Health
and
Everything

Improving Health in Cities

Simple Following a Recipe	Complicated A Rocket to the Moon	Complex Raising a Child
The recipe is essential	• Formulae are critical and necessary	• Formulae have only a limited application
Recipes are tested to assure replicability of later efforts	• Sending one rocket increases assurance that next will be ok	• Raising one child gives no assurance of success with the next
No particular expertise; knowing how to cook increases success	• High level of expertise in many specialized fields + coordination	• Expertise can help but is not sufficient
Recipes produce standard products	• Rockets similar in critical ways	• Every child is unique
Certainty of same results every time	• High certainty of outcome	• Uncertainty of outcome remains
Optimism re results	• Optimism re results	• Optimism re results

Complicated Acute Diseases

Complex Chronic Diseases

- Abrupt onset
- **Often all causes can be identified and measured**
- Diagnosis and prognosis are often accurate
- **Specific therapy or treatment is often available**
- Technological intervention is usually effective: cure is likely with return to normal health
- **Profession is knowledgeable while laity is inexperienced**

- Gradual onset over time
- **Multivariate cause, changing over time**
- Diagnosis is uncertain and prognosis obscure
- **Indecisive technologies & therapies with adversities**
- No cure, pervasive uncertainty: management, coaching & self care over time is needed to improve health
- **Profession & laity must be reciprocally knowledgeable to improve health**

Adapted from: Halstead Holman, MD (Stanford)

Rational Planning: Cities as Complicated

- **Belief that urban planning could be reduced to a series of measurable characteristics**
- **There could be formulae for spaces that allow one to lead the good life**
- **Complicated perspective leads to failure of overly deterministic or "rational" city planning**
- **Non-predictable planning outcomes**
  - **Predesigned cities seem not to work (viz., Brasilia)**
  - **Urban renewal has often failed e.g. Africville**
  - **"Physical determinism"**

# Jane Jacobs Recognized Aspects of Complexity

- **Cities as self-organized entities at micro and macro levels**
  - Understand both at the same time
  - Macro-level: Economic driver
  - Micro-level: Streetscape and diversity
- **Interventions must respond to local circumstances**
- **National objectives must take lead from urban capacities (local action affects national economy)**

