



Urban Health Literature Review

April 2005

This review contains abstracts on work related to urban health published April 2005.

1. Source: Ethn Dis. 2005 Spring;15(2 Suppl 2):S49-51.

Title: **Metro Atlanta responds to West Nile virus: a coordinated public health response.**

Author: **Willis J.**

Affiliation: Metro Atlanta Surveillance Task Force, Atlanta, Georgia, USA. ojwillis@gdph.state.ga.us

Abstract: Three and a half million people live in metropolitan Atlanta, in multiple counties with varying population bases, resources, issues and separate boards of health. Historically, public health issues have been managed within each county, with very little sharing of information among counties. The 1999 West Nile virus (WNV) outbreak in the Northeast caused public health officials in Atlanta to recognize the potential for the disease to spread to Georgia and the need to develop a coordinated, multi-jurisdictional response plan. This plan would need to address a new disease with little scientific data to predict how it might behave in a new environment and would also require closely coordinated communication among the local/state public health entities and elected officials. In early 2000, staff from the five health districts in the metro Atlanta area and the state health department voluntarily convened the Metro Atlanta Surveillance Task Force (MASTF) to create the Metro Atlanta West Nile Virus Response Plan. This plan utilizes a coordinated effort encompassing public education, surveillance, and mosquito control. With this plan in place, when the first human case of WNV was detected in Atlanta, the public heard consistent health messages about preventive measures to lower their risk of illness and the metro counties were able to carry out a successful uniform approach to mosquito control. This plan has received recognition by the National Association of County and City Health Officials (NACCHO) as a 2004 Model Practice, demonstrating exemplary and replicable qualities in response to a local public health need. Since the early days of the emergence of WNV in the metro Atlanta area, MASTF has continued to be a viable, evolving entity, managing and anticipating health issues. The MASTF plan is a successful effort to develop consistent policies and procedures for disease surveillance in a heavily populated area with multiple local health departments.

2. Source: J Epidemiol Community Health. 2005 Apr;59(4):254-7.

Title: **Neighbourhood characteristics, individual level socioeconomic factors, and depressive symptoms in young adults: the CARDIA study.**

Author: **Henderson C, Diez Roux AV, Jacobs DR Jr, Kiefe CI, West D, Williams DR.**

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Abstract: **STUDY OBJECTIVE:** To investigate the relation between neighbourhood socioeconomic and ethnic characteristics with depressive symptoms in a population based sample. **DESIGN:** Cross sectional data from the CARDIA study, including the Center for Epidemiological Studies depression scale score (CES-D). Neighbourhoods were 1990 US census blocks of 1000 people; six census variables reflecting wealth/income, education, and occupation investigated separately and as a summary score; neighbourhood racial composition (percentage white and black) and individual level income and education were also examined. **SETTING:** Participants recruited in 1985/86 from community lists in Birmingham, AL; Chicago, IL; Minneapolis MN; from a health plan in Oakland, CA. **PARTICIPANTS:** 3437 adults aged 28-40 years in 1995/96: 24% white men, 27% white women, 20% black men, 29% black

women. MAIN RESULTS: For each race-sex group, CES-D was inversely related to neighbourhood score and individual income and education. Associations of neighbourhood score with CES-D became weak and inconsistent after adjusting for individual level factors; personal income remained strongly and inversely associated with CES-D. Age adjusted mean differences (standard errors) in CES-D between the lowest and highest income categories were 3.41 (0.62) for white men, 4.57 (0.64) for white women, 5.80 (0.87) for black men, and 5.74 (0.83) for black women. For both black and white participants, CES-D was associated negatively with percentage of white people and positively with percentage of black people in their census block, before, but not after, adjustment for individual and neighbourhood socioeconomic variables. CONCLUSIONS: Neither neighbourhood socioeconomic characteristics nor ethnic density were consistently related to depressive symptoms once individual socioeconomic characteristics were taken into account.

