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| **Title of Symposium** The rhetoric of locational disadvantage: International perspectives |
| **General Objective**Every country has areas of entrenched inequity, or ‘locational disadvantage’ where residents have limited access to health and non-health services and opportunities, and poorer health outcomes. Terms used to describe ‘locational disadvantage’ differ, and the way it is talked about and framed, and how this rhetoric is used to organise and maintain groups, construct meanings and identities, coordinate behaviour, mediate power and produce change, also varies across countries and contexts. This symposium will explore the rhetoric of ‘locational disadvantage’, from the perspective of four countries: South Korea, Denmark, Australia and Bangladesh and show how it influences policy and practice, community experiences and perceptions in those countries. **Proposed format of the session**The symposium will consist of four presentations that look at the rhetoric of ‘locational disadvantage’ in the four countries, and also from four different perspectives: historical, a specific policy, community voices, and through the lens of a developing country. Presentation 1 looks at the rhetoric of ‘locational disadvantage’ in South Korea from a historical perspective. It reviews the changes in rhetoric and policies over time, and discusses current challenges the country faces. Presentation 2 provides an assessment of a recent Danish policy aimed at a Denmark with no ‘parallel society’ and no ‘ghettos’ by 2030, and how it is expected to influence the health of people living in current ‘ghetto’ areas. Presentation 3 looks at the rhetoric of ‘locational disadvantage’ from a community perspective. It describes an Australian project that used film to: provide community residents in a disadvantaged area opportunity to have their voices heard; and provided a platform to address the identified impacts of negative rhetoric.Presentation 4 looks at locational disadvantage through the lens of the developing country of Bangladesh. It describes the challenges and local and national government policies aimed at achieving health equity for ‘slum dwellers’. Each presentation will be followed by discussion time in which the audience has the opportunity to interact with the presenter and each other. Following a brief summing up, the symposium will close with discussion about whether it is time to present the ‘rhetoric of locational disadvantage’ as an ongoing concern to IUHPE, to initiate a global working group to address it. **Conference theme and/or subthemes addressed**Health equity |

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| **Title of Presentation 1** South Korea – the other face of the Gangnam style |
| **General Objective**To describe the historical change in rhetoric of locational disadvantage and policies in South Korea, and discuss the current challenges the country faces. **Proposed format of the session**Oral presentation - symposium**Background/Objectives**After the Korean war in the early 1950s, the capital city, Seoul, was demolished. Over the past 60 years, Korea’s GDP per capita has risen from $100 to $30,000 to become what Koreans call the “*Miracle on the Han River*.”During the aggressive economic development in the 1960-70s, 800-1000 new residents migrated into Seoul daily from rural areas. To accommodate the exponentially increasing population, Gangnam was envisioned as a new urban setting. Higher density, high-rise apartment complexes were developed, and a new vibrant urban centre was built. Understanding the change in the policy directions and the rhetoric of locational disadvantage is important to understanding the perception and value of health equity in the society.**Methods**Changes in the rhetoric of locational disadvantage throughout the different stages of economic development in South Korea were identified by reviewing the key policy documents.**Results**South Korea is an exemplary “*rags-to-riches*” success. However, the other side of becoming the 12th largest economy, brought a growing “*polarization*”, the Korean’s choice of term for inequity. Pockets of locational disadvantage in Seoul are labelled as “*dal-dong-neh* (moon villages)”, “*jok-bang-chon*  (cubicle villages)”. The focus for the country since the early years of rapid economic development was the provision of urban housing. Most of the shanty villages have been re-developed into high-rise apartment complexes and residents have moved to better homes. However, residents in the remaining villages still face complex issues. More recently, the growing number of international migrants, one-person households, and ageing society call for a multi-faceted response.**Discussion**The mayor of Seoul spent a month this summer in one of the locationally disadvantaged areas in the north of Seoul to demonstrate political will and raise awareness to develop real solutions for these communities. Recent policy responses in Seoul, including the “New Town” policy and the “Reaching Out Community Centre” program also offer insights into the current rhetoric of locational disadvantage in South Korea.**Conference theme and/or subthemes addressed**Health equity |

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| **Title of Presentation 2** Denmark: A country of no ghettos in 2030? |
| **General Objective**To discuss the contemporary Danish policy, *“A Denmark without parallel societies: No Ghettos in 2030”,* aimed at the elimination of socially disadvantaged areas or the so called “ghettos”. **Proposed format of the session**Oral presentation - symposium**Background**Evidence suggests that every country, including Denmark, has entrenched pockets of inequity. These areas are often described as *“locational disadvantage”, “socially disadvantaged areas”* or *“vulnerable areas.”* Residents in these areas often have poor outcomes across a range of socio-economic-dimensions and limited access to health services and resources. The Sustainable Development Goals acknowledges that locational disadvantage explains systemic exclusion of certain groups and the unfair differences between them and other population groups. The Danish government has recently responded by launching a new policy strategy titled *“A Denmark without parallel societies: No Ghettos in 2030”* whichaims to *eradicate* *ghettos*. The current government (right-wing) and their supporting party use the term *ghetto* as an official term when addressing socially disadvantaged areaswhich is evident in their new policy strategy. The ruling government in 2010 developed a list of residential areas that fell within their ghetto criteria. This list, often simply referred to as *“the government’s ghetto list”*, has been renewed every year. Researchers and Danish residents have criticized the government’s strict rhetoric because it stigmatizes the housing area and its residents. Many are of the view that the use of *ghetto* reinforces parallel societies and creates an *“us”* and “*them”* society. Ghetto is an ambiguous term, often associated with immigrants, foreigners, ethnicity, religion etc. According to the Oxford dictionary a ghetto is *“a part of a city, especially a slum area, occupied by a minority group or groups.”* **Method**This presentation provides a brief assessment of how the *“A Denmark without parallel societies: No Ghettos in 2030”* policy is expected to influence the health of the people living in recent ghetto areas. This assessment is conducted through a rapid Health Impact Assessment.**Result** This presentation will provide findings from the assessment conducted.**Discussion**The assessment sheds light on the impacts of this policy and highlights the need for future policy assessment. **Keywords**Denmark, policy, ghetto, locational disadvantage, rhetoric**Conference theme and/or subthemes addressed**Health equity |