Cities are Complex

- **Many metaphors for cities**
  - **Market, Fortress, Cultural Centre,**
- **Metaphors not consistent with each other**
  - **Good Places: Garden**
  - **Bad Places: Sodom**
- **They are not additive and cannot be combined**
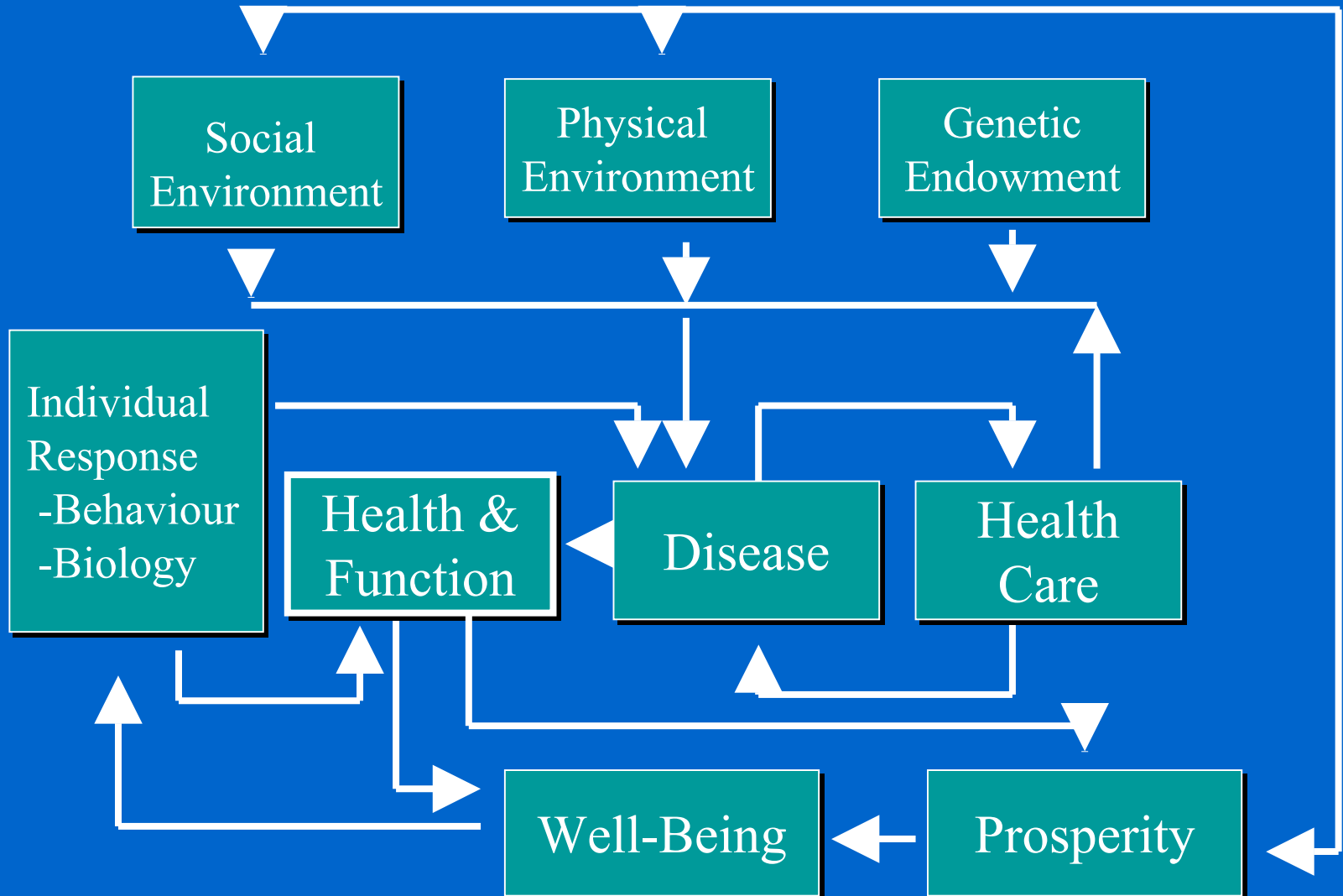- **Cities are complex entities with elements of all these ideas**
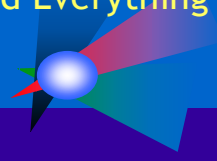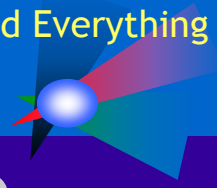
Health is Complex