3. Source: Trop Med Int Health. 2005 Apr;10(4):387-92.

Title: **Lymphatic filariasis in Ghana: establishing the potential for an urban cycle of transmission.**

Author: **Gbakima AA, Appawu MA, Dadzie S, Karikari C, Sackey SO, Baffoe-Wilmot A, Gyapong J, Scott AL.**

Affiliation: Department of Biology, Morgan State University, Baltimore, MD, USA.

Abstract: Lymphatic filariasis is a significant public health and economic problem in many tropical and sub-tropical regions. Unplanned urbanization leading to a lack of proper sanitary conditions has resulted in an increase in the urban-based transmission of a number of vector-borne diseases, including lymphatic filariasis. It has been well established that lymphatic filariasis is endemic in rural areas of Ghana. The goal of this study was to determine if there is a potential of establishing urban transmission cycles in Ghana's major cities. We clinically and immunologically assessed 625 individuals from the three major urban areas (Bawku, Bolgatanga and Secondi/Takoradi), finding that the prevalence of infection with *Wuchereria bancrofti* ranged from 0 to 12.5%. The results of a polymerase chain reaction based analysis of mosquitoes collected from these areas suggested that there is a low but detectable prevalence of mosquitoes infected with *W. bancrofti*. We conclude that there may be a potential for an established urban transmission of lymphatic filariasis in Ghana.

4. Source: Ann Trop Med Parasitol. 2005 Apr;99(3):229-36.

Title: **Household structure and urban services: neglected targets in the control of visceral leishmaniasis.**

Author: **Costa CH, Werneck GL, Rodrigues L Jr, Santos MV, Araujo IB, Moura LS, Moreira S, Gomes RB, Lima SS.**

Affiliation: Instituto de Doencas Tropicais Nathan Portella and Universidade Federal do Piaui, Rua Governador Raimundo Artur de Vasconcelos, 151, CEP 64001-450, Teresina, PI, Brazil.

Abstract: Visceral leishmaniasis (VL) caused by *Leishmania chagasi* is a growing public-health problem in many parts of the New World. Although several studies have focused on the consequences of environmental damage, human migration and land occupation on the incidence of VL, the effects on the disease of the substandard living conditions that often result from the process of urbanization have not been investigated in detail. The present study was based in the Brazilian city of Teresina, where, since 1980, there have been two large outbreaks of VL (one in 1981-1985 and the other in 1993-1996), each involving at least 1000 newly reported cases. The role of household structure and the provision of urban services in the city, as predictors of the occurrence of VL, was studied in a case-control investigation. After controlling for age, crowding, and the background incidence of VL in the area where the subjects lived, the risk of acquiring the disease was found to be significantly higher for those who lived in houses with an inadequate sewage system and those who had no regular rubbish collection. Improving

household structure and providing basic urban services might be effective strategies for controlling the spread of VL in urban areas.

5. Source: *Sci Total Environ.* 2005 Apr 1;341(1-3):241-9.

Title: **Elemental composition of tropospheric aerosols in Hanoi, Vietnam and Nairobi, Kenya.**

Author: **Gatari M, Wagner A, Boman J.**

Affiliation: Department of Chemistry, Atmospheric Science, Goteborg University, SE-412 96, Goteborg, Sweden; Institute of Nuclear Science, University of Nairobi, P.O. Box 30197, Nairobi, Kenya.

Abstract: Air pollution problems in major cities within the developing countries need to be studied. There are scanty measurements from the developing countries on airborne particles despite their adverse implications to human health, visibility and climate. One of the major sources of anthropogenic air pollution is energy production. Energy demand is bound to increase as population increases, especially in major cities of the world. Fine particles, particles with aerodynamic diameter ≤ 2.5 μm , are mainly anthropogenic and these particles were collected in the capital cities of Vietnam and Kenya. A cyclone airborne particle collector was used to sample in Hanoi during the months of May to October 2000 and a dichotomous virtual impactor in Nairobi in February 2000. The samples were analysed for elemental content by an energy dispersive X-ray fluorescence (EDXRF) spectrometer. S, Cl, K and Fe exceeded atmospheric concentrations of 100 ng m^{-3} at both cities. Atmospheric elemental concentrations in both Hanoi and Nairobi were orders of magnitude higher than their respective rural towns. Traffic, biomass and waste burning emissions were implicated as the main sources of air pollution in Nairobi, while coal combustion and road transport were the major sources in Hanoi. Regional air pollution had a major impact over Hanoi, whereas an influence of that kind was not identified in Nairobi. Pb and other toxic elements had concentration levels below WHO guideline, however, the two cities are threatened by future high levels of air pollution due to the high rate of population growth. Long-term measurements are required in both areas to evaluate if the alarming situation is deteriorating.

