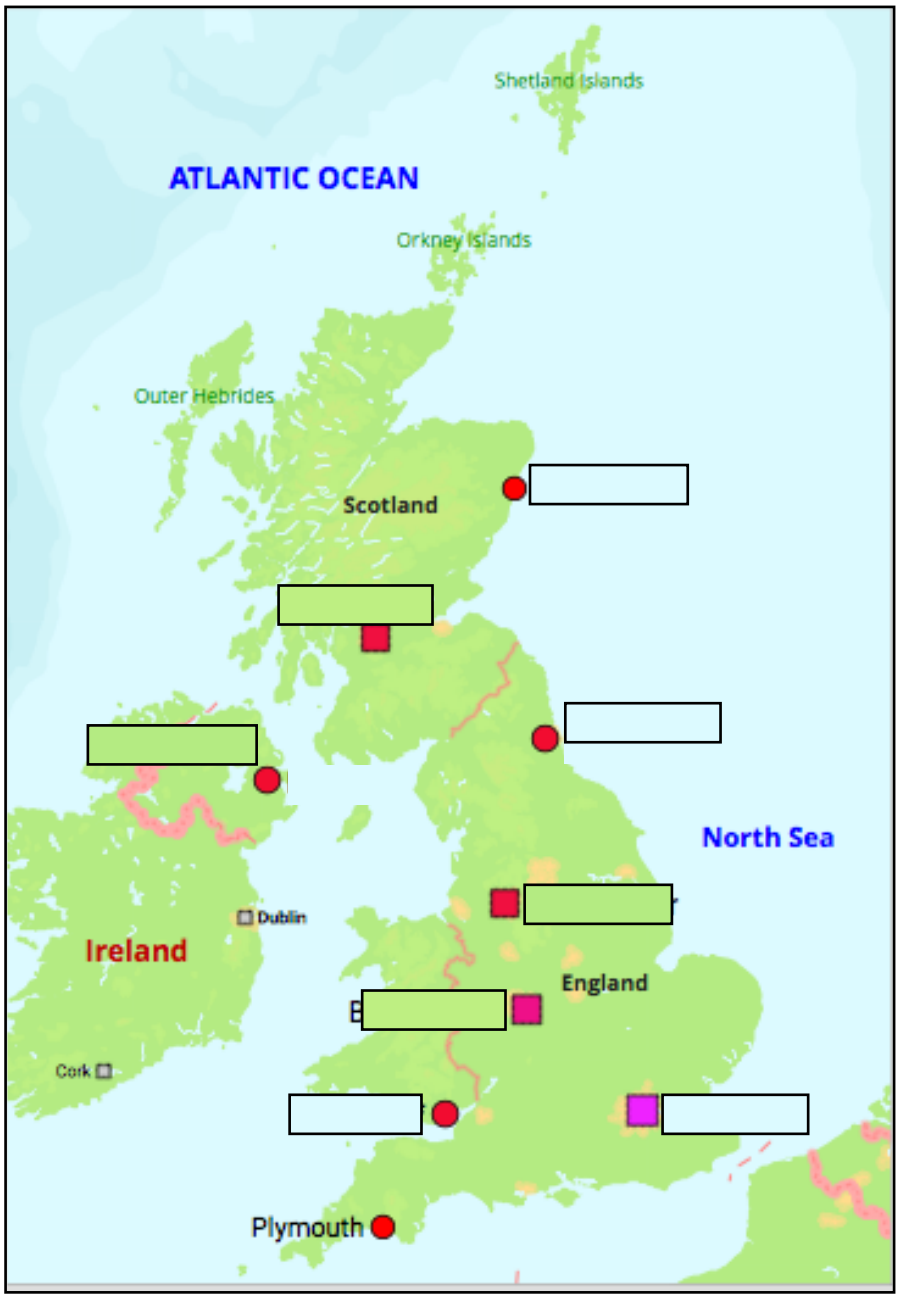
I. **General Culture:** Place the following cities on the map, without using your phone.

Newcastle - London - Belfast - Glasgow - Manchester - Cardiff - Birmingham - Aberdeen



Census (2015) + **Death Rate per 1,000 (2015)**

• London:	_____	**5.8**	• Cardiff:	345,810	**7.8**
• Birmingham:	1,126,___	**7.8**	• Belfast:	___,740	____
• Glasgow:	603,080	____	• Newcastle:	279,534	**9**
• Manchester:	_____	**6.8**	• Aberdeen:	201,____	____

*(For your information: **Bordeaux**: 243,626 **7.01**)*

Ask your partner for the missing information: no cheating! Exchange information ORALLY.

