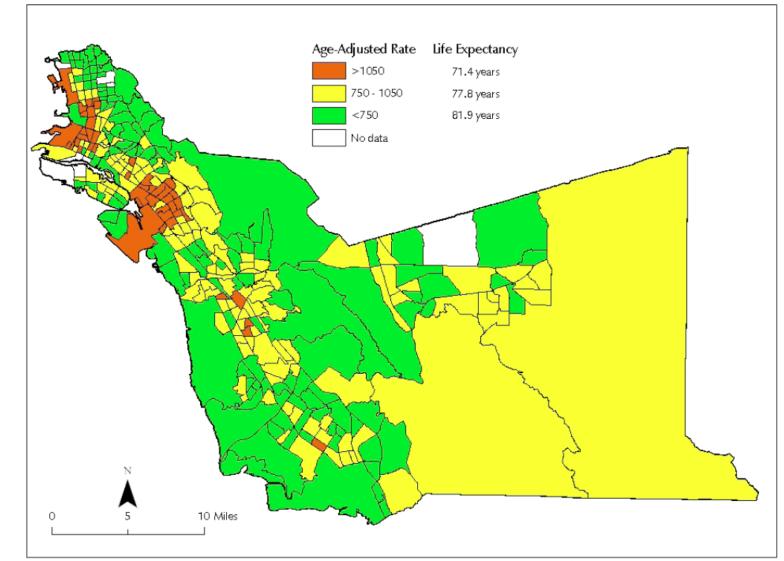


Number of cases of Cholera related to Water Pumps location in Ouagadougou





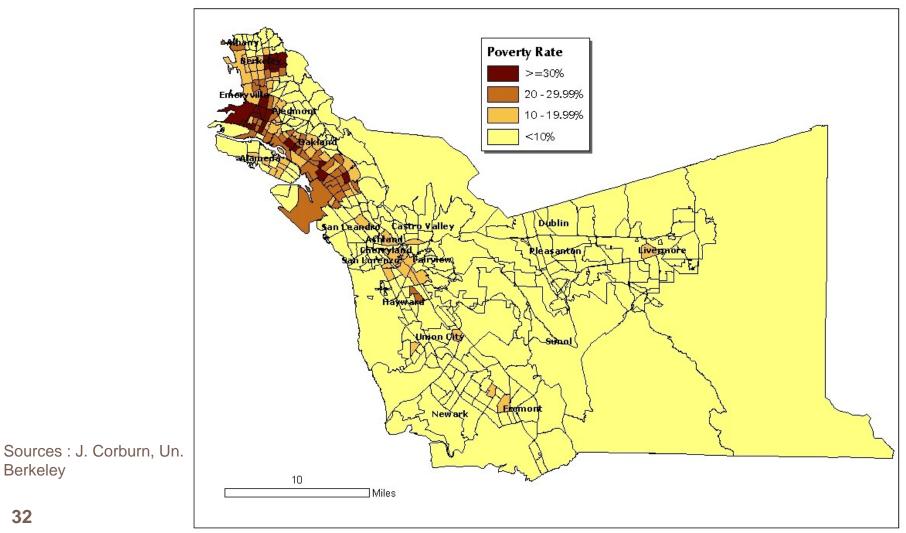
#### Mortality Rate by Tract



Source: CAPE, with data from vital statistics 1999-2001.

