Global problems

Monday 8 August 2011
Parallel session 1
1.1 THE SPACIAL AND SOCIAL DETERMINANTS OF URBAN HEALTH IN LOW, MIDDLE AND HIGH INCOME COUNTRIES

Chair: Dr. Tarani Chandola, UK

S I Bassanesi.* Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

Introduction Segregation means enforced separation of disadvantaged social groups. The combination of poverty and spatial segregation favours the reproduction of poverty and affects the health of segregated groups as well as the health of the population. A number of dimensions of segregation can now be measured through indices of spatial clustering, isolation and exposure to other social groups.

Objectives To analyse the association between socioeconomic urban segregation and population health in Brazil.

Methods This is a cross-sectional and ecological study. Secondary data for 20 of the biggest Brazilian cities was obtained from the census and from the national information systems. The district level health outcome variables were cardiovascular, cancer, external causes and total mortality rates. The explanatory variables were: census tract and district level scores of several spatial and local socio-economic segregation indices, and income. Regression analysis, testing for spatial autocorrelation, and spatial regression were used to check the association between segregation indices and health outcomes.

Results Districts with the poorest health were also districts with the highest segregation of the poorest groups. In contrast, districts with the best health were ones where the rich were isolated and lacked exposure to the poor.

Conclusions Within Brazilian cities, the disadvantaged social groups are spatially segregated. The data suggest that segregation is bad of the health of poor districts and good for the health of the rich districts. This process of segregation leading to divergent health outcomes depending on the socioeconomic profile of communities may intensify health inequalities.

S I Bassanesi.* Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

Methods This ESRC Pathfinder project examines the association of socioeconomic segregation of poor communities in major Indian cities with mortality using data from the District Level Household Surveys in 2002 and 2008. Measures of socioeconomic segregation (indices of dissimilarity and isolation) were correlated with city level mortality rates.

Results Preliminary analysis suggests differential associations between measures of socioeconomic segregation and mortality. Cities where the poor are more isolated in their neighbourhoods have higher mortality rates than cities where the poor are less isolated. Whereas cities where the poor are clustered into fewer neighbourhoods have lower mortality rates than cities where the poor are more evenly spread out.

Conclusion As Indian cities grow in population, they may also become more socioeconomically segregated, which may also have negative consequences for population health.

S I Bassanesi.* Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

Methods This is a cross-sectional and ecological study. Secondary data for 20 of the biggest Brazilian cities was obtained from the census and from the national information systems. The district level health outcome variables were cardiovascular, cancer, external causes and total mortality rates. The explanatory variables were: census tract and district level scores of several spatial and local socio-economic segregation indices, and income. Regression analysis, testing for spatial autocorrelation, and spatial regression were used to check the association between segregation indices and health outcomes.

Results Districts with the poorest health were also districts with the highest segregation of the poorest groups. In contrast, districts with the best health were ones where the rich were isolated and lacked exposure to the poor.

Conclusions Within Brazilian cities, the disadvantaged social groups are spatially segregated. The data suggest that segregation is bad of the health of poor districts and good for the health of the rich districts. This process of segregation leading to divergent health outcomes depending on the socioeconomic profile of communities may intensify health inequalities.

S I Bassanesi.* Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil

Methods This ESRC Pathfinder project examines the association of socioeconomic segregation of poor communities in major Indian cities with mortality using data from the District Level Household Surveys in 2002 and 2008. Measures of socioeconomic segregation (indices of dissimilarity and isolation) were correlated with city level mortality rates.

Results Preliminary analysis suggests differential associations between measures of socioeconomic segregation and mortality. Cities where the poor are more isolated in their neighbourhoods have higher mortality rates than cities where the poor are less isolated. Whereas cities where the poor are clustered into fewer neighbourhoods have lower mortality rates than cities where the poor are more evenly spread out.

Conclusion As Indian cities grow in population, they may also become more socioeconomically segregated, which may also have negative consequences for population health.