- Where are you least likely to grow old?
- Can you think of any reasons why this city has the highest mortality rate in the UK?

II. Vocabulary in context: Read the texts, then match the words in Box A to their definition.

A	B
1. inner city 2. housing estates 3. welfare 4. deprived 5. development 6. The Commonwealth 7. smog 8. outbreak	a. a sudden occurrence of something unwelcome, such as war or disease. *(Text 2)* b. fog or haze intensified by smoke or other atmospheric pollutants.*(Text 1)* c. the process of converting land to a new purpose by constructing buildings or making use of its resources.*(Text 1)* d. financial support given to those who are unemployed or otherwise in need *(Text 2)* e. an international association consisting of the UK together with states that were previously part of the British Empire, and dependencies.*(Text 1)* f. residential areas in which the houses have all been planned and built at the same time. *(Text 2)* g. the area near the centre of a city, especially when associated with social and economic problems. *(Text 2)* h. suffering a severe and damaging lack of basic material and cultural benefits. *(Text 2)*

1=	2=	3=	4=	5=	6=	7=	8=

Text 1

London was the world's largest city from about 1831 to 1925. London's overcrowded conditions led to cholera epidemics, claiming 14,000 lives in 1848, and 6,000 in 1866. Rising traffic congestion led to the creation of the world's first local urban rail network. London was bombed by the Germans during the First World War, and during the Second World War, the Blitz and other bombings by the German Luftwaffe killed over 30,000 Londoners, destroying large tracts of housing and other buildings across the city.

The Great Smog of 1952 led to the Clean Air Act 1956, which ended the "pea soup fogs" for which London had been notorious. From the 1940s onwards, London became home to a large number of immigrants, largely from Commonwealth countries such as Jamaica, India, Bangladesh and Pakistan, making London one of the most diverse cities in Europe.

In 1965 London's political boundaries were expanded to take into account the growth of the urban area and a new Greater London Council was created. During The Troubles in Northern Ireland, London was subjected to bombing attacks by the Provisional IRA. Racial inequality was highlighted by the 1981 Brixton riot.

Greater London's population declined steadily in the decades after the Second World War, from an estimated peak of 8.6 million in 1939 to around 6.8 million in the 1980s. The principal ports for London moved downstream to Felixstowe and Tilbury, with the London Docklands area becoming a focus for regeneration, including the Canary Wharf development. This was borne out of London's ever-increasing role as a major international financial centre during the 1980s. The Thames Barrier was completed in the 1980s to protect London against tidal surges from the North Sea.

In 2008, London named alongside New York City and Hong Kong as Nylonkong, being hailed as the world's three most influential global cities. In January 2015, Greater London's population was estimated to be 8.63 million, the highest level since 1939. During the Brexit referendum in 2016, the UK as a whole decided to leave the European Union, but a majority of London constituencies voted to remain in the EU. This led to over a hundred thousand Londoners petitioning Mayor Sadiq Khan to declare London's independence from the UK and rejoin the EU. Supporters cite London's status as a "world city" and its demographic and economic differences from the rest of the United Kingdom, and argue that it should become a city-state based on the model of Singapore, while remaining an

Text 2

Glasgow: The 20th century witnessed both decline and renewal in the city. After World War I, the city suffered from the impact of the Post–World War I recession and from the later Great Depression, this also led to a rise of radical socialism and the "Red Clydeside" movement. The city had recovered by the outbreak of World War II and grew through the post-war boom that lasted through the 1950s. By the 1960s, growth of industry in countries like Japan and West Germany, weakened the once pre-eminent position of many of the city's industries.

As a result of this, Glasgow entered a lengthy period of relative economic decline and rapid de-industrialisation, leading to high unemployment, urban decay, population decline, welfare dependency and poor health for the city's inhabitants. There were active attempts at regeneration of the city, when the Glasgow Corporation published its controversial Bruce Report. The report led to a huge and radical programme of rebuilding and regeneration efforts that started in the mid-1950s and lasted into the late 1970s. This involved the mass demolition of the city's infamous slums and their replacement with large suburban housing estates and tower blocks.

By the late 1980s, there had been a significant resurgence in Glasgow's economic fortunes. The "Glasgow's miles better" campaign, launched in 1983, and opening of the Burrell Collection in 1983 and Scottish Exhibition and Conference Centre in 1985 facilitated Glasgow's new role as a European centre for business services and finance and promoted an increase in tourism and inward investment. Wider economic revival has persisted and the ongoing regeneration of inner-city areas, including the large-scale Clyde Waterfront Regeneration, has led to more affluent people moving back to live in the centre of Glasgow, fuelling allegations of gentrification.The city is now considered by Lonely Planet to be one of the world's top 10 tourist cities.