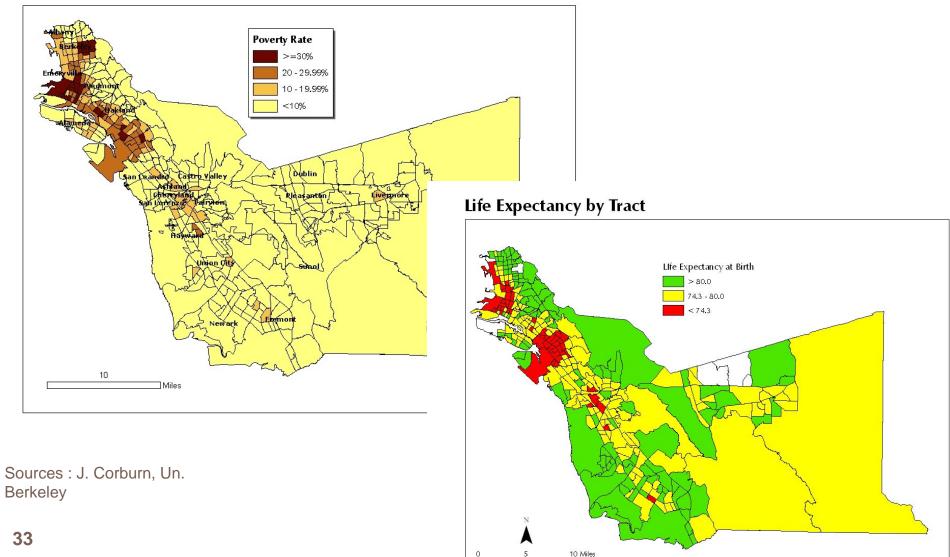
Sources : J. Corburn, Un. Berkeley

#### **Alameda County Poverty**



Berkeley

#### **Alameda County Poverty**



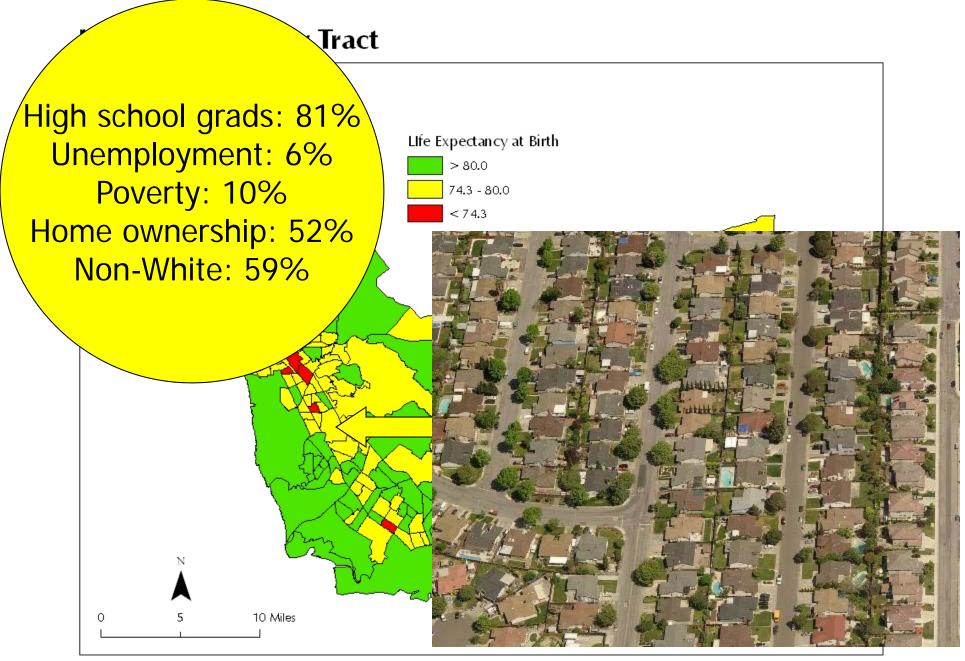
#### Life Expectanc

High school grads: 90% Unemployment: 4% Poverty: 7% Home ownership: 64% Non-White: 49%

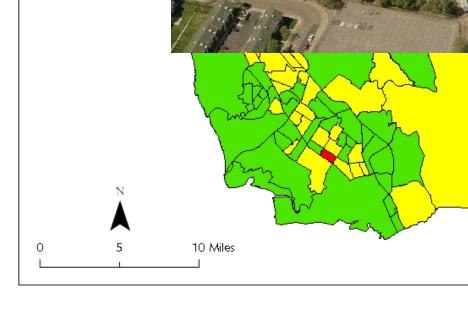
Source: CAPE, with data from vital statistics 1999-2001.