- **To 1960:** Health is a state of the individual body

- **To 1990:** Health is primarily a function of environments

- **Now:** Health is a result of the complex interactions between an individual and the various environments
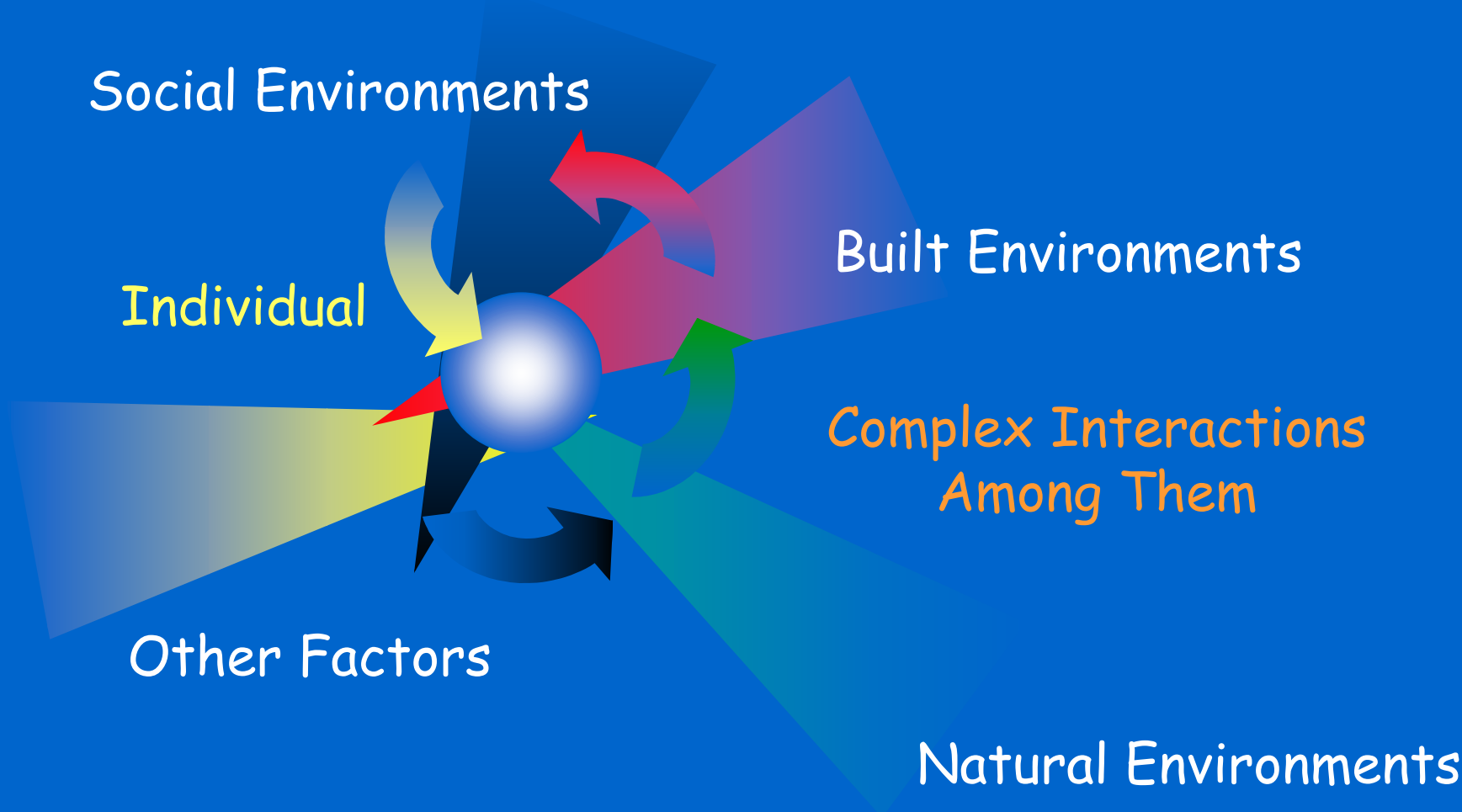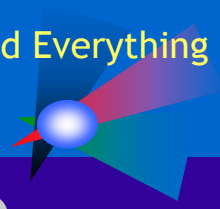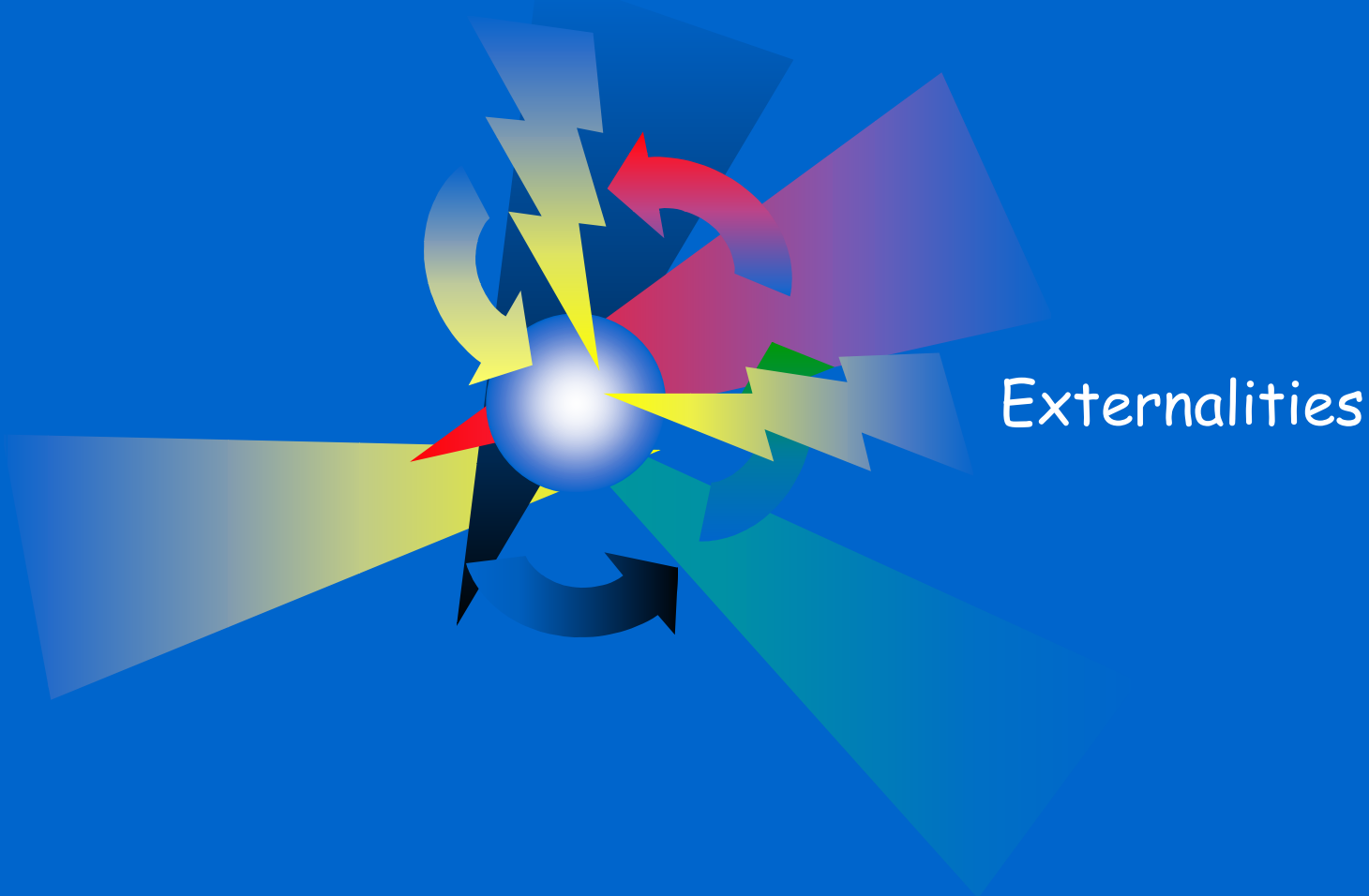
Typical Health Determinants Model