Despite Glasgow's economic renaissance, the East End of the city remains the focus of social deprivation. A Glasgow Economic Audit report published in 2007 stated that the gap between prosperous and deprived areas of the city is widening. In 2006, 47% of Glasgow's population lived in the most deprived 15% of areas in Scotland, while the Centre for Social Justice reported 29.4% of the city's working-age residents to be "economically inactive". Although marginally behind the UK average, Glasgow still has a higher employment rate than Birmingham, Liverpool and Manchester.

In 2008 the city was ranked at 43 for Personal Safety in the Mercer index of top 50 safest cities in the world. The Mercer report was specifically looking at Quality of Living, yet by 2011 within Glasgow, certain areas were (still) "failing to meet the Scottish Air Quality Objective levels for nitrogen dioxide (NO2) and particulate matter (PM10)."

Before you watch the video entitled "The Glasgow effect" read this brief definition.

The Glasgow effect refers to the unexplained poor health and low life expectancy of residents of Glasgow, Scotland, compared to the rest of the United Kingdom and Europe.

Though lower income levels are generally associated with poor health and shorter lifespan, the prevailing hypothesis among epidemiologists is that poverty alone does not appear to account for the health disparity found in Glasgow. Equally deprived areas of the UK such as Birmingham, Liverpool and Manchester have higher life expectancies, and the wealthiest ten percent of the Glasgow population have a lower life expectancy than the same group in other cities.

Several hypotheses have been proposed to account for the effect, including vitamin D deficiency, cold winters, higher levels of poverty than the figures suggest, high levels of stress, and social alienation.

Give examples for the following determinants of health:

a) **Biology and genetics**: _____

b) **Individual behaviour**: _____

c) **Social environment:** _____

d) **Physical environment:** _____

e) **Health services:** _____

III. Video Comprehension:

Before watching :

Why does Glasgow have the highest mortality rate in the UK ?

The ageing of the British.

1) Watch the introduction and understand what the figures you hear/see correspond to :

Number	Corresponds to
54	
50	
77.7	
81.9	

Life expectancy in Glasgow.

2) Keep watching and fill in the gaps in the summary below.

The richest part of Glasgow is located in the _____ end. In this rich neighbourhood, men's life expectancy is _____ years. Further down the street it ____ to 80 years. But if you keep going half a mile, life expectancy for men drops by about ____ years. Go another half a mile and you have dropped ____ years. If you keep going in that direction you get to the _____ parts of the city where things are very bad.

3) How do the factors below impact your lifespan ? Complete the table deciding if they increase/ decrease it and by how many years.

How is it explained ? What factors have an impact on how long you live ? First, discuss this with your partners. Then, what is said in the video ?

Where is the lowest life expectancy in Britain ? Where else in the world can you see similar gaps ?

Factor	+	—	WHY?
Professional work			
Unskilled labour			
Moderate drinking			
Heavy drinking			
No drinking			
smoking			
No smoking (ever)			
Stopping smoking			
Eating fruit and vegetables once a day			
Being over 5 foot 10 (men)			
Under 5 foot 8 (men)			
Homeless in a shelter			
Homeless on the street			

HOMEWORK

Put the right question above each of the answers below. The answers will available on Formatoile next week.

- What is primary health care?
- What are the social 'determinants' of health?
- What is health equity in all policies?
- What are the drivers of health inequities?
- What is meant by social gradient?

1) _____

The poorest of the poor, around the world, have the worst health. Within countries, the evidence shows that in general the lower an individual's socioeconomic position the worse their health. There is one gradient in health that runs from top to bottom of the socioeconomic spectrum. This is a global phenomenon, seen in low, middle and high income countries. In health it means that health inequities affect everyone.

2) _____

They are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

3) _____

The global context affects how societies prosper through its impact on international relations and domestic norms and policies. These in turn shape the way society, both at national and local level, organises its affairs, giving rise to forms of social position and hierarchy, whereby populations are organised according to income, education, occupation, gender, race/ethnicity and other factors. Where people are in the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill health and the consequences of ill health.

4) _____

Care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

5) _____

Every aspect of government and the economy has the potential to affect health – finance, education, housing, employment, transport, and health, to name just six. While health may not be the main aim of policies in these sectors, they have strong bearing on health.

Policy coherence is crucial – different government departments' policies must complement rather than contradict each other in relation to health. For example, trade policy that actively encourages the production, trade, and consumption of foods high in fats and sugars to the detriment of fruit and vegetable production is contradictory to health policy.