6. Source: *Environ Int.* 2005 Apr;31(3):343-9.

Title: **The effects of air pollution and meteorological parameters on respiratory morbidity during the summer in Sao Paulo City.**

Author: **Goncalves FL, Carvalho LM, Conde FC, Latorre MR, Saldiva PH, Braga AL.**

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Abstract: Effects of meteorological variables and air pollutants on child respiratory morbidity are investigated during two consecutive summers (December-March 1992/1993 and 1993/1994) at the Metropolitan Area of Sao Paulo (MASP), Brazil. The MASP, with almost 17 million inhabitants, is considered the most populous region in South America. Due to warmer temperatures, increased rainfall and consequent low levels of air pollutants during the summer compared to winter, less attention has been paid to epidemiological studies during this season, especially in tropical urban areas such as Sao Paulo. In the present work, principal component analysis (PCA) is applied to medical and environmental data to identify patterns relating child morbidity, meteorological variables and air pollutants during the summer. The following pollutant concentrations are examined: SO₂, inhalable particulate matter (PM₁₀), and O₃. The meteorological variables investigated are air temperature, water vapor (water vapor density) and solar radiation. Although low correlation between respiratory morbidity and environmental variables are, in general, observed for the entire dataset, the PCA method indicates that child morbidity is positively associated with O₃ for the 1992/1993 summer. This pattern is identified in the third principal component (PC3), which explains about 19% of the total variance of all data in this summer. However, the 1993/1994 summer shows a more complex association between both groups, suggesting stronger ties with meteorological variables. Marked changes in synoptic conditions from the end of January to end of March of the 1993/1994 summer seem to have played an important role in modulating respiratory morbidity. A

detailed examination of meteorological conditions in that period indicates that prefrontal (postfrontal), hot (cold) and dry (wet) days favored the observed decrease (increase) of respiratory morbidity.

7. Source: *Emerg Infect Dis.* 2005 Apr;11(4):533-8.

Title: **Bed bug infestations in an urban environment.**

Author: **Hwang SW, Svoboda TJ, De Jong IJ, Kabasele KJ, Gogosis E.**

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Abstract: Until recently, bed bugs have been considered uncommon in the industrialized world. This study determined the extent of reemerging bed bug infestations in homeless shelters and other locations in Toronto, Canada. Toronto Public Health documented complaints of bed bug infestations from 46 locations in 2003, most commonly apartments (63%), shelters (15%), and rooming houses (11%). Pest control operators in Toronto (N = 34) reported treating bed bug infestations at 847 locations in 2003, most commonly single-family dwellings (70%), apartments (18%), and shelters (8%). Bed bug infestations were reported at 20 (31%) of 65 homeless shelters. At 1 affected shelter, 4% of residents reported having bed bug bites. Bed bug infestations can have an adverse effect on health and quality of life in the general population, particularly among homeless persons living in shelters.

8. Source: *Can J Aging.* 2005 Spring;24(1):19-30.

Title: **The quality of life of older adults living in an urban environment: professional and lay perspectives.**

Author: **Richard L, Laforest S, Dufresne F, Sapinski JP.**

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Abstract: This study aimed to identify factors affecting older adults' quality of life in urban environments and to compare older adults' and professionals' perspectives on the issue. Eleven focus groups were conducted (eight involving older adults, three involving professionals), each discussing a wide range of issues related to determinants of health and quality of life. The most salient themes were health and independence, financial security, social integration, health care services, housing, accessibility of community services, and decision-making power. Older adults' and professionals' comments strongly converged, with specific issues also raised by each. Older adults provided the richest and most in-depth data on intrapersonal factors, such as personal growth, personal qualities, and spirituality. Professionals discussed community environment issues in greater depth. Health promotion interventions to maximize older adults' quality of life are needed. These results contribute to building a knowledge base to guide such efforts, by identifying a variety of possible intervention sectors for future programs.