Sources : J. Corburn, Un. Berkeley

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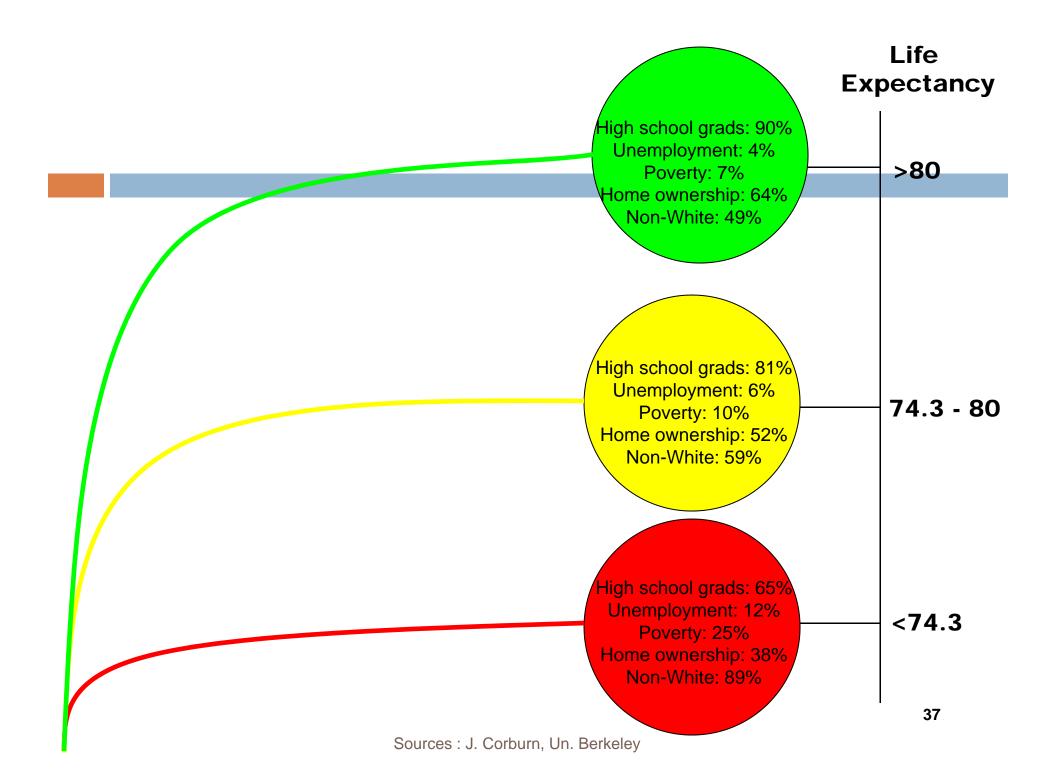


Source: CAPE, with data from vital statistics 1999-2001.

