Outline

• The Sociological Perspective
• Definitions of Health
• Health Indicators
• Key Epidemiological/Public Health Terms
• Defining Urban and Urban Health
• Key Trends Shaping Urban Life - Historical, Political and Market Forces
• Characteristics of Urban Living Conditions
The Sociological Perspective
A Critical Approach

• Focus on social patterns rather than individual behaviors (Weitz 2010)
  ▫ Social structural arrangements (e.g., racial segregation, poverty) impact health
    • Ex: How does differential access to power and material resources produce health inequities?

• Framing health problems as public and social issues
  ▫ Health and illness do not happen in isolation or outside of a socially constructed reality
    • The personal is public; the personal is political
What is health?

Definitions

- **Health as a state**
  - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948). [note: this is still the official WHO definition]
  - “a dynamic state of well-being characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility” (Bircher 2005)

- **Health as a resource**
  - The extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the object of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities (Health promotion: a discussion document. Copenhagen, WHO 1984).
Dahlgren and Whitehead Model of Determinants of Health
Health Indicators

- Tools for monitoring and communicating critical information about population health

- Based on scientific research, definitions of health and what influences health status

- Allow for comparisons
  - over time (trends)
  - geographic areas
  - groups of people

http://www.nlm.nih.gov/nichsr/healthindicators/Health_IndicatorsModule1_FINAL.ppt
Health Indicators - Uses

• Used to support **planning** (identify priorities, develop and target resources, identify benchmarks) and **track** progress toward broad community objectives.

• **Engagement** of partners into civic and **collaborative action** (build awareness of problems and trends, generate interventions).

• **Inform policy** and policy makers, and can be used to promote **accountability** among governmental and non-governmental agencies.

Common Health Indicators

The most common health indicators are those related to birth and death:

- Life expectancy,
- Premature mortality (e.g., Years of Potential Life Lost or YPLLs)
- Age-specific death rates (e.g., infants, teens)
- Cause specific deaths (e.g., lung, cervical cancer)
- Births to teens
- Very/Low birth weight
- Adequacy of prenatal care
- Social characteristics of parents (e.g., maternal educational attainment).

These are robust—high completeness of reporting, widely available through the National Vital Statistics System, and standardized to be comparable across states and nations.

But, also limited.

Key Terms

• Disease – biological problem within an organism

• Disability – restrictions or lack of ability to perform activities resulting from physical limitations

• Illness – the social experience and consequences of disease

• Epidemiology – the study of the distribution of disease within a population and the application of this study to control health problems
  ▫ Social epidemiology - The study of the distribution of disease across social factors (e.g. social class, racial groups)

Key Measurements

- **Rate** – the proportion of a specified population that experiences a given circumstance during a specified time period (e.g., one year)

  - **Incidence** – number of *new* cases or occurrences of an event (e.g., disease, births, deaths) within a specified population during a specified period
    - Most applicable to acute illnesses
    - Ex: incidence of breast cancer in NYC neighborhood is 0.025. (or 2,500 per 100,000 women)

  - **Prevalence** – the proportion of a specified population with a disease at a particular time.
    - total number of cases of a disease existing in a population divided by the total population
    - Includes new and existing cases
    - Most applicable to chronic diseases
    - Ex: prevalence of cancer in large, Midwestern city is 0.117 (or 11,750 per 100,000 persons)
Incidence

# Prevalence

## Estimated Number of Adults and Adolescents Living with an HIV Diagnosis

<table>
<thead>
<tr>
<th>Location</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>14,359</td>
</tr>
<tr>
<td>Maryland</td>
<td>30,558</td>
</tr>
<tr>
<td>Virginia</td>
<td>20,721</td>
</tr>
</tbody>
</table>

**NOTES**

**Notes**

 Estimates resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting. Data include persons living with an HIV diagnosis regardless of stage of disease.

**Sources**


Key Measurements/Indicators

- **Morbidity** – symptoms, illnesses, and impairments (disability)
  - A person can have several co-morbidities simultaneously.
  - Prevalence is often used to determine the level of morbidity in a population.

- **Mortality** – deaths; can refer to all causes of death, or can be a cause-specific mortality rate
  - mortality rate = number of deaths due to a disease divided by the total population
Defining Urban and Urban Health
What is a city?
Defining Urban

• No universally accepted definition

• U.S. Census Bureau definitions
  ▫ Two types of urban areas
    • Urbanized area (UAs) of 50,000 or more people
    • Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.
  ▫ “Rural” encompasses all population, housing, and territory not included within an urban area.