Health and Everything

Complex view of Health

Externalities

Externalities

Evolution of Ideas About Health in Cities

- **Individual: Providing traditional medical and social services (Urban Health)**
- **Environments: the Healthy Cities approach**
- **Interaction: Developing multiple ways to respond in complex contexts**
  - Between individuals and environments
  - Between communities and environments

Urban Health: Problems in Cities

Clustered Populations

- **Drug Users**
- **Unemployed Youth**
- **Homeless People**
- **the Elderly**
- **Single Mothers & Children**
- **Refugees**
- **People with Mental Illness**
- **People with Disabilities**
- **Gay and Lesbian Groups**

Issues & Illnesses

- **Ethnic Diversity**
- **Poverty**
- **Environments**
- **Physical Access**
- **Urban Violence and Terrorism**
- **STDs**
- **HIV/AIDS**
- **Asthma**
- **TB**

Complicated Urban Health Approach

- A Rational Planning Model for Urban Health
  - Identify urban populations
  - Develop a needs analysis
  - Identify services to respond to needs
  - Organize and staff services
  - Measure outcomes

Urban Health Approach (Complicated)

Plus Side

- **Identifies main populations**
- **Identifies some major issues**
- **Provides local information**

Minus Side

- **Risk of thinking that data gathered is all that is relevant**
- **Risk of considering only complicated issues**
- **Tendency to ignore urban assets**
- **Too top down not enough bottom up**

Healthy Cities Approach

- **Goes beyond the individual to interactions with environment**
- **Find ways to develop viable communities**
- **Efforts at improving urban environments**

Healthy Cities Approach

Plus Side

- **Recognizes importance of environments**
- **Optimizing environments improves individual and community health**
- **Beginning of recognition of importance of interactions**

Minus Side

- **Tendency to reduce cities to series of smaller communities**
- **Does not adequately recognize diversity of individual lifestyles**
- **Tendency to overstate community values over individual ones**
- **Too bottom up not enough top down**
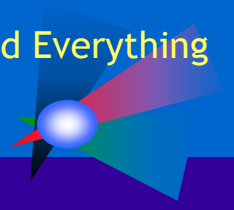
Health in Cities is Complex

- More than 3000 Health and social services related organizations in SE Toronto contribute to the complexity

- In discussing health in cities we might again distinguish between "complicated" and "complex" problems

- Although some aspects of health in cities are complicated others are best viewed as complex

- The advantage of the distinction is that intractably complicated problems can be viewed more optimistically and unraveled when they are seen as complex

Health in/of Cities

- People in cities are the healthiest
- Best medical services are in cities
- Best medical minds are in cities
- Greatest diversity of health influences are in cities
- Most organized communities are in cities