9. Source: *Epidemiol Infect.* 2005 Apr;133(2):291-8.

Title: **An outbreak of viral meningitis associated with a public swimming pond.**

Author: **Hauri AM, Schimmelpfennig M, Walter-Domes M, Letz A, Diedrich S, Lopez-Pila J, Schreier E.**

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Abstract: From July to October 2001, 215 cases of aseptic meningitis occurred among the inhabitants of the German city of Kassel and neighbouring counties. A matched case-control study identified bathing in a public, nature-like pond during the beginning of the outbreak as a risk factor for disease [matched odds ratio (mOR) 44.8, 95% confidence interval (CI) 3.9-515.6]. Among bathers, patients with meningitis spent more time in the water (mOR 18.8, 95% CI 2.0-174.1) and swallowed water more frequently (mOR = 7.3, 95% CI 0.7-81.8). Of 30 cerebrospinal fluid samples tested, echovirus 30 was cultured from 16, and

echovirus 13 from seven. An echovirus 30 sequence obtained from one pond water sample showed a 99% nucleotide and 100% amino-acid homology with patient isolates. This outbreak demonstrates the potential of nature-like swimming ponds to cause widespread community infection with substantial public health impact.

10. Source: J Environ Monit. 2005 Apr;7(4):302-10. Epub 2005 Feb 23.

Title: **Relationship between different size classes of particulate matter and meteorology in three European cities.**

Author: **de Hartog JJ, Hoek G, Mirme A, Tuch T, Kos GP, Ten Brink HM, Brunekreef B, Cyrus J, Heinrich J, Pitz M, Lanki T, Vallius M, Pekkanen J, Kreyling WG.**

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Abstract: Evidence on the correlation between particle mass and (ultrafine) particle number concentrations is limited. Winter- and springtime measurements of urban background air pollution were performed in Amsterdam (The Netherlands), Erfurt (Germany) and Helsinki (Finland), within the framework of the EU funded ULTRA study. Daily average concentrations of ambient particulate matter with a 50% cut off of 2.5 [μm] (PM(2.5)), total particle number concentrations and particle number concentrations in different size classes were collected at fixed monitoring sites. The aim of this paper is to assess differences in particle concentrations in several size classes across cities, the correlation between different particle fractions and to assess the differential impact of meteorological factors on their concentrations. The medians of ultrafine particle number concentrations were similar across the three cities (range 15.1 [times] 10^3 -18.3 [times] 10^3 counts cm^{-3}). Within the ultrafine particle fraction, the sub fraction (10-30 nm) made a higher contribution to particle number concentrations in Erfurt than in Helsinki and Amsterdam. Larger differences across the cities were found for PM(2.5) (range 11-17 [$\mu\text{g m}^{-3}$]). PM(2.5) and ultrafine particle concentrations were weakly (Amsterdam, Helsinki) to moderately (Erfurt) correlated. The inconsistent correlation for PM(2.5) and ultrafine particle concentrations between the three cities was partly explained by the larger impact of more local sources from the city on ultrafine particle concentrations than on PM(2.5), suggesting that the upwind or downwind location of the measuring site in regard to potential particle sources has to be considered. Also, relationship with wind direction and meteorological data differed, suggesting that particle number and particle mass are two separate indicators of airborne particulate matter. Both decreased with increasing wind speed, but ultrafine particle number counts consistently decreased with increasing relative humidity, whereas PM(2.5) increased with increasing barometric pressure. Within the ultrafine particle mode, nucleation mode (10-30 nm) and Aitken mode (30-100 nm) had distinctly different relationships with accumulation mode particles and weather conditions. Since the composition of these particle fractions also differs, it is of interest to test in future epidemiological studies whether they have different health effects.