Source: U.S. Census Bureau https://www.census.gov/geo/reference/urban-rural.html
Key Terms

- **Urbanization** – population growth within cities, movement from rural to urban areas
  - Ongoing process
  - Some measures: annual increase in urban population size, change in proportion of the national population that is urban

- **Metropolitan area** – a region consisting of a populous urban core (50,000 or more population) with a high density of employment plus surrounding territory (suburb) that has a high degree of social and economic integration (as measured by commuting to work) with the urban core.
  - Defined by U.S. Census Bureau
Studying Urban Health

- The study of the health of urban populations encompasses:
  - Description of the health of urban populations, as a whole and as subgroups (Galea and Vlahov 2005)
  - Analysis of the determinants of population health in cities
    - How characteristics of cities affect health and wellbeing
  - Multidisciplinary approaches – social sciences (e.g., sociology, political science, economics), public health, urban planning
    - Combines theoretical, empirical and practical approaches
Conceptual Framework for Urban Health

Figure 1.4. A Conceptual Framework for Urban Health

Column 1
- Major global and national trends
- Immigration, suburbanization, changes in the role of government, globalization
- Civil society: Community organizations, community capacity, social movements

Column 2
- Municipal-level determinants
- Marketers: Food, housing, labor, other goods

Column 3
- Public health intervention and research: Intentional public health activities
- Population: Demographics, socioeconomic status, ethnicity, attitudes, behaviors

Column 4
- Urban living conditions
- Physical environment: Housing, density, built environment, pollution
- Social environment: Social networks, social support, social capital
- Health and social services: Formal and informal

Column 5
- Outcomes
- Health outcomes
- Non-health outcomes

Enduring structures: e.g., economic systems, religion, government, culture, geography

Degree of urbanization (percentage of urban population in total population) by continent in 2014

The graph shows the degree of urbanization by continent in 2014. In 2014, the degree of urbanization worldwide was at around 53 percent.

Why is the black population migrating out of major urban centers?

Key Trends Shaping Urban Life

- Migration and immigration
- Suburbanization
- Politics and Government
- Globalization
- Markets
### Key Trends Shaping Urban Life

#### Migration and Immigration

- **Immigration**
  - Economic growth, population growth, diversity, new cultures, diets and forms of community mobilization, political dynamics, higher unemployment, lower wages
  - Challenges with providing healthcare – cultural competence and barriers to medical care, lack of health insurance, fear of public authorities due to immigration status

#### Suburbanization

- **Post-World War II reconstruction**
  - Federal housing and transportation policies facilitated movement of mostly white, middle-class from US cities to the suburbs
    - FHA loans
    - Highway construction
    - Home mortgage deduction
  - Migration of jobs to suburbs
  - Reductions in population size, density, diversity and tax base for cities
Great Migration, The (1910-1970)

- Movement of approximately six million blacks from largely rural, southern communities to cities in the North and West
  - Seeking jobs, escaping racial oppression

- Initial wave (First Great Migration) – World War I: Chicago, Detroit, Pittsburgh, and New York City

- 2nd wave (Second Great Migration) – World War II: migration continued to the North but many headed West to Los Angeles, Oakland, San Francisco, Portland, and Seattle

Key Trends Shaping Urban Life

Recent and emerging urban-suburban issues
• Movement between cities and suburbs blur the urban–suburban divide
  ▫ Urban Sprawl
  ▫ Gentrification
  ▫ Browning of the suburbs

Metropolitan analysis – underlying dynamics shared across metropolitan regions necessitate a wider analysis of "urban" problems
Politics and Government

Declining investments in cities since the late 1970s

- New Deal and Great Society programs (Aid to Families and Dependent Children, Medicare and Medicaid, Job Corps)
  - Provided direct and indirect support to cities in alleviating the burden of poverty
- Reduced funds for public health infrastructure and social programs, devolution, privatization

Historical decline of urban political power

However:
- Obama candidacy
  - Increased urban vote
- Obama presidency
  - Renewed interest in urban issues?
  - My Brother’s Keeper
  - WH Office of Urban Affairs (unclear agenda, effectiveness)
Key Trends Shaping Urban Life

Globalization

- World cities
- Outsourcing
  - Loss of jobs, population and revenue for cities
    - Unemployment/underemployment, Increased poverty, necessity of informal economy (e.g., drug trade)

Environmental problems
- Use of fossil fuels, air pollution

Economic and racial inequality
- Marginalization of people and groups that lack skills and networks to compete in global economy
  - Concentration of health and social problems among the disadvantaged
  - Urban health advantage among higher social economic status urban and suburban residents
### Key Trends Shaping Urban Life

<table>
<thead>
<tr>
<th>Markets</th>
<th>Civil society</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Markets shape urban living conditions by distributing the necessities of life among various sectors of the population&quot; (Freudenberg, Galea and Vlahov 2006:32)</td>
<td>&quot;The state of civil society in a community can influence its ability to protect the health of residents...&quot; (Freudenberg, Galea and Vlahov 2006:32)</td>
</tr>
<tr>
<td>- Job market/employment</td>
<td>- Community-based organizations:</td>
</tr>
<tr>
<td>- Availability of food</td>
<td>- Neighborhood associations</td>
</tr>
<tr>
<td>- Housing market - costs, availability of affordable housing, homelessness</td>
<td>- Faith-based organizations</td>
</tr>
<tr>
<td>- Health care services</td>
<td>- Health and social welfare organization</td>
</tr>
<tr>
<td></td>
<td>- Social movements</td>
</tr>
</tbody>
</table>
Key Characteristics of Urban Living Conditions

- Population
- Physical environment
- Social environment
- Health and social services
Bibliography

Content for this lecture was derived primarily from:

• Freudenberg, Nicholas, Sandro Galea and David Vlahov (eds). 2006. *Cities and the Health of the Public*.

• Galea, Sandro and David Vlahov (eds). 2005. *Handbook of Urban Health: Populations, Methods, and Practice*.


See links and sources cited on slides for web-based articles, data and other resources discussed during this lecture.