- People in cities are the most ill
- Greatest disparity of services is in cities
- Worst access for some in cities
- Greatest disparity between best and worst off populations
- Largest numbers of Isolated individuals are in cities
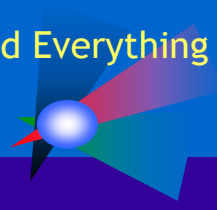
A Toolbox for Intervening in Complex Cases

- **1. Gather Positive & Negative Information**
- **2. Respect History**
- **3. Consider Interactions**
- **4. Encourage Self-Organized Networks**
- **5. Promote Variation**
- **6. Select and Seed**
- **7. Fine-Tune Processes & Interventions**
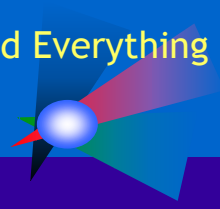
Long Term Care

- **20,000 LTC Beds**
- **Houses in the Community**
- **Norc**

Case Study: Possible Youth Initiative

- **Taken from a Commissioned Report**
  - **30 interviews with**
    - experts
    - community institutions
    - community members
  - Focused on problems
    - poverty
    - poor nutrition
    - unsafe schools,
    - lack of recreational opportunities
  - Highlighted Needs
    - "break the cycle" of poverty, violence, and unemployment
    - importance of keeping youth in school
  - **Recognized specific needs of each geographic area**

Identified Two Populations

- Those between the ages of 11 and 13
  - low self-esteem
  - difficult transition into adolescence
  - at risk of turning to cigarettes, drugs, or alcohol, or of being victims of bullying.
  - minimal parental support
  - few services were available to help them.

- Those between the ages of 14 and 17
  - support to keep them in school
  - at risk of depression, drug abuse, teen pregnancy, homelessness, and involvement in criminal activity or gangs
  - parental support often absent
  - few services were available to help them.

Identified Jackson Heights

– Population 30,000 +

– Includes heavily populated high rises

– 40% speak a language that is neither English nor French.

– 50% immigrants.

– Large refugee population from East Asia and Africa.

– Many refugees families direct experience of violence in home country

– Fewer services than other low-income areas

– Like rest of South east Toronto

  • Large proportion of under 12s in low-income families
  • High birth rate among females 15-19

Identified Jackson Heights Youth Centre

- Has urban health interests and objectives similar to those of sponsoring agency
- Is currently providing programs and services to at-risk youth and families in Jackson Heights
- Appears able to provide a viable operational base for further programming, including research and evaluation
- Is seriously in need of financial and research support

Recommendations : a complicated perspective

- What is the demographic profile of youth in Jackson Heights?

- What are their needs?

- What services can we provide?

- How do we assess the results?

- 12- 14 years from diverse backgrounds

- Few services are now there

- Drop in centres plus support

- Amount of uptake and later health measure
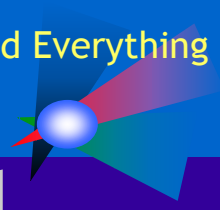
Services to Be Provided

- Counselling services
- Social gatherings
- Skills development
- Training
- Recreation activities
- Visits and trips
- Sex education

Apply the Toolbox to this Case

- **1. Gather Information**
  - Data plus meaning
- **2. Respect History**
  - Local assets as well as problems
  - JHYC. Youth as an asset
- **3. Consider Interactions**
  - How non-health assets can be critical
    - How to deal with density
- **4. Encourage Self-Organization**
  - Allow response to issues – meeting places
  - 3000 services and agencies
- **5. Promote Variation**
- **6. Conduct Selection (Evaluation methods)**
- **7. Fine-Tune Processes & Interventions**
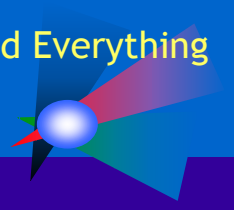
1. Gather Information

- **Gather data about local conditions:**
  - ✓ Who lives here?
  - ✓ What are the demographic characteristics of the population?

- **Capture local strengths as well as weaknesses:**
  - ✓ What are the local problems and issues?
  - ✓ Which populations are most at risk?
  - ? **What are local assets that might be used to help?**

What other local assets might be used to help?