11. Source: J Epidemiol Community Health. 2005 Apr;59(4):288-95.

Title: **Postnatal support for mothers living in disadvantaged inner city areas: a randomised controlled trial.**

Author: **Wiggins M, Oakley A, Roberts I, Turner H, Rajan L, Austerberry H, Mujica R, Mugford M, Barker M.**

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Abstract: STUDY OBJECTIVE: To evaluate the effect of two forms of postnatal social support for disadvantaged inner city mothers on maternal and child health outcomes.

DESIGN: Randomised controlled trial with economic and process evaluations and follow up at 12 and 18 months. The two intervention groups received either the offer of a year of monthly supportive listening home visits by a support health visitor (SHV), or a year of support from community groups providing drop

in sessions, home visiting and/or telephone support (CGS). Each was compared with a control group that received standard health visitor services. SETTING: Two disadvantaged boroughs of London, United Kingdom. PARTICIPANTS: 731 women from culturally diverse backgrounds with infants. MAIN RESULTS: At 12 and 18 months, there was little impact for either intervention on the main outcomes: child injury (SHV: relative risk 0.99; 95% confidence intervals 0.68 to 1.45, CGS: 0.91; 0.61 to 1.36), maternal smoking (SHV: 0.86; 0.62 to 1.19, CGS: 0.97; 0.72 to 1.33) or maternal depression (SHV: 0.86; 0.62 to 1.19, CGS: 0.93; 0.69 to 1.27). SHV women had different patterns of health service use (with fewer taking their children to the GP) and had less anxious experiences of motherhood than control women. User satisfaction with the SHV intervention was high. Uptake of the CGS intervention was low: 19%, compared with 94% for the SHV intervention. CONCLUSIONS: There was no evidence of impact on the primary outcomes of either intervention among this culturally diverse population. The SHV intervention was associated with improvement in some of the secondary outcomes.

12. Source: AIDS Care, Vol 17(3), Apr 2005. pp. 386-396.

Title: **Mapping and visualizing the location HIV service providers: An exploratory spatial analysis of Toronto neighborhoods.**

Author: **Fulcher C, Kaukinen C.**

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Abstract: Efforts have been made to identify, reduce and ultimately eliminate health disparities, yet variation in access to health services continues to be an important concern. As with large American cities, Toronto has been particularly hard hit by the AIDS epidemic, representing 68% of Ontario's HIV diagnoses (Health Canada, 2000). The accessibility of healthcare in terms of the geographic location and spatial distribution of health services are important factors in healthcare utilization. In this descriptive paper we map the location of HIV-related services and use exploratory spatial data analysis to visualize and examine the distribution of HIV service providers. In examining the location of HIV service providers we map the minimum distance to the nearest service provider. Our analyses also map and analyze five separate categories of HIV-related services. These include: (1) Diagnostic and preventive services; (2) Health and social services for initial HIV diagnosis; (3) Emotional and social support; (4) Emergency services; and (5) Medical and end-of-life services. While our findings point to significant clustering of some types of HIV-related services (such as emergency and preventive services), other services are more evenly distributed across Toronto (this includes medical and end-of-life services). Our findings point to the need for policy makers and researchers to integrate mapping, GIS and spatial analytic techniques into their analyses of the neighborhoods and subsequently the populations in those neighborhoods that are underserved in terms of accessibility of some categories of HIV-related services.

13. Source: Am J Public Health. 2005 Apr;95(4):596-601.

Title: **Building on leadership and social capital to create change in 2 urban communities.**

Author: **Farquhar SA, Michael YL, Wiggins N.**

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Abstract: There has been an appeal to reduce health inequities by increasing community involvement and social capital. Poder es Salud/Power for Health is a community-based participatory prevention research project that seeks to address health disparities in the African American and Latino communities by enhancing community-level social capital. We provide specific examples of how this intervention uses

community health workers and popular education to reduce language and cultural barriers and enhance community social capital. Although the communities share fundamental challenges related to health disparities, the ways in which the Latino and African American communities identify health concerns, create solutions, and think about social capital vary. Members of the project are working together to identify opportunities for cross-cultural collaboration.

