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Using GIS and neighbourhood statistics to monitor policy performance

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Abstract

Objectives

This paper aims to show how GIS can be used to test whether public health and other policy targets have or are been attained. Using the recent record in Britain as an example. Below I concentrate on public health targets – but in the paper presentation I will cover a range of government targets for neighbourhood renewal.

Methods

“Health for all” targets were set for the year 2000 by the World Health Organisation in 1985. The targets stated, among other things, that rich countries should achieve a 25% reduction in inequalities in premature mortality rates between different areas of their country by the year 2000. With colleagues, I have used the criteria specified by WHO to assess whether the 1985 geographic target was reached and if not why not. On February 28th, 2001 Alan Milburn set out new targets for public health including : “To reduce the difference in life expectancy between areas with the lowest life expectancy and the national average. Starting with Health Authorities, by 2010 we will reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.”. With colleagues I am attempting to ascertain the extent to which such a target might be reached given current trends. Early results will be shown. Other government targets and aspirations will also be addressed.

Results

The 1985 public health targets have not been reached. In fact, rather than achieve a reduction in geographical inequalities by 25% we have seen them rise between 1985 and 2000. In the paper I show where, for whom and attempt to establish why and when this occurred. The 2010 targets (set in 2001) are far less ambitious. However, given current trends and current policies even these targets are unlikely to be met – I show why in the paper and also suggest what geographic areas the targets could be extended to apart from Health Authorities (and show why these are inappropriate areas to target). I then extend this analysis to policy areas other than health. As an example the polarisation that has accompanied the rise in poverty levels in Britain since 1997 is also described in the paper.

Conclusions

The external optimism of politicians is revealed by the targets for improvements in public health and other areas that they set. However the gap between their targets and their policies may betray their lack of understanding of the determinants of public health and other social ‘goods’. I conclude the paper by asking whether the blame for this gap lies with those who advise the politicians as to what is required if they are to achieve their goals?

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