- **Recognize importance of JHYC as a local resource**
- **Do not ignore other assets**
  - **Ignoring them can put them at risk**
  - **e.g. Africville case**
- **How do we tap into**
  - **Strong families that do exist**
  - **Positive values in the community**
  - **Multiple talents of a diverse population**
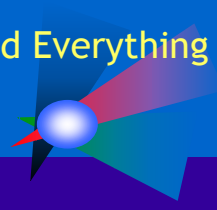
2. Respect History

- **Work hard at understanding local history and culture:**
  - What particular values are important to this community?
  - Are there any taboos that should be considered
- **Interpret possible interventions in the light of more specific local circumstances:**
  - What would people really like to do?
  - What issues would galvanize this community?

What are some implications of history?

- **High incidence of immigrants & refugees**
  - **How can diversity of population contribute to the youth initiative (or the JHYC)?**
    - **Some parents when involved in JHYC channel their kids in**
  - **People with direct experience of violence**
    - **How can this experience help deal with violence?**
- **How have people, especially children, adapted to the high density?**
  - **Can this help the community as a whole adapt?**
  - **Can it help deal with other issues such as violence?**
  - **Self organization actually occurs in response**
    - **People begin to network**

3. Consider Interactions

- **Recognize interactions that already exist:**
  - **How do people help each other in the community?**
  - **What are the vicious cycles that make things worse?**
  - **Are there virtuous cycles that might make things better?**
- **Consider how possible interventions might interact:**
  - **How might they affect the identified issues?**
  - **How might they affect other issues in the community?**
  - **Are they feasible?**

What are some potential positive interactions?

- Identification of problems suggests new questions when viewed in terms of interactions

  - When families *do* provide support for youth, how do they do so in this community?

  - How would one go about strengthening families' capacity to provide such support?

  - How could older youth help those younger than themselves?

4. Encourage Self-Organization

- **Identify the areas in which self-organization has occurred:**
  - Have there been spontaneous and unplanned responses to issues?
  - What are they?
  - Have they been encouraged or discouraged? How?
- **Identify obstacles to self-organization**
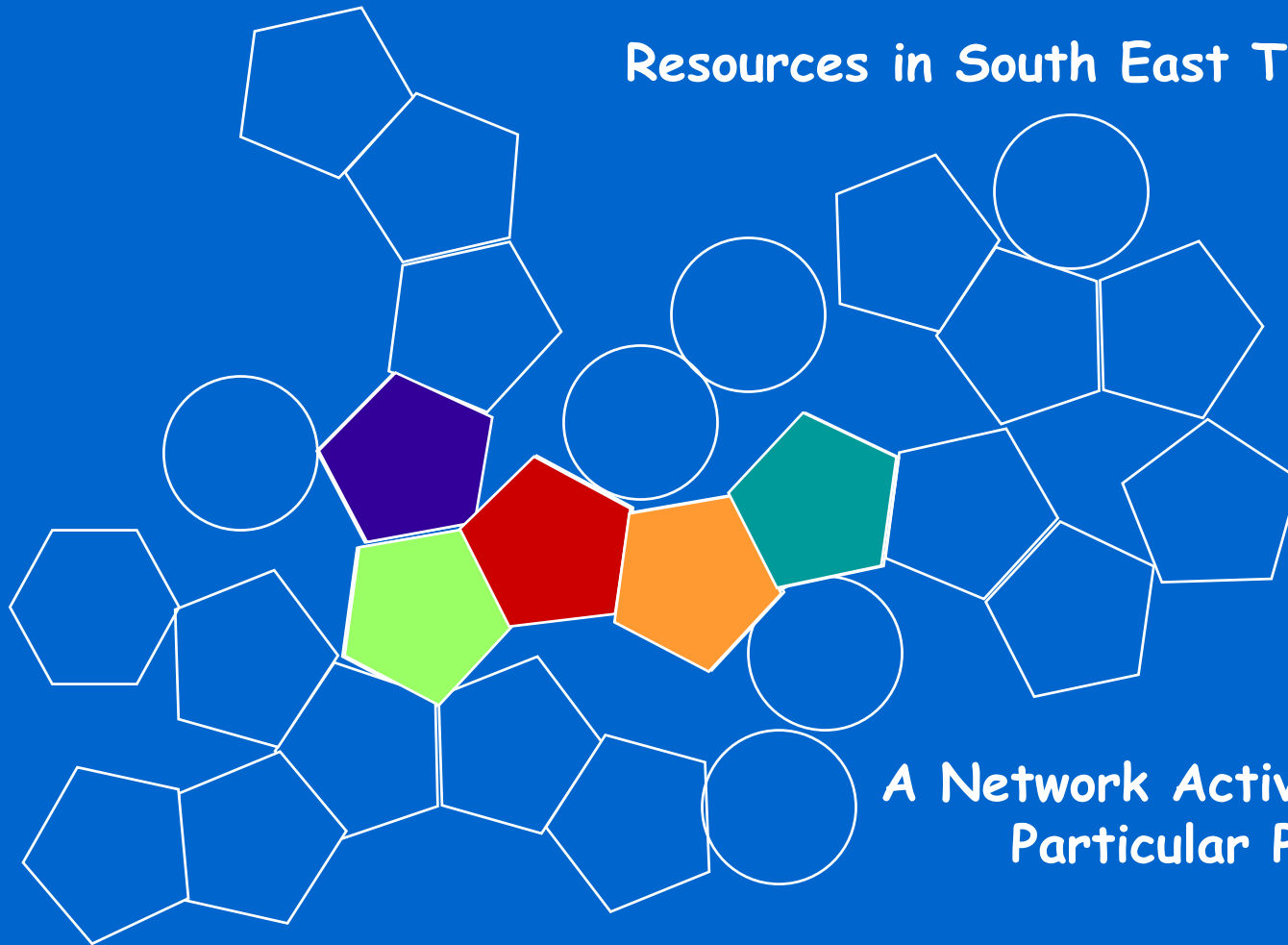- **How can we help reduce these obstacles**