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| **Title of Presentation 3** Locational disadvantage in Australia – A community perspective: Residents’ verdict – not Dodge City |
| **General Objective**To describe a project that provided: a community perspective of living in a locationally disadvantaged area and the impact of negative rhetoric from media, government, and residents; and a platform to address this. **Proposed format of the session**Oral presentation - symposium**Background/Objectives**In Australia, locationally disadvantaged communities typically have: high concentrations of disadvantage; limited access to services and facilities; poor employment, training and educational opportunities, physical and social infrastructures; and poorer health outcomes. They may be in rural and remote areas, outer areas in large cities, small pockets of disadvantage in wealthy areas, and areas undergoing major change. Residents not only deal with daily difficulties and stresses, but also with negative media representation, and their own perceptions and concerns about government neglect. Residents’ verdict – not Dodge City, a project conducted in a locationally disadvantaged community in South Western Sydney, provided a vehicle for hearing some, often unheard, ‘voices from the community’.**Methods**A community screening of the 1973 Peter Weir Film *Whatever happened to Green Valley* and a facilitated Question and Answer session was held. The film acted as a focus for discussion about changes and needs in the area. Residents shared their feelings, experiences, ideas, and aims for the future. The event was filmed and footage developed, in consultation with key participants, into a DVD shown at a further community screening.**Results**Residents spoke about changes in the area, links between past and present, what they value in the community and improvements needed. They also spoke of the hurt and damage caused by stigma, discrimination and unfair stereotyping, both then and now, and the need to address this. They highlighted that the pain caused does not just go away. It can continue through generations. **Discussion**The project presented ideas, stimulated debate, generated community pride, interpreted and or communicated important community values, messages, issues and aspirations. It has already generated some positive developments that address racism and feelings of non-respect, and it is hoped that further developments that may influence health and wellbeing of residents, and lessen the impact of the rhetoric of the past will follow.**Keywords**Locational disadvantage, negative perceptions, community voices**Conference theme and/or subthemes addressed**Health equity |

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| **Title of Presentation 4** Locational disadvantage through the lens of a developing country: Bangladesh perspective |
| **General Objective**To describe the existing challenges and current policy of local and national government of Bangladesh in terms of achieving health equity for slum dwellers in Bangladesh. **Proposed format of the session**Oral presentation - symposium**Background** Bangladesh is Asia's largest and the world’s most populated delta. Being a Lower Income Country, Bangladesh may achieve mid-income country status this decade. Major rural-to-urban migration of the last decade has put pressure on urban health systems. Most migrants come in search of the opportunities the city can offer for improved living standards. The term ‘locational disadvantage’ (LD) is not used in the country, but obviously health (and wealth) are determined by spatial dimensions – most prominently, slum dwellers are among the more disadvantaged urbanites. They: do not have resources to find alternatives for meeting basic needs and are identified as poor; mainly live in slums scattered throughout the city, located on privately owned land, creating considerable institutional challenges in terms of basic service provision. Slum dwellers (SDs) face the additional problem of being ‘non-official’, i.e. they are not registered, not legal residents, and do not have opportunities to exercise democratic rights.**Methods**This study reviewed all available secondary data from Bangladesh Government, local authorities, donors’ agencies and NGOs documents. Theoretical documents and available practical evidence were reviewed. **Results** City SDs is socially and spatially differentiated in terms of access to basic services (i.e., water, food, housing, sanitation, gas and electricity, sewerage and drainage, health, education). Differences in some areas are vast. Thus, a parallel structure has emerged with private operators providing basic services for a high fee for SDs. Most males are employed as production workers (including rickshaw pullers and other transport workers), trade workers (street hawkers, day labourers, retail trade etc.) and females as household or garment workers. **Discussion** The narrative data on the plight of LD communities in Bangladesh, understanding of the challenges of SDs in achieving equity, and discussion of current policy intentions of local and national government to achieve health equity adds to a global discourse around social and health inequality in urban environments.**Key words**Bangladesh, slum dwellers, policy, health equity, migration**Conference theme and/or subthemes addressed**Health equity |

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| **Title of Presentation 5** (Sentence case) - There is no 5th presentation |
| **Maximum 2500 characters (including spaces but excluding title)****General Objective****Proposed format of the session****Conference theme and/or subthemes addressed** |