14. Source: *Social Science & Medicine* v. 60 no. 7 (April 2005) p. 1527-46.

Title: **Ethnic differences in social participation and social capital in Malmo, Sweden: a population-based study.**

Author: **Lindstrom M.**

Affiliation: Department of Community Health, Lund University, Malmo University Hospital, S 205 02 Malmo, Sweden.

Abstract: The aim of this study was to investigate ethnic differences in different aspects of social participation in Malmo, Sweden. The public health survey in Malmo 1994 is a cross-sectional study. A total of 5600 randomly chosen individuals aged 20-80 years were asked to complete a postal questionnaire. The participation rate was 71[percent]. The population was divided into categories born in Sweden, Denmark/Norway, other Western countries, former Yugoslavia, Poland, Arabic speaking countries and all other countries. The age-adjusted and multivariate analyses were performed using a logistic regression model in order to investigate the importance of possible confounders (age, education, economic stress and unemployment) on the differences by country of origin in different aspects of social participation. Men and women born in Arabic speaking countries and other countries (Iran, Turkey, Vietnam, Chile and subsaharan Africa) participate to a significantly lower extent in a variety of civic and social activities when compared to the reference population born in Sweden. The differences in participation in these groups compared to the group born in Sweden are observed both for social participation items at the core of the definition of social capital and cultural and other activities unrelated to social capital. This pattern is particularly pronounced for women born in Arabic speaking countries. These women even sharply differ from the participation rates of men born in Arabic speaking countries. The ethnic differences in most cases do not seem to be explained satisfactorily by education, economic stress or possibly unemployment.

15. Source: *Psychiatry* v. 68 no. 1 (Spring 2005) p. 17-27

Title: **A Family Approach to Severe Mental Illness in Post-War Kosovo**

Author: **Weine S, Ukshini S, Griffith J.**

Abstract: This study describes the effects of a psychoeducational multiple-family group program for families of people with severe mental illness in post-war Kosovo that was developed by a Kosovar-American professional collaborative. The subjects were 30 families of people with severe mental illnesses living in two cities in Kosovo. All subjects participated in multiple-family groups and received family home visits. The program documented medication compliance, number of psychiatric hospitalizations, family mental health services use, and several other characteristics, for the year prior to the groups and the first year of the groups. The families attended an average of 5.5 (out of 7) groups, and 93[percent] of these families attended four or more meetings. The uncontrolled pre- to post-intervention comparison demonstrated decreases in medication non-compliance and hospitalizations, and increases in family mental health service use. The program provided training for mental health professionals, led to policy change in the Ministry of Health, and resulted in dissemination to other community mental health centers. This study provides preliminary evidence that a collaboratively designed and implemented psychoeducational, multiple-family program is a feasible and beneficial intervention for families of people with severe mental illness in impoverished post-war settings.

16. Source: Soc Sci Med. 2005 Apr;60(7):1557-69.

Title: **Neighbourhood inequality, neighbourhood affluence and population health.**

Author: **Hou F, Myles J.**

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Abstract: While there is now considerable evidence that the neighbourhood income levels (poverty/affluence) exert an independent effect on health, there is little evidence that neighbourhood income inequality is consequential, net of individual-level socio-economic resources. We show that the usual explanation for the absence of an independent effect of neighbourhood inequality-the assumption of economic homogeneity at the neighbourhood level-cannot account for this result. The authors use hierarchical models that combine individual micro-data from Statistics Canada's 1996/97 National Population Health Survey (NPHS) with neighbourhood and city-level socio-economic characteristics from the 1996 Census of Canada to estimate the effects of neighbourhood affluence and income inequality on self-reported health status. The findings indicate that the negative "ecological" correlation between average neighbourhood health and neighbourhood income inequality is the result not only of compositional differences among individuals but also of contextual neighbourhood effects associated with low and high inequality neighbourhoods.

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