How to Support Self-organization?

- **There are many self-organized networks in Jackson Heights**

- **People meet in each others houses**

- **Supporting the might include such simple interventions as providing meeting space**

- **Creating opportunities for connections to deal with particular issues**

Self-organization in Complex Contexts

- In SE Toronto there are more than 3000 organizations that can connect to deal with health and social care issues
- Parts of them self-organize into working networks to deal with particular issues or circumstances
- These networks are largely informal
  - Formalizing them can create paralysis unless they have particular tasks
- They can disband after they complete a task
- They can self-organize repeatedly, but in different configurations depending on the challenge

5. Promote Variation

- **Identify previous interventions:**
  - **Which have succeeded in the past? Why?**
  - **Can we build on previous successes?**
  - **Which failed? Why?**
  - **Can we learn from and correct previous failures?**
- **Identify many different potential small interventions:**
  - **What interventions could be "seeded" in the current situation?**
  - **How can they be tried out at a small scale?**

How do we widen the scope?

- **Build on JHYC's base**

- **How can the agency's support allow JHYC to broaden its   activities?**

  – allow older youth to support & help younger

    - increase the safety of younger children

    - act as coaches, trainers, or mentors

  – provide opportunities for youth to help others in the community while developing useful skills

    - training adolescents to volunteer in daycare

    - provide support and care for older people.
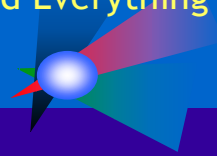
6. Select and Seed

- **Consider which interventions should be seeded:**
  - Which have multiple consequences?
  - Which come from those affected?
- **It is difficult to keep an observant eye on many small interventions without meddling**
- **Allow time to demonstrate success or failure:**
  - Which are taking off?
  - Which are dying on the vine?
- **What are some independent measures of success?**

How can we identify success and failure?

- **Initial process of selection can include JHYC.**
  - plus other initiatives to complement it
- **Develop evaluative procedures with participants:**
  - How do youth think they contributed to the community?
  - How did they benefit themselves?
- **Evolutionary option: allow things to succeed or fail on their own:**
  - Provide stable context for change
  - Accept that most evolutionary changes fail
    - If people stop coming the program has failed
    - If it is always full, it has succeeded

7. Fine-Tune Processes & Interventions

- **There is no one best permanent approach**
- **Fine-tuning continuous in a stable context**
- **Doing things over and over again allows them to be refined and improved at each go round**
- **Interventions change as environment does:**
  - **How can programs adjust to changing circumstances?**
  - **What are the opportunities for new programs in these changed circumstances?**

How would we fine tune in Jackson Heights?

- **Improve interventions with members of the community:**
  - What ideas do youth have to improve interventions?
  - What ideas do their families have?
- **Because the neighbourhood is always changing as people move in and out , it is necessary to continually adjust and adapt the interventions to keep them current and useful.**