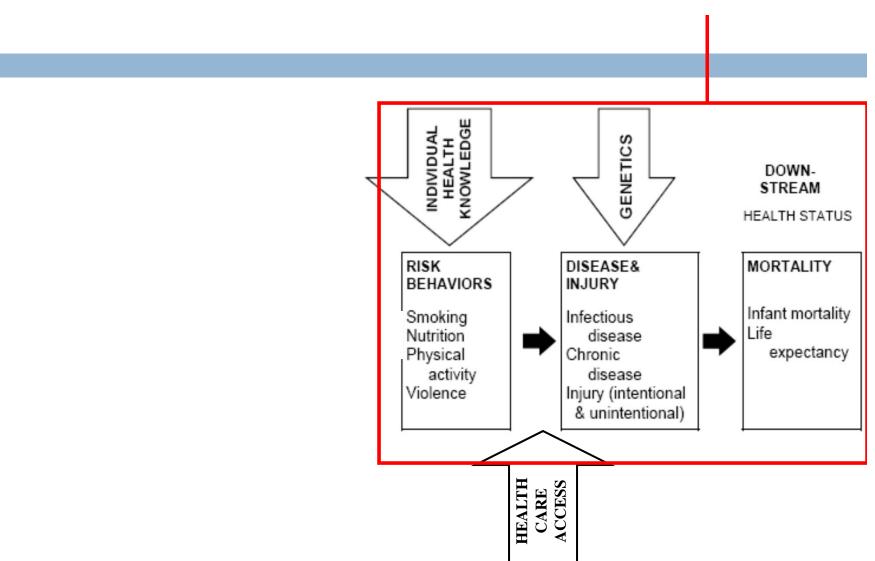


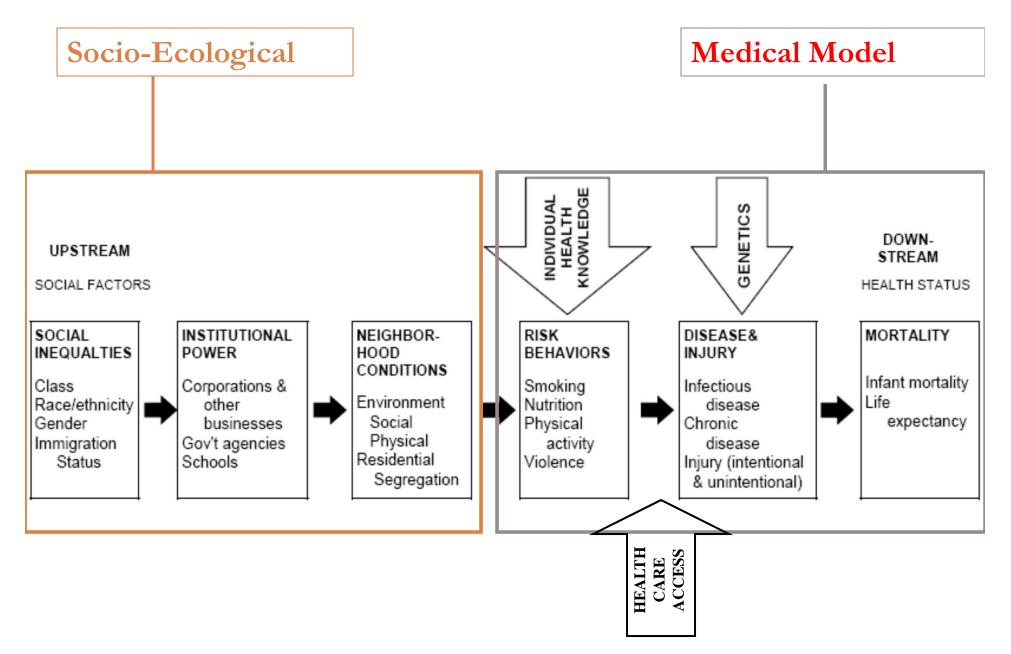
High school grads: 65% Unemployment: 12% Poverty: 25% Home ownership: 38% Non-White: 89%

Life Expecta



#### **Medical Model**





#### Conclusion...

## 1°) IT'S NOT AN HISTORY WRITTEN IN ADVANCE No urban determinism ! No urban fatality !

#### 2°) THE CHALLENGES ?

- FOR ACTIONS
- FOR RESEARCH
- FOR TRAINING

# Priority for multidisciplinary Research

#### 1- Morbidity

« New old diseases »,

New diseases,

co-morbidity

## Priority for Research

1- Morbidity

#### 2- Society, Territories and Health

Links between Territorial Dynamics and Health Dynamics

ex : areas at risk, accessibility to Health Care System Social Change, Social Control, Territorial Control and Health

# **Priority for Action**

➔ Intersectorial actions on Determinants of Health : Water, Sanitation, Housing, School, etc

→ There are Cities in the City: Populations and Areas at Risks

→ Central question of Information System

# Priority for training

Problems are environmental, social, economic, and cultural:

- Developing Systemic Approaches on Determinants of Health
- → Fill the Gap between Specialists of Cities and Specialists of Health
- → Fill the Gap between Researchers and Decisions Makers