# T03P07 / Urban Policies & Health Inequalities

**Topic :** T03 / Policy and Politics sponsored by Policy & Politics Journal
**Chair :** Daniel Weinstock (Institute for Health & Social Policy)
**Second Chair :** Shona Hilton (University of Glasgow)

## GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

*In this panel a selection of papers may be considered for the* **Policy & Politics** *journal.*

Over fifty-percent of the world's population now resides in an urban setting, and these urban centers provide unique challenges for health policy makers (see Galea & Vlahov 2005; Gordon-Larsen & Nelson 2006; Rundle et al. 2006; Maas et al 2009; etc.) Not only do cities produce novel health risks, they also tend to make measurement of health inequalities more difficult as large portions of the population reside in slums and informal settlements (WHO 2010). Much research examines the differences between urban and rural health outcomes, however, urban health inequities are "different in magnitude and distribution", and they often require cross-sectoral cooperation and empowered local leadership to achieve results (WHO 2010).

The purpose of this panel is to investigate urban public policy's ability – both realized and potential – in addressing health inequalities.

## CALL FOR PAPERS

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The purpose of this panel is to investigate urban public policy's ability – both realized and potential – in addressing health inequalities. We invite papers that evaluate existing policies, papers that provide case studies of multisectoral collaboration in addressing urban health inequity, as well as papers that put forward unique methodological approaches for capturing and describing urban health inequalities.

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## Session 1 Identifying & Explaining Urban Health Inequalities

Wednesday, June 28th 16:15 to 18:15 (Block B 3 - 4)

### Discussants

Daniel Weinstock (Institute for Health & Social Policy)

### Right Here Right Now: piloting novel approaches for (near) real-time research to inform health policy within an urban context

Shona Hilton (University of Glasgow)

Health policymakers rely on appropriate evidence to inform decision-making, however, social, political and economic change often outpaces researchers' capacity to produce meaningful evidence in a timely manner. Widespread adoption of social and mobile technologies has increased opportunities for capturing context specific, real-time, concurrent data on people's everyday experiences. Utilising these technologies could help to address some of the shortcomings of traditional research approaches, particularly in relation to timeliness and flexibility, and could increase public engagement in the processes of evidence generation, knowledge translation and policy decision-making.

In order to explore contemporary population health issues from the perspectives of citizens in near real-time researchers from the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow collaborated with the Glasgow Centre for Population Health, the Institute for Design Innovation at the Glasgow School of Art and NHS Health Scotland to develop the Right Here Right Now pilot study. Based in Glasgow, Scotland, where there are stark health inequalities, researchers engaged with stakeholders and citizens to design an inclusive and user-friendly study, which made use of online technologies. Over a period of six months a sample of 180 'community researchers' from across all areas of the city contributed their insights on a range of topical question sets developed with project stakeholders working in government, NHS and third sector organisations. Data were analysed thematically and key findings disseminated to all community researchers and stakeholders within two weeks of question issue.

The Right Here Right Now pilot provides key insights around the opportunities for developing new methods for gathering qualitative data in near to real-time that could inform our understanding of the impact of policies on health and social inequalities, and expand traditional views on engaging citizens in decision-making processes. This presentation will introduce Right Here Right Now and discuss the data collection methods employed, project outcomes, and next steps.

### Mobile Public Service: A New Way of China 's Urban Management Service —Taking the Urban Mobile Public Service in the Minority Areas as an Example

ShengWang Miao (School of Public Management)

Yinxi Liu (Inner Mongolia University)

Yang Yang (Dalian University of Technology)

[Abstract]Since the reform and opening up, China's urbanization is advancing rapidly, and the contradictions have been gradually highlighted. Many problems have prompted the government administrators to innovate the means and methods of management innovation, and put the city management in an important position. The sharing of basic public services within the city is of great significance to maintain regional social stability and promote the development of urbanization. In recent years, the practice of "mobile police room", "mobile library", "mobile hospital" and "mobile library" in the Mainland is the innovation of urban management service driven by the modernization of the country's grass-roots governance. Supply innovation has reduced the quality and quantity of

the basic public services within the city, and satisfied the local people's demand for all kinds of basic public services, and promoted the rapid advance of urbanization.

"Mobile Public Service" has certain advantages in exploring the modernization of urban grassroots governance capacity, realizing the sharing of public services within the city, promoting the equalization of basic public services, guiding the healthy development of the city and establishing a service-oriented government. The author believes that the "mobile public service" in the field of urban development and public governance, especially in promoting the process of urbanization has a trial, the promotion of practical significance. Therefore, to improve the level and capability of urban management services and realize the rapid advance of urbanization, we can promote the communication and cooperation between the departments through the promotion of the concept of governance and the ability to govern, based on the concept of "mobile public service", to build a trust and cooperation platform, Reasonable and perfect mechanism of responsibility and strengthen the construction of service-oriented government, and so on to promote the process of modern urban development.

## The impact of Uber's Introduction on Drunk Driving in South Africa

Mark Daku (Montreal Health Equity Research Consortium)

Jonathan Huang (McGill University)

The advent of mobile phone-based ride sharing services such as Uber promise many individual benefits including reduce transportation cost and improved transparency and accessibility. One consequent population health benefit projected by proponents is a reduction in alcohol or other impaired operation of private vehicles and attendant reductions in motor vehicle collisions, related injuries, and ultimately deaths. Recent investigations in the United States, however, found little evidence to suggest introduction of Uber caused a reduction either in general road traffic-related or specific drunk-driving related mortality. However, other contexts may prove to be more amenable to the potential impact of ride sharing on in reduction of injuries and deaths. We examine the case of Uber's introduction in three urban centers in South Africa in order to assess whether or not the South African context creates the conditions for the purported health benefits that ride sharing may provide. We combine qualitative field research with difference-in-difference and regression discontinuity analysis to examine how the introduction of Uber may impact drinking and driving in three major South African cities. Important differences between contexts – and potentially between groups of consumers –mediate any impact that ride share services may have on drinking and driving outcomes. While a potentially useful intervention, policy makers who are considering limitations or incentives for ride sharing services should be mindful of the ways in which populations are differentially affected by these services. Any potential reduction in drunk driving, and resulting improvement in health outcomes, may only apply to certain populations.